

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Adding Star Ratings to the Home Health Compare Website
Wednesday, December 17, 2014
1:30pm – 3:00pm Eastern Time
Moderator: Jill Darling

Operator: Good afternoon. My name is (Kyle), and I will be your conference facilitator today. At this time, I'd like to welcome everyone to the Centers for Medicare and Medicaid Services special open door forum, "Adding Star Ratings to the Home Health Compare Website."

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.

Ms. Darling, you may begin your conference.

Jill Darling: Thank you, (Kyle).

Good morning and good afternoon, everyone. My name is Jill Darling in the CMS Office of Communication. Welcome to the special open door forum today.

One piece – one item is this special open door forum is not intended for the press. So, the press should contact press@cms.hhs.gov for any inquiries. So, we will begin with Mary Pratt.

Mary Pratt: Thank you, Jill.

Hello, everyone, and welcome to today's presentation to begin our conversation about adding star ratings to Home Health Compare. We have a small slide deck that I hope you all have to walk through with our subject matter experts followed by a brief question-and-answer period.

My name is Mary Pratt. I am the director of the Division of Chronic and Post-Acute Care in the Center for Clinical Standards and Quality at CMS. Our team is responsible for the Home Health Quality Reporting Program. I am also joined today by Dr. Alan Levitt, the medical officer for our division, as well as Sara Galantowicz of Abt Associates, who will also be presenting information with me today as well.

This special open door forum is our first opportunity to start listening to your comments and questions and provide you with information for submitting comments via email. As you will see in this presentation, we've begun building the framework for star ratings. We likely will not have definitely answered to all your questions at this time. And that is the purpose of today's call – to hear from you and to begin the collective thinking and reacting to concepts and proposed approaches.

Let's turn to slide number one.

This is an overview of the agenda that you see. We'll cover some of the basic information and proposed plans for the star ratings. We will introduce what are star ratings; provide an overview of the proposed measures and calculation of the rating. We will describe some next steps and provide you with the address for your questions and comments.

We can now proceed to slide number three.

What are star ratings? We established Home Health Compare in 2003 as a key tool for consumers to use when choosing a home health care provider. It is designed to be an easy-to-access, convenient source of authoritative information on provider quality. However, as Patrick Conway, our CMS deputy administrator for innovation and quality and chief medical officer, points out, that "Sometimes, even the information on the Compare site can seem like too much of a good thing, too much information; too many measures to consider."

Therefore, CMS is planning to add star ratings to Home Health Compare in order to make the information there easier to use. The star ratings will be a

summary of some of the current measures of home health care provider performance that the site already offers. The rating summarizes performance on key metrics with quick and easily-understood symbols. The rating uses metrics to highlight differences across agencies on key areas of quality and on areas for improvement. Users of this information will continue to expand and regular updates will help provide the most current information.

We can now turn to the next slide, number four.

So, why star ratings for Home Health Compare? All of CMS' Compare websites are adopting star ratings. The Affordable Care Act calls for transparent, easily-understood public reporting of quality of care information. As we've seen over the years with Nursing Home Compare, star ratings provide quality of care information that consumers can easily understand and make use of. Public reporting has been shown to be a key driver for improving health care quality by supporting consumer choice and incentivizing provider quality improvement.

Nursing Home Compare star ratings have been in place since December of 2008. And, more recently, Physician Compare has been started with plans for Dialysis Facility Compare and Hospital Compare.

So, I will now turn the slides over to Dr. Alan Levitt.

Alan Levitt: Thank you, Mary.

If we go on to the next slide, slide five, we describe the selection criteria for our proposed measures. We started with the measures currently on Home Health Compare and use the following criteria to select the most appropriate ones to consider for use in calculating the rating.

We used four criteria when selecting our proposed measures. The measures needed to apply to a substantial proportion of patients cared for by an agency and the measures needed to have sufficient data to be reported by a majority of those agencies. The measures needed to show a variation among the home health agencies and it needed to be possible for these agencies to show improvement in the measures. We did not use topped-out measures. The

measure needed to have high face validity and clinical relevance. And, finally, the measures needed to be stable without wide random variation over time.

After using these criteria, 10 measures were included in the proposed star rating calculation. For more information on why these 10 measures were selected, please see Appendix A of the Fact Sheet webpage.

The measures proposed for inclusion in the star rating calculation were four process measures which are not risk-adjusted and six risk-adjusted outcome measures. If we turn, then, to slide six, we list these 10 proposed measures.

The four non-risk-adjusted process measures are timely initiation of care, drug education on all medications provided to patient and caregiver, Influenza immunization received for current flu season and pneumococcal vaccine ever received. The six risk-adjusted outcome measures are improvement in ambulation, improvement in bed transferring, improvement in bathing, improvement in pain interfering with activity, improvement in shortness of breath and acute care hospitalization.

So, in summary, four of the 10 proposed measures reflect an agency's process of care and use of evidence-based best practices. Five of the 10 proposed measures reflect outcomes of patient clinical and functional improvement, and the final measure reflects outcome based on service utilization.

Now, we turn to slide seven.

Which home health agencies will receive a Home Health Compare star rating? All Medicare-certified home health agencies that have been certified for at least six months are eligible to receive a Home Health Compare star rating. To have a measure reported on Home Health Compare, an agency must have submitted measure data on at least 20 complete quality episodes in the past 12 months.

Complete quality episodes are home health episodes with a paired start or resumption of care OASIS assessment and an end of care OASIS assessment. You need both. These episodes must have a discharge date within the 12-

month reporting period regardless of the admission date. To have a final Home Health Compare star rating, agencies must be able to report data for at least six of the 10 proposed measures.

So, now, to discuss the proposed methodology of the star rating calculation, I'll turn it over to Sara Galantowicz of Abt Associates. Thank you.

Sara Galantowicz: Thank you, Alan.

As noted, the purpose of today's presentation is to share a high-level overview of the proposed star rating methodology to offer an opportunity for review and input before the methodology is finalized. More detailed technical information about the methodology is available on the fact sheet that's referenced in the invitation for today's call.

As described on slide eight, calculating the home health star rating is a multi-step process that starts with determining an agency's score for each of the 10 quality measure included in the calculation. These are, as Alan noted, the same 10 measures that are already included on Home Health Compare and will be calculated the same way they currently are.

The next step in the process is to compare an agency's individual result for each of those 10 measures to the national distribution across all agencies to see where it falls relative to other providers. This results in assigning an initial star value to each of the measures.

The initial star value is then adjusted based on a statistical test to determine whether the agency's value differs from the national value in a statistically significant way. Finally, all of the adjusted star values for each of the 10 measures are averaged to create a single overall star rating. The next several slides in this slide deck illustrate how this calculation is done.

Moving to slide nine, as noted, the star rating is based on the measure scores for 10 current Home Health Compare quality measures. For these 10 measures, all the calculated results are proportions and thus have a value between zero and 100. For all measure except for acute care hospitalization, a

higher measure value means a better score. All outcome measures are risk-adjusted to account for patient characteristics.

It's important to note that the measure calculation and risk-adjustment methodologies for these individual measures are the same as currently used for the results shown on Home Health Compare. The example shown on the slide for the flu immunization received process measure illustrates how this measure calculation is performed.

As you can see, Agency A had 300 episodes included in the reporting period and "immunization received" was reported for 282 of them. This results in a measure score of 94 percent. In contrast, Agency B has 75 episodes total and influenza immunization was reported as received for 60, for a score of 80 percent. Take note that Agency C does not have the score reported for this measure because the number of episodes during the reporting period is fewer than 20.

Moving to slide 10, after all the measure results for each measure are calculated, agencies are divided into five equally-sized groups depending on the national distribution of measure values. Using the example, it's influenza immunization received again. You can see that about 20 percent of agencies had a measure score of between zero and 56 percent, 20 had a value between 57 and 70 percent and so forth.

The top 20 percent of agencies had a score between 86 and 100 percent. Each of these five groups or quintiles is assigned a star value. The lowest quintile has one star, the second two stars and so forth. And an agency will receive the number of stars for that measure that corresponds to the group that their individual result falls into.

So, for example, if the agency score for this measure was 81 percent, it would be initially assigned four stars as it falls into that group that includes the value of 81. This process is completed for each of the measures included in the star ratings calculation. Please note that each measure will have a different distribution of results and different values for the five groupings, depending on the national distribution of results for that measure.

Slide 11 details how the star rating is adjusted based on statistical significance. While an agency's value may look different than the national value, that difference may not be meaningful from a statistical perspective. A statistical test is applied in the methodology that considers the measure score and the number of episodes it reflects. If the test finds that an agency's measure score does not differ in a statistically significant way from the national value despite looking different, then the initial number of stars is adjusted to move one star closer to the middle.

For example, five star would become four and four would become three, two stars would be increased to three and one star would be increased to two, again, if the difference is not statistically significant. Middle or three-star values are not adjusted based on the statistical test. However, if the difference is found to be statistically significant – that is, the difference between an agency's value and the national value – that star rating for that measure is not adjusted.

Slide 12 illustrates how this adjusted process works, again, using the influenza vaccine process measure as an example. It shows the results for the same hypothetical agencies included on slide nine. As you can see, Agency A's score of 94 percent was found to be statistically different than the national value. So, it keeps an initial rating of five stars for this particular measure.

In contrast, Agency B and Agency D's results were not found to be statistically significant from the national result. So, they each move one star closer to the middle. Agency B loses a star and moves from four to three while Agency D gains a star and moves from one to two. As you may recall from the earlier slide, Agency C had too few episodes to have a score calculated for this measure.

The final step in the calculation process shown on slide 13 is to average all the star ratings assigned to the individual measures after any adjustment to create a single star rating. As a reminder, an agency must have measure scores for at least six of the 10 measures in the star rating methodology in order to have a final star rating calculated.

Once the average of all the individual star ratings is calculated, the agency will be assigned a final star rating based on the table that's shown on slide 13. For example, if the average number of stars across all 10 measures is between 3.5 and 4.49, the agency will receive a star rating of four. An average between 1.5 and 2.49 would yield a final star rating result of two and so forth.

Slide 14 presents an example of what the distribution of star ratings would be when the proposed methodology is applied to calendar year 2013 data. The actual distribution at roll out will most likely be different than what is shown in the slide based on refinements to the methodology and more recent data.

As you can see, most home health agencies receive three stars under the current proposed methodology. A rating of three stars does not represent low quality. Most agencies perform quite well on the measures currently reported on Home Health Compare. The clustering on this table shows that most agencies are providing, on average, a similar level of quality to their peers. The stars are an average of the performance across multiple individual measures. An agency may be performing better than most other agencies on some measures and not as well on others.

However, when all the measure results are averaged, there are relatively few agencies that are consistently achieving higher or lower results across all the measures included in the star ratings calculation. As noted earlier, CMS intends to display all of the individual measure results included in the star rating on Home Health Compare so that website users will still be able to see the variation in individual results.

I will now turn it back to Mary Pratt to discuss next steps.

Mary Pratt:

Thank you, Sara.

I do want to make a very simple note that patients and families should consider a variety of factors when choosing an agency, including their specific home health needs, the agency location, previous experience and care quality. The star ratings are designed to help patients and families distinguish between agencies that meet their needs based on historic quality measure performance across multiple domains.

So, here are some next steps.

We are requesting that your feedback on our proposed approach be sent to us by mid-January, say January 16. Your feedback will be considered in finalizing the star rating methodology and will also be used to create updates to the frequently-asked questions document. We will schedule future open door forums to continue our dialogue as we finalize the star rating.

Next slide.

Questions and comments. Questions or comments about Home Health Compare star ratings can be sent to the email address listed on our slide – Home Health Compare – I’m sorry – hhc_star_rating_helpdesk@cms.hhs.gov. Your feedback to this mailbox will be considered in finalizing the star rating methodology and will also be used to create updates to the frequently-asked questions document. While we seek your input, please note that we are unable to generate individual responses to helpdesk comments and questions.

I will now turn the call back to our moderator, Jill.

Jill Darling: Thank you, Mary.

We’ll go right into our Q&A session, please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star, then the number one, on your telephone keypad. If you would like to withdraw your question, press the pound key.

Please limit your questions to one question and one follow up to allow other participants time for questions. If you require any further follow up, you may press star, one again to rejoin the queue.

Your first question comes from the line of Elmer Arcenal from Florida Homecare Specialists.

Your line is open.

Elmer Arcenal, your line is open.

Jill Darling: Well take our next question, then.

Operator: Your next question comes from the line of Jacob Speidel from Vermont Legal Aid.

Your line is open.

Jacob Speidel: Yes. My question is how these five-star ratings will avoid creating a disincentive for providing skilled treatment to people who need treatment to maintain their condition or prevent deterioration. My concern is we've spoken with home health agencies who, based on existing ratings, say they are reluctant to treat people who need skilled care to maintain their condition because they're scored based on improvements in the person's ambulation, transferring or bathing.

Alan Levitt: Jacob, thank you very much for your question. We here at CMS also want to ensure that our measures account appropriately for the patient population that we are measuring and, also, try to limit any unintended consequences, as you described. Our measures are risk-adjusted. And, also, we have inclusion and exclusion criteria in the measures to try to help eliminate the consequences that you are describing. We will continue to use these in all of our measure development.

Jacob Speidel: Yes. So, as a follow-up question, I'd be interested in hearing more about the risk adjustment and – so that home health agencies can know that they are not going to be penalized for treating people who are not expected to improve. So, just more detail about how the risk adjustment works.

Alan Levitt: OK. Well, first, there is about 130-plus-page document on the risk adjustment that is available on the Home Health Quality website. But, also, I don't know if there's any further comments; from Colorado on the phone.

David Hittle: This is David Hittle from the University of Colorado. The risk – it would be – probably take me quite a bit to do – quite a bit of time to explain the risk adjustment methodology on this call. It is well-documented on – as Dr. Levitt

said, on the CMS HHQI website. And if you would like to send an inquiry to the Home Health Compare helpdesk address, we can certainly – I can certainly follow up with you in more detail at a later time and send you the information on the entire process. Thank you.

Operator: Your next question comes from the line of (Jane Holt) from First Atlantic Nursing.

Your line is open.

(Jane Holt): Thank you. My question pertains to the final outcome measure of acute care hospitalization. And my question is whether you will be utilizing that from a utilization outcome or a claims-based outcome. Which will it pull?

Alan Levitt: That is a claims-based measure.

(Jane Holt): OK. Great, thank you.

Operator: Your next question comes from the line of (Andrea Stevenson) from (NewSpring Nurse Healthcare).

Your line is open.

(Andrea Stevenson): Yes. I – my question is related to the timing of the first reporting on Home Care Compare of the star rating. When do you anticipate that to happen? I know you're planning on rolling this out in June. But, when do you see that first reporting occurring?

Mary Pratt: Right. That's – thank you for – that's a good question. We are still working on making that kind of decision. And it will really depend to some extent on the number of, you know, comments and work that needs to be done. We see it no sooner than this summer of 2015. And it could be – it could – it could come after that as well. So, we are in the process. I think, certainly, by our next open door forum, we'll have a better or a more definitive time.

Alan Levitt: Yes. And be assured again that agencies will have an opportunity to see their star ratings prior to the posting – you will be getting a preview report posted for that.

(Andrea Stevenson): That's good to know. I have one other follow-up question. Will survey results and complaints and those kinds of things that are now currently posted on the Nursing Home Compare website be also posted on the Home Care Compare website?

Mary Pratt: Nothing definitive, decision-wise, has been made to that idea. It's certainly something that we are giving consideration to. I think there is an additional step that may be taken in the review of current survey data compared to the quality measures, but nothing planned to actually post them.

Alan Levitt: Right. At this time, the summary of star rating will be based on quality measures. We are interested in your input. I mean, that's why we are here today. So, if you have ideas on how this could or should be done either now or in the future, we are interested in that.

(Andrea Stevenson): Thank you.

Operator: Your next question comes from the line of (Sarah Castillo) from AccessCare.

Your line is open.

(Sarah Castillo): I was wondering if you could tell us what the reporting period would be. I know that it's to be published sometime in June. But, what timeframe does that cover?

Alan Levitt: Well, first of all, don't look at June. We're really looking at the earliest, the summer. And, again, the reporting period for the star ratings will still be the same reporting period that these measures individually have. These are the same measures that have been reported on Home Health Compare, many of them for years. So, you will be looking at, usually, I think, a year's worth of data, much like you would normally be looking at when you were looking at the current measure.

Jill Darling: We'll take the next question, please.

Operator: Your next question comes from the line of (Jill Mason) from Health Unlimited Home Care.

Your line is open.

(Jill Mason): Thank you. I would be interested in more detail about the inclusion and exclusion criteria and, also, about how we will be notified with the preview posting and how much in advance will be get the preview.

Alan Levitt: Well, first of all, the inclusion and exclusion criteria for each measure are not going to change. These are the same inclusion and exclusion criteria that have always existed for those measures. Most of these measures are NFQ-endorsed and they go through the NQF endorsement process. And, so, during that process, sometimes those inclusion and exclusion criteria will change and we would bring that to the attention of you, as we always do.

In terms of inclusion and exclusion for agencies in the star ratings, as I explained, agencies need to be certified for six months, and need to be able to report on at least six of the 10 quality measures that are a part of the final rating.

Mary Pratt: And preview reports will likely be posted in your CASPER folder. And we're really putting together the timeline for how much time in advance. But, it will be enough time to review your data and submit any questions about anything that you may have concerns about before they are publicly posted.

(Jill Mason): Thank you.

Operator: Your next question comes from the line of (Candy Stolt) from (Health System Healthcare).

Your line is open.

Female: (Inaudible).

Operator: (Candy Stolt) (inaudible).

Operator: Your next question comes from the line of (Diana Lincaid) from Interim HealthCare.

Your line is open.

(Diana Lincaid): Hi there. I'd like to know about the patient experience of care and if those will continue to be included in the Home Health Compare with the star rating.

Mary Pratt: That's a good question. We'd like to hear your comments about their use in the star ratings. At this point, as we spoke about in our slides, we are including the 10 measures as stated. The experience of case measures will still be on Home Health Compare. There will not be any changes to what is already listed. But, at this time, they are not in our proposed plan for star ratings.

(Diana Lincaid): And can you clarify for me where to find the agenda that you've referenced today?

Jill Darling: The announcement was sent out to our Home Health Listserv if you gave your email address. If you wanted to receive those agendas and announcements, you go to the www.cms.gov/opendoorforum. Were you – were you talking about ...

(Diana Lincaid): Yes. I have the – I have the invitation.

Jill Darling: OK. The – were you talking about the slides?

(Diana Lincaid): Yes.

Alan Levitt: The slides – the slides ...

(Diana Lincaid): Yes.

Alan Levitt: If you follow the link to the Spotlight page that was in the invitation, the slides are at the bottom of that page in the Download section.

(Diana Lincaid): OK. At the Spotlight. OK. Thank you.

Alan Levitt: And, in that Download section, beside that, there are also a – beginning of a frequently-asked questions document as well. So, that's included in it.

Operator: Your next question comes from the line of (Heather Jones) from (SDA) Home Care Associates.

Your line is open.

(Heather Jones): Hi. I just had a question about the use of the process measure of pneumococcal vaccination, if new discussion had taken place about the transition to (RA 51 and underline the rate and training and that) potentially may have an impact on (just the reporting – the report sometime next year. And that would be for data under the OASIS-C. And, then, going forward, it would be OASIS-C1 which might be different.

Alan Levitt: Is anyone from Colorado ...

David Hittle: I'm not sure – I'm not quite sure I understand the question. The – there is – we are able to report comparable – to calculate the measure from either the OASIS-C or the OASIS-C1. But, there have been minor changes in that – for OASIS-C1. But, we still are able to collect comparable information from the two and we'll be able to combine the two into a measure that is consistent across the transition.

(Heather Jones): OK. (That makes sense from comments on that). I guess our concern on that one is looking at the (agency – they are reporting) for patients that are outside of that timeframe (for the flu vaccination one) and now with the timeframe (being the gateway question) for the OASIS (that they may actually, you know, be appropriate) not reported there. So, I think, there may be some differences in what we're seeing on those measures because of how the OASIS (questions were being asked and the) OASIS-C1.

David Hittle: I see. Well, the influenza vaccine question does rely on the gateway question. But, the pneumococcal vaccination item does not.

(Heather Jones): Right.

David Hittle: OK.

Alan Levitt: Can you please send in your concern to the email address so that we can – we can take a better look at it? OK. Do you still have questions?

(Heather Jones): No. That would be it. Thank you.

Alan Levitt: OK. Thank you.

Operator: Your next question comes from the line of Mary Carr from NAHC.

Your line is open.

Mary Carr: Yes. Hello. I am – I was wondering if there was a chance that the comment period could be extended. That isn't a very long time for agencies to provide comments, particularly now with the fact that it's the holiday season.

Alan Levitt: Again, we are really very interested in feedback from you. And the comment period that we're going to have will then give us time to digest the comments and then give further communication sessions such as today and, hopefully, generate further comments.

Mary Carr: OK.

Alan Levitt: This is an ongoing dialogue.

Mary Carr: All right. Well, that's helpful. Thank you.

Operator: Your next question comes from the line of (Jane Paul) from (First Atlantic Mission).

Your line is open.

(Jane Paul): Hi. My question pertains to the measures used for the star rating. Is there any consideration being given to using the same measures for value-based purchasing in the future?

Mary Pratt: That's certainly a reasonable comment. And, you know, I would suggest that you submit that. I don't think any final decisions have been made or anticipated for home health value-based purchasing.

Alan Levitt: Again, these measures are being specifically looked at because they, allow us to formulate a comparison between agencies. I mean, that was the specific purpose for it. Value-based purchasing measures may or may not have that same purpose. If , we ever wanted to do a value-based purchasing program, we'd really have to look at the measure again – all the measures.

(Jane Paul): Thank you.

Operator: Your next question comes from the line of (Floyd Scott) from (Visiting Nurses and Home Care).

Your line is open.

(Floyd Scott): Our question was answered. Thank you very much.

Operator: Your next question comes from the line of (Jamie Boontz) from Vital Care.

Your line is open. (Jamie Boontz), your line is open.

Operator: Your next question comes from the line of Theresa Edelstein from New Jersey Hospital.

Your line is open.

Theresa Edelstein: Good afternoon. Thank you for the webinar today. A quick question. You made reference to a more detailed manual on the HHQI website, and I can't seem to locate it. Do you have a URL for where it's posted?

Gene Nuccio: This is Gene Nuccio from the University of Colorado. Which manual were you speaking of?

Theresa Edelstein: You mentioned a manual or a document that went into more detail on the risk adjustment methodology.

Gene Nuccio: Let me try to look that up and I'll announce it here shortly.

Theresa Edelstein: OK. Thanks.

Operator: Your next question comes from the line of (Diana Riley) from (Provident Health Information).

Your line is open.

(Diana Riley): Hi. We're from Washington State. And whether or not your (joint commission) or Home Health Compare or Home Care, you know, (job-accredited), we have not had a Washington state directive or requirement to give the flu or pneumococcal vaccination before. And I'm wondering which other states this applies to and why those two factors were put at the – at the top of the process measure list.

Alan Levitt: We chose these measures on different criteria, including basically the importance of the measure. From a federal standpoint, vaccination is considered to be important in this patient population.

(Diana Riley): My follow up to be – with – for that would be as we engaged in discussions on the continuing of care for these patients, the patients are, 95 percent of the time, getting these immunizations in a hospital setting. So, we haven't felt the need to take this on in the home care setting because our (end) is so small.

David Hittle: OK. And I should clarify – this is David Hittle again from the University of Colorado. I should clarify that the influenza vaccination and the pneumococcal vaccination – both of those measures do not – are not restrictive to the home agency having provided the vaccination itself. They are primarily a matter of the home health – asking the home health agency to verify that that vaccination has occurred, that either they have given it or somebody else has given it. And this is also – this is a measure that is also – we also ask of nursing homes and in other care settings to – it's as much as verification of immunization as it is providing immunization.

(Diana Riley): Thank you for the clarity.

Operator: Your next question comes from the line of (Jamie Boontz) from Vital Care.

Your line is open.

Operator: Your next question comes from the line of Maria Avers from Stillwater Medical Home Care.

Your line is open. Maria Avers, your line is open.

Maria Avers: Yes. I was wondering if there would be some wording put on the website to clarify the meaning of the ratings or the stars so that if someone – I would assume that a five-star was better than a three-star and a three-star was very good. So, I just wanted to verify that there is going to be some additional working added to help explain to the users what the star ratings mean.

Mary Pratt: Yes. That's a great question. And there will be like a key, sort of a legend that will provide clarification on the meaning of (pieces of) stars.

Maria Avers: Thank you.

Mary Pratt: Yes.

Operator: Your next question comes from the line of (Jill Mason) from Health Unlimited Home Care.

Your line is open.

(Jill Mason): Thank you. Could you repeat the site for the – for sending comments, please?

Mary Pratt: Certainly, the email address is hhc_star_rating_helpdesk@cms.hhs.gov.

(Jill Mason): Thank you very much.

Mary Pratt: You're welcome.

Operator: Your next question comes from the line of (Anne Hosking) from (Medic Visiting Nurse Care).

Your line is open.

(Anne Hosking): Thank you. I am calling to follow up on that (inaudible) question about the explanation of the legend with the star ratings. I'm wondering also what you anticipate (that needed) to be included for consumer instruction so that the star

rating system is now misconstrued as a government endorsement of an agency.

Mary Pratt: So, there will be language posted on the Home Health Compare site to sort – to give clarification and to remind users that there are a variety of factors when choosing an agency. I think you’ll see – you could look at some of the other Compare sites that have star ratings, such as Nursing Home Compare or Physician Compare and likely get a sense of, you know, some of the standard language that we would propose to use.

Now, of course, if there is additional ways to clarify that language, we would be most welcome to hear it.

Alan Levitt: What we are doing is we are taking the existing measures that have, been on Home Health Compare and have been reported with the percentages on Home Health Compare. And the star rating is essentially a summary of those measures. We are not doing any changes to the measures themselves.

(Anne Hosking): OK. Thank you.

Operator: Again, if you would like to ask a question, press star, then the number one, on your telephone keypad.

Gene Nuccio: While we’re pausing here – this is Gene Nuccio again. The URL for the risk adjustment models could be found if you go to www.cms.gov/medicare/qualityinitiativespatientassessmentinstruments – I’ll repeat that – [qualityinitiativespatientassessmentinstruments/homehealthqualityinits](http://www.cms.gov/medicare/qualityinitiativespatientassessmentinstruments/homehealthqualityinits) – that’s [homehealthqualityinits/hhqiqualitymeasures.html](http://www.cms.gov/medicare/qualityinitiativespatientassessmentinstruments/homehealthqualityinits/hhqiqualitymeasures.html). If you go to that address – or I would suggest googling it – you will find at the bottom of that page a series of – or a number of links, one of which says, “Risk Adjustment Models.” It’s 2 megabytes zipped. So, it’s – as Alan mentioned, it’s a very lengthy document and details all of the risk factors used for each of the quality outcome measures.

And another way to get there, by the way, is to follow the Spotlight link in your invitation. And, then, in the left-hand side bar, just click on Quality Measures and scroll down to the bottom of that page.

Jill Darling: Can we have the next question?

Operator: Your next question comes from the line of (Candy Stolt) from (Health System Home Care).

Your line is open.

(Candy Stolt): Just a couple of questions actually. One is I know what the impact at – they have been looking at a single tool for assessment across sites of care. And I'm just wondering, I think, what's been very confusing for consumers is that there's star ratings across all different entities of care. And, typically, if you're in an insurance plan, many times, you know, you're having to use the services of that insurance plan because of authorization or whatever, especially – so, I guess, it gets very, very confusing to a consumer where, you know, their hospital is rated a two, the nursing home they are in is a one, their home care is a three.

I mean – and, again, I think, without having a standardized and reliable tool – because, I mean, the OASIS items have had no reliability and validity data since its inception. I just wonder if there is any thought of re-looking at this, you know, in the future so we have a more, you know, standardized assessment tool that's reliable and valid across (settings) and where the ratings would be much more similar because the tool would be similar.

Alan Levitt: Thank you for your comment. Thank you for your advertisement for having the IMPACT Act in the first place. I think the IMPACT Act is actually going to have a really positive effect on home health. It's going to have many of the things on your wish list, first of all, in terms of standardized assessment that you talked about.

We are also going to have measures looking at medication reconciliation, so that, it will be hopefully easier for the agencies to review the right medications with patients, and also in terms of patient care preferences and care needs. The

standardizing of data will also help you in that for patients coming to you from another post-acute care setting you'd be able to get a much clearer idea of the needs of that individual patient.

Mary Pratt: And I'd like to add that I think it's important to be careful about talking about a single tool when, in fact, I think the IMPACT Act, among other things, talks about standardizing data elements. And that's probably, you know, the starting point, that the elements that relate to specific domains as outlined in the IMPACT Act – those data elements will likely be standardized, you know, initially as opposed to a single instrument or assessment item or tool that, you know, goes across all care settings. I think that that is, you know, certainly, an ultimate goal but something that we will start off much more – in a more simplified manner with looking at quality measures that do carry across the care setting.

Operator: Your next question comes from the line of (Carroll Giordano) from Meridian at Home.

Your line is open.

(Carroll Giordano): Yes. Hi. Good afternoon. I was wondering with the URL address that you just referenced in terms of providing the detailed document for the risk adjustment, would there be any ability to – for home care agencies to plot out where we would fall into the star rating with our current results?

Gene Nuccio: It – that would be – that would be rather difficult because you don't – because the distribution of – the national distribution on the measures has not actually been published. And – however, you will – you will be able to – certainly, when you get your preview report, it will have that star rating on it. It can – we will look into – as a contractor, I can't say exactly what CMS is going to be publishing. But, we will certainly investigate. You can – you may want to submit that as a suggestion through the mailbox.

(Carroll Giordano): OK. Thank you.

Gene Nuccio: The suggesting being that the national quintiles for each of these measure – and those would change, of course, from quarter to quarter. Those would be –

those could be made available. The risk adjustment simply tells you the models that are used to adjust the outcomes measures to arrive at the risk-adjusted score that you see on Home Health Compare.

(Carroll Giordano): Thank you.

Alan Levitt: And, again, the risk adjustment is not changing. This is the same risk adjustment that's been used for these measures on Home Health Compare all along. We are not changing anything in terms of the risk adjustment. These have been the same risk adjusters that have always been there.

(Carroll Giordano): Thank you very much.

Operator: Your next question comes from the line of (Ellen Hamer) from (Home Options).

Your line is open.

(Ellen Hamer): Thank you for taking my question. I am just wondering if anyone at CMS has had any discussion about the possibility that emphasis on Home Health Compare outcomes may have an impact on some provider's compliance with the homebound requirement.

Alan Levitt: Can you give further clarification?

Mary Pratt: Yes.

(Ellen Hamer): My concern is that some providers might reduce attention to the homebound requirement in order to keep patients on service longer and effect a more favorable end result outcome for their outcome measures.

Alan Levitt: I mean ...

(Ellen Hamer): (Inaudible) if there had been any discussion at CMS about that possibility.

Alan Levitt: We're always looking at unintended consequences of our measures. What I would suggest is that you send in the question with further clarification and let us take a look at that question.

(Ellen Hamer): Thank you.

Operator: Your next question comes from the line of (Margaret Frankhouse) from (CMH and Hospice).

Your line is open.

(Margaret Frankhouse): Thank you very much. I also want to address the issue of consumers' understanding what the star rating means. And I happen to be on the Home Health Compare website right now. And, so, I'm looking at the way information is given that helps to explain the data and that requires significant activity on the part of the user pressing the I button, looking at the footnotes.

I'm wondering if you have thought about using some sort of a focus group of consumers (like – which might be in) home care to test how you post the information because I agree with another caller that, in the modern world, a three-star rating doesn't seem to be very good, but you're obviously using a normal distribution. The public at large doesn't understand the normal distribution. So, have you thought about using consumers to test the way you post information so that consumers immediately understand what that star rating means without having to hit other buttons to get information?

Mary Pratt: Well, thank you for that very insightful comment. And I really hope that you submit it to the mailbox. CMS is involved in a number of focus groups with patients and caregivers to help us guide how we present information on our Compare sites overall in a more strategic fashion and more uniform way. And it would be nice to hear that comment from the stakeholder community as well. So, thank you for that.

(Margaret Frankhouse): Thank you.

Operator: Your next question comes from the line of (Andrea Stevenson) from (Visiting Nurse Healthcare).

Your line is open.

(Andrea Stevenson): Just a follow up on the – how the information is presented to the consumer on the website. So, I think the point that, I think, everyone is trying to make is that a simple statement from CMS that explains that a three-star rating is a rating that says “This organization meets standard – minimum standard requirements, is in compliance with” – whatever – you know, however you say that to show that the majority of (folks or group) fall within that category and are doing a good job would be a good thing.

So, the clarity of that communication, I think, is going to be important because, you know, we as consumers, when we look at star ratings – I look at a three-star hotel as compared to a four or five and I’m shooting for the four or five and not the three. But, the three may be very, very good. But, I wouldn’t know that, you know, necessarily.

So, I think, a clarification and a thoughtful approach because we are talking about elderly people or their children generally who are looking as consumers for, you know, the services that their parent may need or their family may need need to understand what those star ratings really truly mean. That’s just my suggestion.

Alan Levitt: Thank you for your suggestion. And that’s, again, something that we are working hard at CMS as well. We obviously want to make this work. And part of that is communicating the idea that three-star is average. This is Home Health Compare and we’re trying to give the consumer additional information so that they can compare one agency to another.

And, as Mary mentioned before, we have been tasked to develop performance information summarizing data and quality measures and the star rating is that way to do it. But, we really do want, to make this work and we’re going to try to provide as much additional clarification as we can so that agencies that are three-star, that are average, are not looked at in any adverse way by consumers.

Operator: Your next question comes from the line of (Deborah Weasley) from (Lake Region Visiting Clinic).

Your line is open.

(Deborah Weasley): Hi. I think my question may actually have been answered. But, I guess I was just wondering what the impact – what you see the impact for, perhaps, smaller agencies. But, if you're saying that really nothing has changed as far as risk adjustments and if the scoring that we see now – are they simply just going to be put into a star rating?

Alan Levitt: Gene or David, you can answer if you want.

Gene Nuccio: Yes. This is Gene Nuccio. Yes. We – as (Sara) pointed out, if your agency is a small agency and does not have the 20 episodes of care – quality episodes of care needed to post on Home Health Compare a value for that particular measure then, you know, we certainly take that into consideration by the fact that you need a minimum of six out of the 10 identified measures to have at least 20 episodes. That gives us some basis to say that the information is representative of what you are doing and stable. So, small agencies may not get a star rating because they don't meet that minimum of six quality measures.

(Deborah Weasley): OK. My – (as I understand), are you doing the star rating for each measure or is it just a final star measure?

Gene Nuccio: We are ...

Alan Levitt: It will a summary star rating.

(Deborah Weasley): OK.

Gene Nuccio: There will only be a single star rating out there shown. But, the values are based on the information that we get from those 10 measures.

(Deborah Weasley): OK. Thank you.

David Hittle: And this is David Hittle. Just a quick follow up on that. In the – in the analysis we did with the calendar year 2013 data, out of the 12,446 Home Health Agencies that are on Home Health Compare – that were on Home Health Compare as of that point in time, 9,623 of them would get a star rating. (That's) 77 percent of all agencies.

So, there is a portion of home health agencies who would not get a star rating. That would be about 23 percent of the home health agencies that are on Home Health Compare currently. Some of the – that’s a mix of newer agencies – less than six months old – and agencies that simply don’t have enough cases for that period of time to have a star rating calculated.

And there would certainly be an explanatory note on the Home Health Compare website that would indicate why that agency is not getting a star rating. It would not – it would not, in any way, imply that they – that they – there was anything wrong with not getting a star rating. But, it would explain that either they’re too new or they have – do not have a large enough volume of cases on the measures to get a star rating.

Alan Levitt: And those agencies, for whatever measures they still are able to report on, would continue just to get those measure percentages listed on Home Health Compare. None of that changes. It’s just that they wouldn’t get a summary star rating.

Operator: Your next question comes from the line of Alan Wright from BAYADA Home Health Care.

Your line is open.

Alan Wright: Hi. Thank you. When the home health hospitalization measure was changed from using OASIS utilization data to claims data, the risk adjustment methodology was changed as well. The new methodology uses the Medicare Hierarchical Conditions Criteria. The HCC was designed for use in calculating payments in Medicare Advantage plans and not for use in risk-adjusting outcomes for home health patients. It made sense to switch to claims data given the unreliability of the OASIS hospitalization data. But, why was the HCC to risk adjust? And has the new methodology been tested for validity and is there any published material about that?

Gene Nuccio: I’m afraid – I’m afraid we don’t have the particular subject matter expert on the line right now to address that question. The acute care hospitalization risk models are documented at the – at the website. It’s a different download file,

but it's at the bottom of that same page that we indicated earlier for the OASIS risk adjustment models. And it has the – I do know that the explanatory power of those models' (perceived statistic) did compare within basically the same range as what we've been able to achieve for the OASIS-based outcome risk models. But, I would suggest that you submit a detailed question to the mailbox and we can certainly get a little bit more information on that.

Alan Wright: I'll do that. Thank you.

Operator: There are no further questions at this time.

Jill Darling: And we'll have some closing remarks now.

Alan Levitt: As I mentioned before in the other call, our team here has always appreciated the relationship that we have with you, the home health community, and we really look forward to continuing to work with you on the implementation of star ratings. We are committed to ensuring that our stakeholders have an opportunity to learn about and also give input so that this resulting system can reflect that perspectives of those who will use it and also be affected by it.

We thank you for listening today. We thank you and appreciate your questions and your comments. Please send any further comments and questions to the email box. Thank you.

Jill Darling: Thank you.

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

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