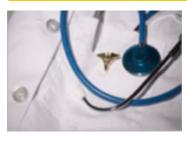




#### Adding Star Ratings to Home Health Compare: Update







#### **Special Open Door Forum**

Centers for Medicare & Medicaid Services

**February 5, 2015** 

#### **Agenda**

- Introduction
- Summary of comments received
- Response to comments
- Updates to star rating calculation methodology
- Implementation and preview timeline
- Questions and comments

#### Why Star Ratings for Home Health?

- The ACA calls for transparent, easily understood public reporting of quality of care information.
  - Star ratings present quality of care information in a way that is easy for consumers for understand.
  - Public reporting is a key driver for improving health care quality by supporting consumer choice and incentivizing provider quality improvement.
- Part of CMS' plan to adopt star ratings across all Medicare.gov Compare websites.
  - Already in place on Nursing Home Compare and Physician Compare.
  - Implementation in 2015 planned for Dialysis Facility
     Compare, Hospital Compare, and Home Health Compare.

#### **Communication with Stakeholders**

- Preliminary methodology presented at a Special Open Door Forum (SODF) on 12/17/14
- Comments and feedback received on the SODF and collected via email through 1/16/15
- Methodology revised based on feedback and additional testing
- New star ratings web page added on 1/30/15
- Additional comment period through 2/13/15

### Comments and Questions on Consumer Interpretation

- How will consumers interpret ratings?
- Need for friendly and clear consumer language for labels associated with stars
  - Concern about large percentage of HHAs with "3" star rating
- How often will ratings be published and what measurement period will they represent?

### Comments on Quality Measures Included in Star Rating

- Measure selection criteria and alternatives for inclusion in star rating metric
  - Stabilization vs. improvement measures
- Robustness of risk adjustment for outcome measures
  - Consider payer, geography, select diagnoses, discharge locale
- Recommend adding and changing measures to the star rating methodology over time

## Additional Comments and Questions on Star Rating Metric

- Request for half-star adjustment based on statistical difference, final reporting in half-star increments
- Request for Preview Reports and time for HHAs to review their star ratings
- Recommend independent audit of source data accuracy
- Why did CMS not use the rule-making process for rollout?
- Recommendation to include consumer experience-ofcare data (i.e., HHCAHPS) as part of the star rating metric

## Comments and Questions on Consumer Interpretation: Response

- Revised methodology "flattens" ratings distribution
  - Less clustering around 3 stars
- CMS will work with stakeholders and communication experts to design and test consumer language
  - Clarify that 3 stars does not mean "mediocre" quality
- Ratings will be published quarterly, starting in July 2015
  - July 2015 star ratings will reflect OASIS data from January through December 2014 and claims data from October 2013 through September 2014. These same data will be posted in April 2015 as part of the usual reporting schedule

### Comments on Quality Measures Included in Star Rating: Response

- Selected 10 of the 27 measures already reported on HHC.
- Criteria for selecting measures:
  - The measure applies to a substantial proportion of home health patients, and has sufficient data to be reported for a majority of agencies.
  - The measure shows a variation among agencies, and it is possible for agencies to show improvement (not "topped out").
  - The measure has high face validity and clinical relevance.
  - The measure is stable and does not show wide random variation over time.

## Comments on Quality Measures Included in Star Rating: Response

- Risk adjustment models will not change prior to initial star ratings
  - Based on evaluation of large number potential covariates, only significant predictors retained
  - Potential predictors are based on SOC/ROC data only
  - Periodically reviewed and updated
- CMS expects the star rating methodology to be evaluated and refined over time
  - Potential inclusion of new or different measures in the future

## Additional Comments and Questions on Star Rating Metric: Response

- Revised methodology uses half stars for adjustment and reporting
- HHAs will receive preview reports showing their star rating and how it was derived well before posting
  - Will have several weeks to review and provide feedback
- Source data are quality checked prior to use with current HHC measures
  - Claims data are audited
  - Data edit/consistency check performed on all OASIS data
  - Limited auditing through survey and certification process

## Additional Comments and Questions on Star Rating Metric: Response

- CMS chose a variety of modes for stakeholder engagement and feedback in place of rulemaking
  - Allows for iterative feedback and discussion
  - Opportunity to provide additional input through informal stakeholder group
- CMS is developing a star ratings methodology for HH CAHPS data
  - Will not be included in first round of star ratings
  - Could eventually be combined with quality measure data

#### **Measures in Calculation**

Process measures	Outcome measures (risk adjusted)
<ul> <li>Timely Initiation of Care</li> <li>Drug Education on all Medications Provided to Patient/Caregiver</li> <li>Influenza Immunization Received for Current Flu Season</li> <li>Pneumococcal Vaccine Ever Received</li> </ul>	<ul> <li>Improvement in Ambulation</li> <li>Improvement in Bed Transferring</li> <li>Improvement in Bathing</li> <li>Improvement in Pain Interfering         With Activity</li> <li>Improvement in Shortness of         Breath</li> <li>Acute Care Hospitalization</li> </ul>

Outcome measures risk-adjusted based on evaluation of significant predictors

## Which HHAs Will Receive HHC Star Ratings?

- All Medicare certified HHAs are eligible.
- Currently, HHAs must have <u>at least 20 complete quality</u> <u>episodes</u> for data on a measure to be reported on HHC.
  - Completed episodes are paired start or resumption of care and end of care OASIS assessments.
  - Episodes must have discharge date within the 12-month reporting period regardless of admission date.
- HHAs must have reported data for 6 of the 10 measures to have a Final HHC Star Rating computed.

#### **Revisions to Methodology**

Empirically tested multiple alternative methodologies Following adjustments recommended based on analysis:

- An initial ranking of agencies by <u>deciles</u>, rather than quintiles;
- The initial ranking is compared using a statistical test to the overall median across agencies, rather than the national average;
  - Accounts for measure skewness
- The initial rankings are <u>adjusted by 0.5 star</u> instead of a full star based on the results of the statistical significance test;
- The adjusted star ratings are averaged, assigned the nearest half star rating, and final rating is adjusted to fit a one-to-five star scale in half star increments.

#### Multi-step process:

- 1. For each measure, rank agencies based on score and assign into 10 equally sized groups. The 10 groups are assigned a rating from 0.5 to 5 in 0.5 increments (0.5, 1, 1.5, 2, etc.).
  - Same approach presented previously, with more groups (10 vs. 5)
  - Decile values vary depending on measure-specific distribution

- 2. Adjust HHA's initial rating if their individual measure score is **not** statistically significantly different from the overall median across all agencies.
  - If rating < 2.5 but the agency's measure score is not statistically significantly different from the median, the rating is adjusted up by 0.5.
  - If rating > 3 stars but the agency's measure score is not statistically significantly different from the median, the rating is adjusted down by 0.5.
  - If rating = 2.5 or 3 (the two middle categories), no change is made to the initial rating.

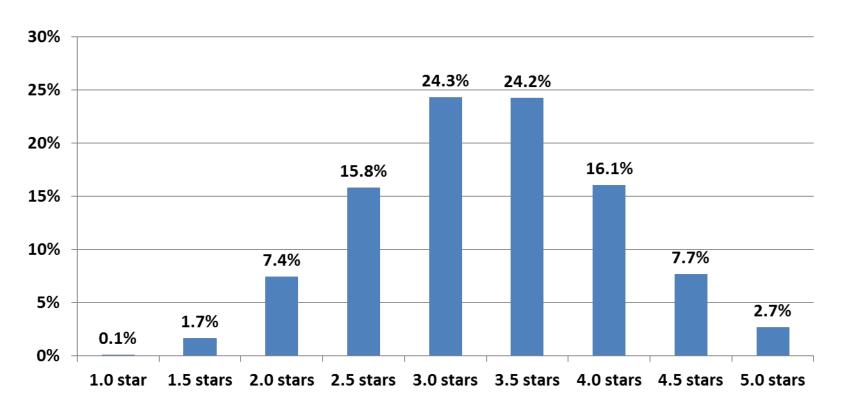
3. Calculate an overall score for each agency by averaging the adjusted ratings across all measures (at least six) and rounding to the nearest half star.

4. Assign an overall Final HHC Star Rating that ranges from 1 to 5 in half star increments. There are 9 star rating categories with a middle category of 3 stars.

Adjusted Rating (Rounded)	HHC Star Rating
4.5 and 5.0	5
4.0	4.5
3.5	4
3.0	3.5
2.5	3
2.0	2.5
1.5	2
1.0	1.5
0.5	1

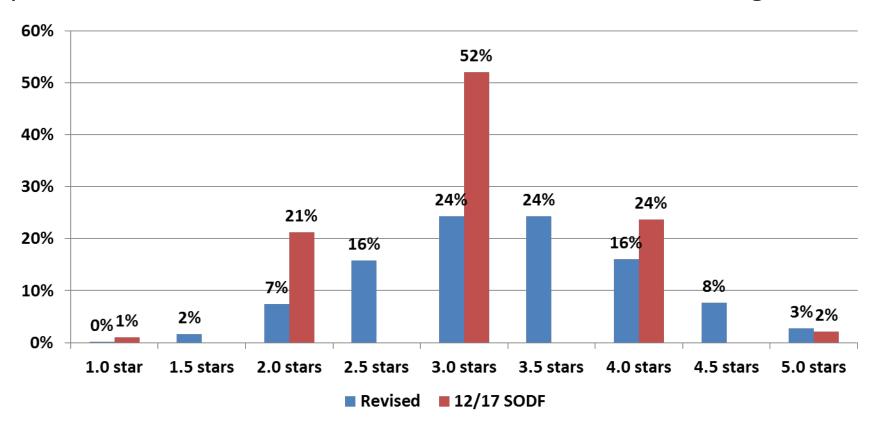
# Revised Distribution of HHC Final Star Ratings

- Based on CY 2013 data, using proposed methodology
- Actual distribution at roll-out will likely be different



## Comparison with Previously Presented Star Rating Distribution

Compared to the 12/17/2014 SODF distribution, revised methodology yields flatter distribution across stars and fewer 1-2 star agencies.



#### Implementation and Preview Timeline

- Preview reports showing ratings calculations will be available around the end of March
  - Agencies will have several weeks to review and provide feedback ion any data errors identified that affect the final star rating
- Star ratings will be published on Home Health Compare in mid-July 2015
  - QMs and star ratings will be based on OASIS data from January through December 2014 and claims data from October 2013 through September 2014
  - These are the same data that will be published on HHC in April 2015 under the usual schedule
- Star ratings will be updated quarterly

#### **Next Steps**

- Additional comment period until 2/13/15
- Finalize methodology and post on Home Health Star Ratings web page
- Create individual preview reports for HHAs
- Draft and test consumer language
- Solicit additional input through informal stakeholder group

#### **Questions and Comments**

- Further reading and FAQs:
- http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHome HealthStarRatings.html
- Questions or comments about HHC star ratings send email to: <u>HHC Star Ratings Helpdesk@cms.hhs.gov</u>
- Home Health Compare: <u>http://www.medicare.gov/homehealthcompare</u>