

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

I. General

Q1: What is the purpose of HHC Star Ratings?

A1: CMS has created the HHC Star Ratings to help provide transparency by comparing the quality of care delivered by various Home Health Agencies (HHAs) and assisting consumers in making informed decisions about where they would prefer to receive care. CMS believes that HHC Star Ratings will stimulate improvements in the quality of care provided and incentivize HHAs to maintain quality standards. 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: HHC Star Ratings are calculated using a subset of the home health quality measures that are publically reported on HHC and are tailored to meet the needs of consumers. HHC Star Ratings are quick to read and comprehend and are in a format that is becoming increasingly familiar to consumers.

Q3: Do HHC Star Ratings provide all the information needed to choose a HHA?

A3: Consumers should consider multiple factors when choosing a HHA. The new HHC Star Ratings summarize certain data about the quality of home health care provided by various HHAs in a format that is easy to view and understand. However, other data that are publicly reported on HHC can be very useful. Also, consumers should consult their healthcare professionals when making healthcare decisions such as selecting a HHA.

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

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

II. HHA Eligibility

Q1: Which HHAs are included in HHC Star Ratings?

A1: All Medicare-certified HHAs are potentially eligible to receive HHC Star Ratings. In addition, HHAs must have been certified for at least 6 months and must have 20 or more complete episodes of care during the 12-month reporting period for at least 6 of the 10 measures used to calculate the HHC Star Ratings to be included in the HHC Star Ratings for that reporting period. Consistent with the standard applied under the home health quality reporting requirements, i.e., Pay-for-Reporting (P4R), an episode of care is defined as follows: *“the submission of a matching pair of OASIS assessments (i.e. - admission and discharge assessment) for [a] patient that has been admitted and discharged during the reporting period.”*

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

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

Q3: Why did our HHA not receive a HHC Star Rating?

A3: To receive a HHC Star Rating, a HHA must have been certified for at least 6 months and must have reported data on at least 6 of the 10 quality measures that contribute to the star rating during the reporting period. In order to have reported data for a quality measure, a HHA must have 20 or more episodes of care with information on that measure for the 12-month reporting period. Consistent with the standard applied under the home health quality reporting requirements, i.e., Pay-for-Reporting (P4R), an episode of care is defined as follows: *“the submission of a matching pair of OASIS assessments (i.e. -admission and discharge assessment) for a patient that has been admitted and discharged during the reporting period.”*

III. HHC Measures that Contribute to the Proposed HHC Star Ratings

Q1: Which HHC measures are being considered in the proposed calculation of the HHC Star Ratings?

A1: There are currently 27 quality measures publicly reported on HHC (i.e., 13 process measures, 9 outcome measures, and 5 patient experience of care measures). The HHC Star Ratings consider a subset of 10 out of the 27 quality measures reported on HHC 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 HHC measures that are considered for use in the proposed calculation of the HHC 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.

Q3: Will patient experience of care measures (based on the HHCAHPS data) be included in the Star Ratings?

A3: CMS is already working on potential methodologies for creating Star Ratings that incorporate the patient experience of care data. We intend to roll out such ratings as soon as possible, and hope to do so during 2015, though it may not be possible to include this information in the very first round of Star Ratings to be published.

Q4: Will survey results and consumer complaints be incorporated into the Star Ratings?

A4: CMS is considering how additional information might be incorporated into the home health Star Ratings under future refinements.

IV. Proposed Methodology of HHC Star Ratings

Q1: What is the proposed approach to assigning a Star Rating for each HHA?

A1: The methodology is continually being refined. The most current version is posted on the Home Health Star Ratings web page at:

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

We welcome comments on this methodology. They can be sent via email to [HHC Star Ratings Helpdesk@cms.hhs.gov](mailto:HHC_Star_Ratings_Helpdesk@cms.hhs.gov)

V. Implementation of Star Ratings

Q1: When will Home Health Agencies first see their HHC Star Ratings?

A1: The first public reporting of the HHC Star Ratings is currently targeted for July 2015, at the earliest. HHAs will have an opportunity to see their HHC Star Ratings several weeks prior to posting on the HHC website and to give feedback if errors that affect the final star rating are identified.

Q2: What will be the reporting period for the first set of star ratings?

A2: The star ratings will have the same 12-month reporting period as the rest of the quality measures being reported on Home Health Compare at the same time. The star ratings are just a summary of 10 of the other measures being reported.

Q3: Will there be wording on the web site to clarify what the star values signify? People generally think of three stars as “not so good.” Will you do consumer testing to assure that consumers understand the star ratings correctly?

A3: The Home Health Compare website is designed to allow consumers to compare the performance of the home health agencies that serve their area on a variety of measures and use this information, along with other considerations, in choosing a provider. Under the proposed methodology, star ratings will show which providers are performing at a level similar to most providers (three stars) and which have performance that is significantly better than average (more stars) and which have performance that is worse (fewer stars.) This will be clearly explained on the website. CMS is planning to test the

proposed presentation of the star ratings to confirm that consumers comprehend the information being presented.

Q4: How are you getting input on the star ratings from home health providers and other stakeholders? Will there be a public comment period?

A4: CMS is actively soliciting input from home health agencies and associations, from consumer advocates, and from other stakeholders.

- We have published the current proposed methodology at:

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

- We held our first Special Open Door Forum to present the methodology and receive stakeholder feedback on December 17, 2014 – information from that call is posted here:

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

and we are planning to hold additional sessions over the coming months.

- Our design/implementation contractor will also be convening an informal stakeholder group, to include representatives from stakeholder organizations as well as consumers, to provide input on system design and implementation.
- We have also established an email box for submission of comments, questions, and suggestions about the star ratings, and we encourage all interested parties to submit their input to:

[HHC Star Ratings Helpdesk@cms.hhs.gov](mailto:HHC_Star_Ratings_Helpdesk@cms.hhs.gov).

VI. Potential Impacts of Star Ratings

Q1: Will HHC Star Ratings impact our annual market basket update payment?

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

Q2: Will the star ratings, or the measures used for the star ratings, be used for value-based purchasing in the future?

A2: The measures proposed for inclusion in the Star Ratings were selected to support consumer choices among providers. The selection of measures to be used for value-based purchasing would presumably use different criteria and would therefore require a separate evaluation process.

Q3: Won't star ratings create a disincentive for home health agencies to serve beneficiaries who are not expected to improve?

A3: The star rating quality measures that are based on patient improvement are already risk-adjusted in order to compensate for each agency's patients who are not expected to improve. This should address agencies' concerns about serving such patients.

Q4: How will star ratings affect small agencies? Will we be excluded?

A4: Agencies with a very small number of patients with a given quality measure (fewer than 20) currently do not have the measure reported on Home Health Compare because with such a small number of patients, the result may reflect random variation and can be easily distorted by a single case. Since the star ratings are based on data from 10 of the HHC measures, the current methodology requires that an agency have reportable data for at least six of those measures to receive a star rating. This is to assure that the star ratings reflect a reasonably wide range of performance measures for all agencies, and that they are comparable across providers. Using the data reported on HHC for calendar year 2013 to simulate the star ratings, 9,623 out of 12,446 active agencies (77%) received star ratings. The remaining 23% were too small or too new. When the star ratings are posted on HHC, we will include language explaining that agencies without star rating were too small or too new, and that this absence does not reflect on agency quality or performance.

Q5: Since there are relatively few agencies that rate 4 or 5 stars under the proposed system, it could happen that especially in rural areas, consumers will not have access to any 5-star agencies. Isn't this unfair?

A5: Consumers who currently use Home Health Compare can easily compare the performance of their local home health agencies to the average performance for their state and for the nation. Those who reside in areas served by relatively few agencies can already see how their agencies compare to the national average. The star ratings do not change the distribution of home health agencies or their performance. The distribution of agencies across the star ratings, and the concentration of agencies in the three-star category reflects that most agencies are performing well and there are relatively few agencies whose performance is significantly better or worse than the average. The explanatory language presented on Home Health Compare along with the star ratings will make it clear that a three-star rating does not represent poor performance.