



Home Health STAR Measures

Objectives

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What Are Home Health Star Ratings?

Medicare built [Care Compare](#) on the Medicare.gov as a key tool to help consumers choose a home health care provider. It's designed to be an easy-to-access, convenient official source of information about provider quality.

To make the information easier to use, Care Compare provides tools like “star ratings” that summarize some of the current health care provider performance measures. The star ratings offer consumers another tool to help them make health care decision. Consumers will still find value in the other quality information on Care Compare.



Types of Home Health Star Ratings

01

Quality of Patient Care

Quality of Patient Care (QoPC) star rating is based on OASIS assessments and Medicare claims data.

02

Patient Survey

Patient Survey star rating is based on the Home Health HHCAHPS Survey



Quality of Patient Care Star Ratings

- All Medicare-certified HHAs may potentially receive a QoPC Star Rating
- HHAs must have data for at least 20 complete quality episodes for each measure to be reported on Care Compare.
- Completed episodes are paired start or resumption of care and end of care OASIS assessments. Episodes must have an end-of-care date within the 12-month reporting period regardless of start date. To have a QoPC Star Rating computed, HHAs must have reported data for 5 of the 7 measures used in the QoPC Star Ratings calculation.



7 Measures Used in QoPC

- Timely Initiation of Care (process measure) M102/M104
- Improvement in Ambulation (outcome measure) M1860
- Improvement in Bed Transferring (outcome measure) M1850
- Improvement in Bathing (outcome measure) M1830
- Improvement in Shortness of Breath (outcome measure) M1400
- Improvement in Management of Oral Medications (outcome measure) M2020
- Acute Care Hospitalization (claims-based) (outcome measure)



Timely Initiation of Care

M0102/M0104

- M0102: Only answered if the physician states services should start a specific day.
- M0104: The referral date
 - A valid referral date is considered when the agency received adequate information about a patient (name, address/contact info, diagnosis, and/or general home care needs) and the agency has ensured that the referring MD or another MD will provide the plan of care and ongoing orders.
 - If SOC or ROC is delayed due to the patient's condition or physician request (for example extended hospitalization) then the date, the agency received updated/revised referral info for home care to begin will be considered the date of referral.
- Did you know if the patient requests to delay admission and we contact the MD and obtain a new SOC date within the 48-hour window we can update our referral date? This is also now true for ROC.

Ambulation

M1860

- Includes the Ability to Safely:
 - Walk, once in standing position
 - Use a wheelchair, once in seated position
 - On a variety of services
 - Typical surfaces routinely encountered in the patient's environment
- Excludes:
 - Transfer
- Usual status does not apply when determining a chairfast or bedfast.
- If need for devices varies between different services and rooms, report the device that makes the patient safe on all surfaces.

Transferring

M1850

- Includes moving from:
 - Supine position on current sleeping surface (sleeping surface may vary – bed, recliner, couch, etc.) to a sitting position on the side
 - Some type of standing, stand-pivot, sitting or sliding board transfer to sitting surface (chair, bench, toilet, BSC, etc.)
 - Some patients may need to ambulate to chair in another room – this may impact scoring
- 1. Transfer safely with minimal assistance (individual contributing less than 25% of the effort) OR use of an assistive device
- 2. Required BOTH assistance and a device
- Bedfast defined:
 - Medically restricted to a bed OR
 - Unable to tolerate being out of bed

Bathing

M1830

- Includes:
 - Safely getting to the location where bathing occurs
 - Transferring in/out
 - Washing the entire body
- Excludes:
 - Gathering supplies
 - Preparing the bath water
 - Shampooing hair
 - Washing face/hands
 - Drying off after the bath
- Medical restriction can impact scoring
 - Example: “do not get into tub”, “keep cast dry”
- Focus on ability to access the tub/shower, transfer in and out and bathe entire body once the needed items are in place

Shortness of Breath

M1400

- If the patient uses oxygen continuously, enter the response base on assessment of the patient's shortness of breath while using oxygen. If the patient uses oxygen intermittently, enter the response based on the patient's shortness of breath without the use of oxygen.
- Responses are based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.
- The chair fast patient can be assessed for level of dyspnea while performing ADLs or at rest

**If the patient does not have oxygen it needs to be included on the medication list

Management of Oral Meds

M2020

- Proposed addition to the star rating
- Identify the ability – no performance
- Includes all prescribed and OTC PO meds currently taking and should be included on the POC
 - Excludes: topical, injectable, IV meds, administered via gastrostomy, sublingual, buccal
- Report what is true on the day of assessment
- If ability varies from med to med, consider the medication for which the most assistance is needed
- Includes:
 - Assessment of the patient's ability to obtain the meds from where it is routinely stored
 - Is the patient a fall risk? Does the patient need assistance to ambulate to where the meds are routinely stored? To get water? If so, mark 3
 - The ability to read the label or otherwise identify the med correctly
 - Open the container
 - Select the correct amount and orally ingest it at the correct time
- Assess using observation and interview
- Resides in ALF or family keeps meds out of reach
 - Use clinical judgment to determine if the patient is able to take correct oral medications and proper dosages at the correct time

Details About Patient Survey Star Ratings

The first ratings were posted in January 2016, all the information about the Patient Survey Star Ratings is posted on the [HHCAHPS](#) website.



**Patient Survey Star Ratings
are based on patient
experience of care measures.**

- All Medicare-Certified HHAs have the potential to receive a Patient Survey Star Rating. However, HHAs must have 40 or more completed surveys over the four-quarter reporting period to receive Star Ratings.
 - HHAs that don't have 40 completed surveys will still have their HHCAHPS data publicly reported on the Home Health Compare website, but they will not receive star ratings.
- Each HHA gets providers preview reports showing the Patient Survey Star Ratings about one month before the ratings are posted on Care Compare. Agencies have several weeks to review and send us proof that there's been a calculation error to ask us to review their rating.
- More details about the methods for calculating Patient Survey Star Ratings can be found at [HHCAHPS](#).



Patient Survey Star Ratings Include:

4 of the Measures Reported on Care Compare

Each of the three composite measures consist of four or more questions form the survey that are about related topics. The results from the question that comprise a composite are reported as one score.

Composite scores are compiled by calculating the proportion of cases that responded to each answer choice in the questions that comprise the composite.

Once the proportions of responses to all answer choices in the questions in the composite are calculated, the average proportion of those responding to each answer choice in all questions in the composite is calculated.

Only questions that are answered by survey respondents are included in the calculation of composite scores.

Crosswalk of Composite Measures and Global Ratings to Medicare's Care Compare Website

HHCAHPS Composite Measurements/ Global Ratings	HHCAHPS Questions Included in Composite/Global Rating	Text Displayed on Medicare's Care Compare Website
Care of Patients	Q9, Q16, Q19, and Q24	How often the home health team gave care in a professional way
Communications Between Providers and Patients	Q2, Q15, Q17, Q18, Q22, and Q23	How well did the home health team communicate with patients
Specific Care Issues	Q3, Q4, Q5, Q10, Q12, Q13, and Q14	Did the home health team discuss medicines, pain, and home safety with patients
Overall Rating of Care	Q20	How did patients rate the overall care from the home health agency
Patient willingness to recommend HHA to family or friends	Q25	Would patients recommend the home health agency to friends and family

HHCAHPS Questions Integrated into Star Measures:

2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

1. Yes
2. No
3. Do not remember

3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

1. Yes
2. No
3. Do not remember

4. When you start getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

1. Yes
2. No
3. Do not remember

5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

1. Yes
2. No
3. Do not remember

9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

1. Never
2. Sometimes
3. Usually
4. Always
5. I only had one provider in the last 2 months of care

10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

1. Yes
2. No

HHCAHPS Questions Integrated into Star Measures:

12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

1. Yes
2. No
3. I did **not** take any new prescription medicines or change any medicines.

13. In the last 2 months of care, did home health provider from this agency talk wit you about **when** to take these medicines?

1. Yes
2. No
3. I did **not** take any new prescription medicines or change any medicines.

14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

1. Yes
2. No
3. I did **not** take any new prescription medicines or change any medicines.

15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?

1. Never
2. Sometimes
3. Usually
4. Always

16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

1. Never
2. Sometimes
3. Usually
4. Always

17. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?

1. Never
2. Sometimes
3. Usually
4. Always

HHCAHPS Questions Integrated into Star Measures:

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

1. Never
2. Sometimes
3. Usually
4. Always
5. I only had one provider in the last 2 months of care

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

1. Never
2. Sometimes
3. Usually
4. Always
5. I only had one provider in the last 2 months of care

20. We want to know your rating of your care providers. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

- 0 Worst home health care
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best home health care

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

1. Yes
2. No - If No, go to Q24
3. I did **not** contact this agency

23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?

1. Same day
2. 1 to 5 days
3. 6 to 14 days
4. More than 14 days
5. I did **not** contact this agency

HHCAHPS Questions Integrated into Star Measures:

24. In the last 2 months of care, did you have any problems with the care you got through this agency?

1. Yes
2. No

25. Would you recommend this agency to your family or friends if they needed home health care?

1. Definitely no
2. Probably no
3. Probably yes
4. Definitely yes

HHCAHPS survey areas listed on home health compare website:

- How often the home health team gave care in a professional way
- How well did the home health team communicate with patients
- Did the home health team discuss medicines, pain and home safety
- How do patients rate the overall care from the home health agency
- Would patients recommend the home health agency to friends and family

STAR Ratings will 'Evolve'

The information posted on Care Compare is very important to home health agencies, other stakeholders, and consumers, Medicare is using a transparent development process. The way we calculate and report the star ratings now is based on input from stake holders and ongoing data analysis. We expect the star rating will evolve and be refined over time.

Where Can I Find the Star Ratings?

[Find Healthcare Providers: Compare Care Near You | Medicare](#)

Rounding Method:

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

Agency Average of Adjusted Ratings Across all Measures	HHC Star Rating	
4.5 and 5.0	5	★ ★ ★ ★ ★
3.5 to 4.49	4	★ ★ ★ ★
2.5 to 3.49	3	★ ★ ★
1.5 to 2.49	2	★ ★
1.0 to 1.49	1	★

When are Star Ratings Updated?

The star ratings are updated quarterly on Home Health Compare in January, April, July, and October.

What Does the Scoring Mean?

Scoring is from 1-5 stars.

- A rating of 1 or 2 stars means that the agency's performance was below the average of other agencies on selected measures.
- 2-star rating mean the agency provides good quality of care.
- A rating of 4 or 5 stars means that the agency's performance was above the average of other agencies on selected measures.
- The star measure doesn't necessarily mean care by the agency is poor.



Does Every Area Have a 4-5 Star Agency?

Not every service area, community, or even state has a 4- or 5-star home health agency. Agencies are compared based on the measured care practices and outcomes of other agencies. So, your community may not currently have any home health agencies that are performing better on average than certain agencies in communities elsewhere in the U.S.

The ratings are also updated on a quarterly basis, so it is possible that while you may not have a 4- or 5-star rating agency in your community now, you may have one in the future.

		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 hospitalizati on
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)			



What If My Preview Report States 'Data Not Available'

This means that there were not enough events 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 events for those quality measures, or that your agency has been certified/re-certified for less than six months.

Request for Review of Your 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 to HHC_Star_Ratings_Review_Requests@cms.hhs.gov
- As the Condition 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.

How to Improve Your Star Measures

Ensure accuracy of SOC and Discharge OASIS's

- Educate any staff that perform OASIS on the OASIS guidance regularly.
- Ensure new staff have a mentor when starting to fill out OASIS.
- Ensure OASIS guidance manual is available in your office for staff to reference.
- Ensure your OASIS's go through a quality check (a human eye).
- Utilize OASIS check/scrubber.
- Utilize reports to track clinicians needing further education.

Integrate Star measures into your QAPI Program

- Work on one Star measure at a time.
- Focus on your lowest star measure first.
- Get your whole team involved in working on your goals.
- Reward/acknowledge staff when efforts are made.
- Use visual aides in the office(s) to ensure that it's a reminder to staff.



How to Improve Your Star Measures

Patient Survey Preparedness

- Ensure staff review and understand the HHCAHPS survey questions.
- Educate patients on the survey and encourage them to complete it if contacted by your survey vendor. (You're not allowed to share a copy of the HHCAHPS survey with patients, tell the patient how to answer, or demand the patient provides a positive review).
- Provide good patient care.
- Utilize patient educational handouts on topics related to survey questions.
- Educate patients on medications, pain, and home safety each visit.
- Ensure patient's have all needs and questions answered prior to leaving home visits.
- Ensure all caregiver patient's care (especially if survey will go to them) are communicated with the patient's progress and teach you performed.
- Ensure whoever is providing your survey has the correct information of who to call or send survey to.

Keep your focus on patient care.

Improve care coordination between staff, providers, patient, and caregivers.

Have one person that leads the QAPI team and arranges meetings.



Are You Missing Out on Reimbursements?



- Reimbursement and star ratings are usually correlated.
- Agencies with lower star ratings are usually not maximizing reimbursement through OASIS and coding.
- With HHVBP this is going to be even more true.

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:

[OASIS User Manuals | CMS](#)



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Contact Information:

Celeste Miller
RN, BS, HCS-D, COS-C
Director of Operations

Celeste@OracleBCC.com

(435) 757-8416

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[Home Health Care CAHPS® Survey Protocols and Guidelines Manual \(homehealthcahps.org\)](#)