

## **Patient Survey (HHCAHPS) Star Ratings Frequently Asked Questions**

### **General**

1. What is the purpose of Patient Survey (HHCAHPS) Star Ratings?

The Affordable Care Act calls for transparent and easily understood public reporting of quality of care information. CMS is adding the Patient Survey (HHCAHPS) Star Ratings to Home Health Compare to help provide transparency by comparing the quality of care delivered by Medicare-certified home health agencies (HHAs) and assisting consumers in making informed decisions about which agencies to choose for their care. CMS believes that the Patient Survey (HHCAHPS) Star Ratings will stimulate improvements in the quality of care delivered and provide incentives for HHAs to maintain or improve their own quality. This effort is part of an initiative to roll out Star Ratings across CMS's various Compare websites.

2. Will the Patient Survey (HHCAHPS) Star Ratings replace any of the Patient Survey Results (HHCAHPS) data currently reported on Home Health Compare (HHC)?

No, the Patient Survey (HHCAHPS) Star Ratings will not replace any of the Patient Survey Results (or HHCAHPS data) on Home Health Compare. The patient survey results data currently displayed on Home Health Compare, including the individual measures and the downloadable databases, will continue to be available in their current format when the Patient Survey (HHCAHPS) Star Ratings are added to Home Health Compare.

3. Where do the data come from for the Patient Survey (HHCAHPS) Star Ratings?

The HHCAHPS Star Ratings are based on the same data that are publicly reported on the Home Health Compare website. The Star Ratings are based on data from the HHCAHPS Survey, a national, standardized, 34-item survey of patients' experience of care received from their HHA. For more information on the HHCAHPS Survey, see the HHCAHPS overview available at <https://homehealthcahps.org/GeneralInformation/AboutHomeHealthCareCAHPSSurvey.aspx>

### **Home Health Agency Eligibility**

4. Which home health agencies will receive the Patient Survey (HHCAHPS) Star Ratings?

For a home health agency to receive the Patient Survey (HHCAHPS) Star Ratings, the agency must be eligible for public reporting on the Home Health Compare website. In addition, home health agencies must have 40 or more completed surveys over the four-quarter reporting period to receive Star Ratings for that reporting period. Home health agencies that do not have 40 or more completed surveys for calculating Star Ratings will still have their HHCAHPS data publicly reported on the Home Health Compare website.

5. Why is it necessary to have at least 40 completed surveys to receive these Star Ratings?

HHCAHPS scores with fewer than 40 complete 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 a quality measure for some quarters and not others.

The 40 or more surveys must be completed over the four-quarter reporting period to have Star Ratings calculations.

### **Methodology of Patient Survey (HHCAHPS) Star Ratings**

6. Which HHCAHPS measures will receive Star Ratings?

Star Ratings will be applied to each of the three publicly reported composite measures, which are from specific questions on the HHCAHPS Survey. In addition, a Star Rating will be applied to the HHCAHPS global item.

The three HHCAHPS composite measures are:

- Care of Patients (Q9, Q16, Q19, and Q24)
- Communication Between Providers and Patients (Q2, Q15, Q17, Q18, Q22, and Q23)
- Specific Care Issues (Q3, Q4, Q5, Q10, Q12, Q13, and Q14)

The HHCAHPS Global Item is:

- Overall Rating of Care Provided by the Home Health Agency (Q20)

7. What is the Survey Summary Star?

The Survey Summary Star is based on the four HHCAHPS measures (the three composites and the one overall) that receive Star Ratings. The Survey Summary Star averages these ratings and rounds the score using normal rounding rules.

8. What is the methodology for assigning HHCAHPS Star Ratings?

Calculating the HHCAHPS Star Ratings is a multistep process.

- First, the responses to the HHCAHPS Survey items are combined and converted to a 0-100 score, which is called the “Linear Score.” The 0-100 linear score is then adjusted for the effects of patient mix. To make this adjustment, CMS applies the patient-mix adjustment to quarterly HHCAHPS scores to account for the tendency of certain patient subgroups to respond more positively or negatively to the HHCAHPS Survey.
- Next, the four-quarter averages of HHCAHPS linear scores are rounded to whole integers using standard rounding rules. CMS assigns 1, 2, 3, 4, or 5 stars for each HHCAHPS measure by applying statistical methods that analyze the relative distribution of scores. The Star Rating for each of the four HHCAHPS measures is determined by applying a clustering algorithm to the individual measure scores across home health agencies. This clustering methodology used is the

same used for the CMS Part C and Part D Star Ratings on Medicare Plan Finder and for Hospital CAHPS on Hospital Compare.

9. Why did we exclude a Star Rating for the publicly reported survey question “Patient’s Willingness to Recommend the Home Health Agency to Family and Friends”?

The “Willingness to Recommend the Home Health Agency to Family and Friends” survey question provides very similar information to the “Overall Rating of the Home Health Agency” survey question, and during testing it was found that the clusters for the “Willingness to Recommend” data were not stable enough to publicly report as a Star Rating.

10. Why does the number of home health agencies receiving stars differ for each HHCAHPS Star Rating?

HHCAHPS Star Ratings are assigned in a way that minimizes differences *within* star groups and maximizes differences *between* star groups. The clustering algorithm empirically determines the number of home health agencies in each Star Rating category independently for each HHCAHPS measure.

11. Why are linear mean scores used for the Patient Survey (HHCAHPS) Star Ratings rather than the Top-Box scores that are reported for the Patient Survey Results (HHCAHPS) data on Home Health Compare?

Linear mean scores and Top-Box scores are alternative, statistically valid methods for summarizing HHCAHPS performance. Linear mean scores incorporate the full range of survey response categories into a single metric for each HHCAHPS measure, while “Top-Box” scores use only the most positive response(s) to the HHCAHPS Survey items. Home Health Compare reports top-box scores for all of the HHCAHPS measures. See this link for information on how the HHCAHPS scores are developed: <http://www.medicare.gov/homehealthcompare/About/Survey-Results.html?qtn=meaning>

More information on linear mean scores and the Star Ratings methodology are in the Technical Notes document about the Patient Survey (HHCAHPS) Star Ratings.

12. If our agency’s HHCAHPS measure scores are higher than the national average, why is our HHCAHPS Star Rating not equal to 5?

A 5-Star Rating denotes the highest category of home health agency performance across the measures included in the rating calculation; not all home health agencies with above average HHCAHPS scores will attain this designation.

13. Could our home health agency’s Star Rating change from one public reporting period to the next if our HHCAHPS measure score doesn’t change?

The distribution of agencies across the Star Ratings changes with each additional public reporting period, as the oldest quarter of data is removed and the newest quarter of data is added. Since the cluster distribution of agencies is recomputed with each 12-month public reporting period, the scores that designate each Star Rating cluster may change. Thus, an agency that achieved an overall rating score of 94% in one public reporting period and was assigned to the 5-star category could find itself

assigned to the 4-star category with that same score the following public reporting period, if the distribution of agencies overall resulted in more agencies with higher overall rating scores.

It is worth noting that HHCAHPS scores in general are tightly clustered at the top end of the score range across most of the publicly reported measures. This means that a change of one percentage point on a particular HHCAHPS measure may be enough to move that agency from one cluster category to another.

## **Implementation Schedule for Star Ratings**

### **14. When will home health agencies first see their Patient Survey (HHCAHPS) Star Ratings?**

CMS will conduct a Dry Run (a test of the Star Ratings and Preview Report process) of the Patient Survey (HHCAHPS) Star Ratings for the October 2015 public reporting period, and post Dry Run data around the beginning of October. The Star Ratings will be assigned for the data that will be posted on Home Health Compare on the third Thursday in October. However, Home Health Compare will not have these dry run Star Ratings publicly reported. Home health agencies will be provided with a Preview Report in October 2015 showing the dry run Star Ratings assigned based on HHCAHPS Survey data collected from April 2014 through March 2015.

Again, although the five publicly reported HHCAHPS measures will be reported and updated on Home Health Compare in October 2015 as usual, the dry run Star Ratings in the HHAs' preview reports will not be publicly reported on Home Health Compare.

The first public reporting of the Patient Survey (HHCAHPS) Star Ratings is scheduled for January 2016.

The data that will be reported on Home Health Compare in January 2016 for both the HHCAHPS publicly reported measures and the associated Star Ratings will reflect HHCAHPS Survey data collected from Quarter 3, 2014 through Quarter 2, 2015 (the months of July 2014 through June 2015).

### **15. How often will Patient Survey (HHCAHPS) Star Ratings be updated?**

CMS plans to update Star Ratings quarterly along with the updating of HHCAHPS data quarterly. The Patient Survey (HHCAHPS) Star Ratings are based on the same data that are used to create the Patient Survey Results (HHCAHPS) publicly reported measures on the Home Health Compare website.

## **HHCAHPS Star Ratings and Home Health Quality Reporting Annual Payment Update**

### **16. Will HHCAHPS Star Ratings impact our Annual Payment Update (APU)?**

HHCAHPS Star Ratings are not used in the determination of an agency's compliance with the annual payment update requirements.

## Next Steps

17. How will we receive additional information or communicate with CMS about the HHCAHPS Star Ratings?

CMS is soliciting input from home health agencies and associations, consumer advocates, and other stakeholders via the May 7, 2015 Open Door Forum. At that meeting, the methodology used to assign Star Ratings for HHCAHPS will be previewed. CMS will hold additional Open Door Forums to continue to provide information about the Star Ratings to the public.

We encourage all interested parties to submit comments, questions, and suggestions about the HHCAHPS Star Ratings to [hcahps@rti.org](mailto:hcahps@rti.org).