Home Health
Quality of Patient Care Star Rating
Provider Preview Report

This report is based on end-of-care OASIS assessments for 4/1/2023-3/31/2024 and Medicare fee-for-service claims data for 1/1/2023-12/31/2023

Rating for **Example Home Health (123456)** **Somewhere, US**
Quality of Patient Care Star Rating
★★★½ (3.5 stars)

The Quality of Patient Care Star Rating ("Star Ratings") will be available on Care Compare (CC) for home health services in January 2025. The OASIS-based measures report data from April 1, 2023 to March 31, 2024. The Home Health Within-Stay Potentially Preventable Hospitalization claims-based measure reports data from January 1, 2023 to December 31, 2023.

About the Quality of Patient Care Star Ratings

The Quality of Patient Care Star Ratings reflect how Home Health Agencies' (HHA) scores compare with one another on measurements of their quality of patient care performance. Across the country, most agencies fall "in the middle" with 3 stars - delivering good quality of care. A Star Rating higher than 3 means that an HHA performed better than average on the measured care practices and outcomes compared to other HHAs. A Star Rating below 3 means that an HHA's performance was below average compared to other HHAs.

The Quality of Patient Care Star Ratings do not provide information on the absolute quality of care being provided. In addition, these Star Ratings are different from the consumer ratings that you see on websites or apps for products like books, restaurants, or hotels that reflect averages of consumer opinions.

CMS also publishes Patient Experience of Care Star Ratings, based on responses to the Home Health Consumer Assessment of Healthcare Providers & Systems (HHCAHPS) survey. These ratings summarize patient feedback on their experience; more information is available at
https://www.medicare.gov/care-compare/resources/home-health/patient-survey-rating

How Quality of Patient Care Star Ratings Are Calculated

Effective May 2024, CMS replaced the Acute Care Hospitalization measure with the Home Health Within-Stay Potentially Preventable Hospitalization measure. The Home Health Quality of Patient Care Star Ratings are determined using seven measures of quality that are reported on the Care Compare website[1], listedbelow. To have a Star Rating, HHAs must have submitted data to calculate at least 5 of 7 measures, which are:
1. Timely Initiation of Care
2. Improvement in Management of Oral Medications
3. Improvement in Ambulation
4. Improvement in Bed Transferring
5. Improvement in Bathing
6. Improvement in Dyspnea
7. Home Health Within-Stay Potentially Preventable Hospitalization (PPH)

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[1] *For a measure to be reported on Care Compare, HHAs must have data for at least 20 completed quality episodes or stays with end dates within the 12-month reporting period. Completed episodes for the OASIS-based measures are paired start or resumption of care and end of care OASIS assessments.*

For all measures, except PPH, a higher measure value means a better score. For PPH, a lower measure value means a better score.

On the scorecard below, the ranges for each measure are shown in Rows 1-11. The ranges were calculated using all HHAs with available information. They are also updated each quarter. These measures are used to calculate the HHA's Star Rating using the steps below.

The Scorecard at the end of this report has your information.

Steps

1. Make Groups: For each of the 7 quality measures, all HHAs' scores are sorted low to high and divided into 10 groups that are generally equally sized.

2. Assign Group Rating: Your HHA's score on each measure is then assigned its group location as a first rating. Each group is assigned an initial ranking from 0.5 to 5.0 in 0.5 increments.

On the scorecard, Rows 12 and 13 show your HHA's score for the 7 measures and the corresponding group rating.

3. Adjust Ratings: Ratings may need to be adjusted if your HHA's score is not statistically different from the two national middle scores of 2.5 and 3.0. CMS conducts a statistical test of the difference between your HHA's score and the middle score categories of all HHAs for each measure.[2] If the test shows your results are not different from the national middle categories in a statistically meaningful way, your initial rating is moved 0.5 closer to the middle categories of 2.5 or 3.0. The rating is moved up 0.5 if your initial rating is below 2.5, or down 0.5 if your initial rating is above 3.0.

On the scorecard, Rows 15 through 17 show the inputs and results of this test and Row 18 shows the adjusted ratings of that measure, if applicable, based on the results.

4. Get Average Adjusted Rating: To obtain one overall score for your HHA rather than scores measure-by-measure, the adjusted ratings are averaged across the 7 measures and rounded to the nearest 0.5.

On the scorecard, Rows 19 and 20 show these results for your HHA.

On the scorecard, Row 21 shows the final Star Rating. It includes one more adjustment so that ratings range from 1.0 to 5.0 in half star increments (see table below). Thus, there are 9 star categories, with 3.0 stars being the middle category.

Average Adjusted Rating Rounded	Final Quality of Patient Care Star Rating
4.5 and 5.0	★★★★★ (5.0)
4.0	★★★★½ (4.5)
3.5	★★★★ (4.0)
3.0	★★★½ (3.5)
2.5	★★★ (3.0)
2.0	★★½ (2.5)
1.5	★★ (2.0)
1.0	★½ (1.5)
0.5	★ (1.0)

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[2]*The calculation uses a one-sided binomial significance test and a p-value of 0.05*

More information on how the Quality of Patient Care Star Rating is calculated can be found at
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

If Your Quality of Patient Care Star Rating is Not Available

If your preview report states 'data not available,' this means that there were not enough episodes or stays reported on Care Compare for more than 4 of the quality measures included in the star rating calculation. This is usually because there are fewer than 20 episodes or stays for those quality measures, or that your agency has been certified/re-certified for less than six months.

Requests for a Review of Your Star Rating

If you have proof that there are errors in calculating your Quality of Patient Care Star Rating, you may request a review of your rating by submitting that proof. Requests must be submitted by November 1, 2024 to HHC_Star_Ratings_Review_Request@cms.hhs.gov. As the Conditions of Participation require accurate OASIS data collection, inaccurate OASIS data recording is not a valid reason to submit a request for review of an agency's Quality of Patient Care Star Rating.

Your request should include the following information:

• Provider name and CCN
• Provider contact person – Name, Telephone #, email address
• Measure(s) affected, if any
• Detailed reason for the request with supporting documentation (do not send identifiable patient information through email)
• Any other information to assist CMS in identifying the calculation error and determining if the error(s) have affected your Star Rating

PLEASE DO NOT SEND ANY IDENTIFIABLE PATIENT INFORMATION THROUGH EMAIL! This includes medical record numbers, dates of birth, service dates (including visit dates, admission dates, or discharge dates), or any other data items considered identifiers or Protected Health Information (PHI) under HIPAA.

You should receive a receipt of your request within 2 business days. You (or your designated point of contact) may be asked to provide more information to allow CMS to fully review your request.

If the review of your documentation against the data in the national data system confirms that a calculation error has affected the Quality of Patient Care Star Rating, you may be granted suppression of your Star Rating and any incorrect measures for one quarter. You (or your designated point of contact) will receive a final decision on your request by November 15, 2024. Please note that this is a one-time suppression for the measure.

Please note that HHAs may utilize their Review and Correct Reports to determine and amend errors in OASIS data submission in a timely manner. Review and Correct Reports, containing quality measure information at the agency level for the OASIS-based publicly reported measures, are available on demand and allow home health providers to view aggregate performance for the past four full quarters (when data is available). These reports only contain data submitted prior to the applicable quarterly data submission deadlines and display whether the data correction period for a given CY quarter is "open" or "closed." Note that the Review and Correct Reports provide a data correction deadline for each reporting quarter. Only corrections that are made on or before the data correction deadline will be used in the calculation of the measures displayed on Care Compare and in the Quality of Patient Care Star Rating.

Providers can access these reports in the HHA Provider Preview Reports folder by selecting "My Reports" in iQIES.

For More Information

Any comments, questions, and suggestions about the Quality of Patient Care Star Ratings can be submitted to: HomeHealthQualityQuestions@cms.hhs.gov

Calculating the Quality of Patient Care Star Rating:
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

Home Health Quality Measures:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html

Home health agencies can review the OASIS Guidance Manual, Appendix F – "OASIS and Quality Improvement" for further information related to the steps toward improving their quality measures. The OASIS Guidance Manual is available at
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html

Quality of Patient Care Star Rating Scorecard[1]   Example Home Health (123456) Somewhere, US

		Measure Score Cut Points by Initial Decile Rating						
1	Initial Group Rating	Measure 1. Timely Initiation of Care	Measure 2. Improvement in Management of Oral Medications	Measure 3. Improvement in Ambulation	Measure 4. Improvement in Bed Transferring	Measure 5. Improvement in Bathing	Measure 6. Improvement in Dyspnea	Measure 7. Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
2	0.5	0.0-82.5	0.0-54.1	0.0-61.7	0.0-59.1	0.0-65.8	0.0-61.6	14.0-100.0
3	1.0	82.6-90.2	54.2-67.5	61.8-73.6	59.2-72.5	65.9-77.5	61.7-75.4	12.4-13.9
4	1.5	90.3-94.0	67.6-75.7	73.7-79.9	72.6-80.3	77.6-83.2	75.5-82.6	11.3-12.3
5	2.0	94.1-96.3	75.8-81.0	80.0-83.6	80.4-84.6	83.3-86.7	82.7-86.6	10.5-11.2
6	2.5	96.4-97.7	81.1-84.4	83.7-86.5	84.7-87.3	86.8-89.0	86.7-89.2	9.8-10.4
7	3.0	97.8-98.7	84.5-87.0	86.6-88.7	87.4-89.4	89.1-91.0	89.3-91.2	9.2-9.7
8	3.5	98.8-99.3	87.1-89.4	88.8-90.7	89.5-91.1	91.1-92.7	91.3-92.9	8.6-9.1
9	4.0	99.4-99.7	89.5-91.8	90.8-92.8	91.2-92.8	92.8-94.5	93.0-94.6	7.9-8.5
10	4.5	99.8-99.9	91.9-95.4	92.9-95.7	92.9-95.2	94.6-97.2	94.7-97.7	7.1-7.8
11	5.0	100.0-100.0	95.5-100.0	95.8-100.0	95.3-100.0	97.3-100.0	97.8-100.0	0.0-7.0
12	Your HHA Score	99.4	84.9	88.0	88.9	87.9	90.3	11.0
13	Your Initial Group Rating	4.0	3.0	3.0	3.0	2.5	3.0	2.0
14	Your Episodes in the Numerator	1,686	1,141	1,154	1,131	1,161	916	59
15	Your Episodes in the Denominator	1,696	1,238	1,252	1,250	1,253	993	429
16	National (All HHA) Middle Score	97.8	84.4	86.5	87.4	89.0	89.3	9.8
17	Your Statistical Test Probability Value (p-value)	0.000	0.332	0.061	0.051	0.127	0.158	0.231
18	Your Statistical Test Results (Is the p-value < 0.05?)	Yes	No	No	No	No	No	No
19	Your HHA Adjusted Group Rating	4.0	3.0	3.0	3.0	2.5	3.0	2.5

20	Your Average Adjusted Rating	3.0
21	Your Average Adjusted Rating Rounded	3.0
22	Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★½ (3.5 stars)

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[1] *OASIS data from April 1, 2023 to March 31, 2024; claims data from January 1, 2023 to December 31, 2023.*