Home Health
Quality of Patient Care Star Rating
Provider Preview Report

***This report is based on Medicare fee-for-service claims data (1/1/2015-12/31/2015)
and end-of-care OASIS assessment dates (4/1/2015-3/31/2016)***

Rating for JW Blues Home Health Agency (999999) Baton Rouge, Louisiana
Quality of Patient Care Star Rating
$***{}^1/_2$ (3.5 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in October 2016.

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/homehealthcompare/About/Patient-Survey-Star-Ratings.html

How Quality of Patient Care Star Ratings Are Calculated

Quality of Patient Care Star Ratings are determined using nine measures of quality that are reported on the Home Health Compare website[1], listed below. To have a Star Rating, HHAs must have submitted data to calculate at least 5 of 9 measures, which are:

1. Timely Start of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Flu Vaccine Received for Current Flu Season
4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

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[1]*For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.*

For all measures, except acute care hospitalization, a higher measure value means a better score. For acute care hospitalization, a lower measure value means a better score.

On the scorecard, 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 9 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 9 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 9 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	$\star\star\star\star\star$ (5.0)
4.0	$\star\star\star\star^{1}/_{2}$ (4.5)
3.5	$\star\star\star\star$ (4.0)
3.0	$\star\star\star^{1}/_{2}$ (3.5)
2.5	$\star\star\star$ (3.0)
2.0	$\star\star^{1}/_{2}$ (2.5)
1.5	$\star\star$ (2.0)
1.0	$\star^{1}/_{2}$ (1.5)
0.5	$\star$ (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 events reported on Home Health Compare for more than 4 of the quality measures included in the star rating calculation. This is usually because there are fewer than 20 events 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 errors in data submitted to CMS may have resulted in an incorrect Quality of Patient Care Star Rating, you may request a review of your rating by submitting that proof along with a plan describing how you will correct errors. Requests must be submitted by July 25, 2016 to HHC_Star_Ratings_Review_Request@cms.hhs.gov

Your request should include the following information:

- Provider name and CCN
- Provider contact person – Name, Telephone #, email address
- Measure(s) affected
- Type of data error (inaccurate or missing assessments)
- Date range for data errors
- Volume (number of episodes affected)
- Describe the error in detail to allow evaluation of its possible impact on the Star Ratings, such as what values were reported and what values SHOULD HAVE BEEN reported. For example, "All of our 100 episodes during the period were incorrectly picked up by our data system and reported as "0" on (M2015) Patient/Caregiver Drug Education Intervention, when 95 were assessed as "1".
- Plan for submitting missing or corrected assessments by August 19, 2016
- Any other information to assist CMS in determining if the data errors 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 the mistake has affected the Quality of Patient Care Star Rating and you have presented an acceptable correction plan, you may be granted suppression of your Star Rating and any incorrect measures for one quarter while corrections are made. You (or your designated point of contact) will receive a final decision on your request by September 1, 2016. Please note that this is a one-time suppression for the measure and the type of error identified.

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:
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.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]   JW Blues Home Health Agency (999999) Baton Rouge, Louisiana

		Measure Score Cut Points by Initial Decile Rating								
1	Initial Decile Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
2	0.5	0.0-80.8	0.0-86.9	0.0-37.4	0.0-47.0	0.0-39.0	0.0-47.2	0.0-44.9	0.0-36.3	20.4-100.0
3	1.0	80.9-86.7	87.0-92.6	37.5-52.8	47.1-54.4	39.1-47.7	47.3-57.3	45.0-55.7	36.4-50.4	18.6-20.3
4	1.5	86.8-90.0	92.7-95.2	52.9-61.3	54.5-59.2	47.8-53.7	57.4-62.5	55.8-61.6	50.5-58.7	17.4-18.5
5	2.0	90.1-92.1	95.3-96.7	61.4-67.3	59.3-62.7	53.8-57.9	62.6-66.3	61.7-66.0	58.8-64.1	16.6-17.3
6	2.5	92.2-93.8	96.8-97.7	67.4-71.7	62.8-65.5	58.0-61.2	66.4-69.6	66.1-69.6	64.2-68.4	15.7-16.5
7	3.0	93.9-95.2	97.8-98.4	71.8-75.4	65.6-68.1	61.3-64.1	69.7-72.5	69.7-73.1	68.5-71.8	14.8-15.6
8	3.5	95.3-96.4	98.5-99.1	75.5-78.9	68.2-70.6	64.2-67.1	72.6-75.5	73.2-77.0	71.9-75.2	13.8-14.7
9	4.0	96.5-97.5	99.2-99.6	79.0-82.6	70.7-73.8	67.2-70.6	75.6-78.9	77.1-81.8	75.3-78.8	12.5-13.7
10	4.5	97.6-98.8	99.7-99.9	82.7-87.7	73.9-79.1	70.7-76.3	79.0-84.0	81.9-89.6	78.9-84.0	10.5-12.4
11	5.0	98.9-100.0	100.0-100.0	87.8-100.0	79.2-100.0	76.4-100.0	84.1-100.0	89.7-100.0	84.1-100.0	0.0-10.4
12	Your HHA Score	95.4	96.3	78.5	72.3	67.9	67.3	72.1	73.8	19.8
13	Your Initial Group Rating	3.5	2.0	3.5	4.0	4.0	2.5	3.0	3.5	1.0
14	Your Number of Cases (N)	1,219	1,200	754	822	771	849	661	543	677
15	National (All HHA) Middle Score	93.8	97.7	71.8	65.6	61.2	69.7	69.6	68.5	15.6
16	Your Statistical Test Probability Value (p-value)	0.009	0.001	0.000	0.000	0.000	0.076	0.095	0.004	0.002
17	Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
18	Your HHA Adjusted Group Rating	3.5	2.0[2]	3.5	4.0	4.0	2.5	3.0	3.5	1.0[2]

19	Your Average Adjusted Rating	3.0
20	Your Average Adjusted Rating Rounded	3.0
21	Your Quality of Patient Care Star Rating (1.0 to 5.0)	***$^1/_2$ (3.5 stars)

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[1] Claims data from January 1, 2015 to December 31, 2015 and OASIS data from April 1, 2015 to March 31, 2016

[2] Based on your HHA's results, we suggest that you focus your attention on measures with a rating of 2.0 or less before the next quarterly reporting period. Review your HHA's care protocols that are or could be associated with this outcome or process and consider convening a meeting of your clinical staff to brainstorm how these outcomes or processes that affect the quality of patient care can be improved. Finally, once you have identified the source of the problem regarding your low score consider providing focused training of your staff to modify your existing quality of patient care practices.