

CMS Overall Hospital Quality Star Rating

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Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
 - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program



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Overview

- Review how the CMS Overall Hospital Star Rating is calculated, and why your hospital may (or may not) be rated
- Consider potential impact of new CMS measures on future Overall Hospital Star Rating calculations
- Discuss related processes for:
 - Communicating Star Rating results
 - Monitoring measures and data reports
 - Using the star-rating as component of QI planning and prioritization



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Overall Hospital Star Rating

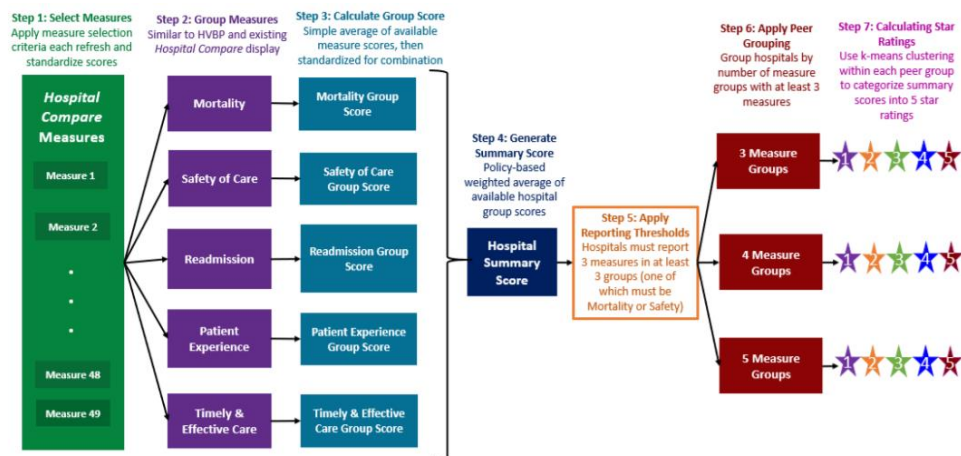
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Why Star Ratings for Hospitals?

- CMS has stated that the objective of the Overall Hospital Quality Star Rating project is to summarize information from existing hospital measures on Care Compare in a way that is useful and easy to interpret for patients and consumers.
- Overall Hospital Quality Star ratings, initially released in July 2016, followed CMS release of Star Ratings across a variety of health care provider types, and release of the HCAHPS Star Ratings.
 - Significant changes to the methodology were made in the 2021 rulemaking process.
- Summarizes **current** Care Compare measures into a single star rating.
- A significant number of small rural hospitals consistently don't meet the threshold to have a rating calculated (60-75%).

The Seven Steps of the Overall Star Rating Methodology



Source: Comprehensive Methodology Report (v4.1) (02/26/2021), Available here: <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/resources>

What Measures are Included?

Care Compare measures in five groupings:

1. **Mortality** (death rate for a variety of patient groups)
2. **Safety of Care** (HAIs and complications)
3. Readmissions (readmission rates, hospital return days)
4. Patient Experience (HCAHPS, at least 100 returned surveys)
5. Timely and Effective Care (Consolidates process measures from Effectiveness of Care, Timeliness of Care, and Efficient Use of Medical Imaging Groups)

Notes:

- Mortality and Readmissions measures are calculated using Medicare FFS claims
- List of measures used in July 2023 release, including timeframe and data source can be found [here](#)

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What is the Threshold for Calculation?

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three (3) measures in at least three (3) groups, one (1) of which must be an **outcome** group:

- **Safety of Care**
- **Mortality**

Notes:

- In the previous methodology, Readmissions was included as an outcome group
- CAHs rarely meet the threshold to have safety of care measures reported on Care Compare
- Mortality measures are typically calculated using claims for a three-year period, and there is a significant time lag in the data (typically 2+ years).
- Due to the COVID-19 PHE, CMS truncated some of the time periods to avoid use of data from Q1 and Q2 2020. The July 2023 release used data from July 1, 2018, to December 1, 2019 and July 1, 2020 – June 30, 2021 for the mortality measures.

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How is the Score Calculated?

- Simple average of measure scores *within* each measure group
- Measure groups are weighted:

Table 3. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight (w_i)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

Notes:

- Measure group weights are re-proportioned if no measures are available in a measure group.
 - For example, re-proportioned weights if a hospital had measures in three groups: Mortality (39%), Readmission (39%), and Timely and Effective Care (21%)
- If meet the threshold to have a rating calculated, all measures that are available are included

Source: Comprehensive Methodology Report (v4.1) (02/26/2021)

How do the peer groups work?

- Intent is to address concerns about comparability of hospitals with fundamental differences such as size, volume, patient case mix, and service mix
- In the updated methodology a peer grouping approach is used for determining the Star Rating ‘cut-points’:

Peer Group	Number (%) of Hospitals in July 2023 Update
Five Measure Groups	2,420 (79%)
Four Measure Groups	462 (15%)
Three Measure Groups	194 (6%)

Source: [Hospital Quality Star Ratings on Hospital Compare \(qualityreportingcenter.com\)](https://www.qualityreportingcenter.com)

Star Ratings – July 2023 Refresh

- Timing of Star Ratings release from CMS is not consistent but is generally once per year.
- Next updated Star Rating will be posted on Care Compare in July 2023
 - July 2023 ratings calculated using data from the January 2023 Care Compare Refresh
 - Data from Q1 – Q2 2020 not included, so for some measures, data periods are truncated
- **Preview data and Hospital-Specific Reports (HSR):**
 - The July 2023 preview period was May 3, 2023 through June 1, 2023
 - [Information on reviewing your Overall Star Rating Hospital – Specific Report \(HSR\)](#)
 - The HSR provides information regarding how individual measure scores impact your rating
 - If you did not review your hospital's HSR during the preview period – you can still request a copy from the QualityNet HelpDesk.
 - CAHs can request that their Star Rating be suppressed from Care Compare, but must do so during the preview period

Source: [Overall Hospital Quality Star Ratings: Impact of the CMS Exception](#) (qualityreportingcenter.com)

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Star Rating Takeaways

- Recent changes to the Overall Hospital Star Rating methodology addressed some, but not all, of the broader concerns about the ratings
 - Less than 1/3 of CAHs meet the threshold to have a rating calculated
 - Although the majority of CAHs that have a rating calculated receive 3 or 4 stars, an increased number of CAHs receive 1 or 2 stars under the revised methodology
- Availability of rural-relevant measures is a significant concern
 - Important to be looking forward to measure changes on Care Compare that may have an impact down the road

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Changing Landscape Considerations

- eCQMs
- Hybrid Measures
- Additional newly adopted or proposed measures

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Process for CMS Quality Measures

- CMS quality programs and measures are identified and updated through the annual rule-making process:
 - IPPS Rule (Inpatient Prospective Payment System) defines **IQR** (Inpatient Quality Reporting Program) and the **Medicare Promoting Interoperability Program**
 - OPSS Rule (Outpatient Prospective Payment System) defines **OQR** (Outpatient Quality Reporting Program)
- Measures typically endorsed by the National Quality Forum (NQF), and reviewed through a pre-rulemaking process by the NQF Measures Application Partnership (MAP)*
- CMS measures are regularly added, “topped-out” and retired, or removed

*Battelle [Partnership for Quality Measurement](#) is replacing the National Quality Forum as the CMS consensus-based entity starting in 2023.



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eCQM Reporting Requirements

- **Required for CAHs as part of the Medicare Promoting Interoperability Program*** (FKA the EHR Incentive Program)
- CY 2023 Submission Deadline will be February 29, 2024
- Starting in CY 2024, increase to six measures, three self-selected, three required

Reporting Period (CY)	Number of Calendar Quarters to Report	Number of Measures to Report on Each Quarter
2020	One self-selected quarter	Four self-selected eCQMs
2021	Two self-selected quarters	Four self-selected eCQMs
2022	Three self-selected quarters	Four: 3 self-selected + Safe Use of Opioids
2023	Four quarters	Four: 3 self-selected + Safe Use of Opioids
2024	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

*Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals

Sources: www.qualityreportingcenter.com, [2021 Final IPPS Rule](#), [2023 Final IPPS Rule](#)



Available eCQM Measures

Sources: www.qualityreportingcenter.com, [2021 Final IPPS Rule](#), [2022 Final IPPS Rule](#), [2023 IPPS Final Rule](#)

Short Name	Available Measures by Reporting Year	CY2022	CY 2023	CY 2024
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients [^]	X	X	
VTE-1	Venous Thromboembolism Prophylaxis	X	X	X
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	X	X	X
PC-05	Exclusive Breast Milk Feeding [^]	X	X	
STK-2	Discharged on Antithrombotic Therapy	X	X	X
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	X	X	X
STK-5	Antithrombotic Therapy By End of Hospital Day 2	X	X	X
STK-6	Discharged on Statin Medication [^]	X	X	
ePC-02	Cesarean Birth [*]		X	Required
ePC-07	Severe Obstetric Complications [*]		X	Required
HH-01	Hospital Harm—Severe Hypoglycemia		X	X
HH02	Hospital Harm—Severe Hyperglycemia		X	X
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events			X
GMCS	Global Malnutrition Composite Score			X
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required	Required

[^] Measure finalized for removal beginning with CY 2024 reporting year per 2022 IPPS Final Rule

^{*} All hospitals are required to report ePC-02 and ePC-07 starting with the CY 2024 reporting period, those that do not provide OB services should submit a zero-denominator declaration for those two measures.



eCQMs and Public Reporting

- eCQM data is *not* currently reported on [CMS Care Compare](#)
- CMS indicated they would start public reporting of eCQM measures starting with CY 2021 data, available to the public as early as Fall 2022:
 - eCQM measures were first included in the [January 2023 Care Compare Preview Reports](#)
 - The January 2023 preview reports indicated that the eCQM data will be released in the [Provider Data Catalog](#) (but not on Care Compare)
 - It is likely that future releases will be included on Care Compare (timeline TBD)
- CMS Added the first eCQM to the Outpatient Quality Reporting Program (OQR) starting in CY 2023
 - ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40)**
 - Clinically similar to chart-abstracted OP-2 and OP-3 which are retired after Q1 2023 reporting
 - Reporting of OP-40 is not aligned with Promoting Interoperability requirements at this time

Sources: www.qualityreportingcenter.com and [2021 Final IPPS Rule](#)
**Technical details for OP-40 can be found here: [Outpatient Quality Reporting eCQMs | eCQI Resource Center \(healthit.gov\)](#)



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Hybrid Hospital-Wide All-Cause Readmissions

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized readmission rate
- Timeline for implementation as part of **IQR**:
 - Two voluntary reporting periods:
 - July 1, 2021, through June 30, 2022 (Data Due September 30, 2022)
 - July 1, 2022, through June 30, 2023 (Data Due October 2, 2023)
 - First required **IQR** reporting period:
 - July 1, 2023 – June 30, 2024 (Data Due October 1, 2024)
- Hybrid HWR measure data to be publicly reported starting with the July 2025 refresh of *Care Compare* (replacing the claims-based only HWR measure)
- Also launching a **Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure** (initial voluntary reporting period of 7/1/2022 – 6/30/2023)

Reporting information: [Reporting the Hybrid Hospital-Wide Readmission Measure to the Hospital IQR Program \(qualityreportingcenter.com\)](#)

Hybrid Hospital-Wide All-Cause Readmissions cont.

- Clinical variables (first captured):
 - ✓ Heart Rate
 - ✓ Systolic Blood Pressure
 - ✓ Respiratory Rate
 - ✓ Temperature
 - ✓ Oxygen Saturation
 - ✓ Weight
 - ✓ Hematocrit
 - ✓ White Blood Cell Count
 - ✓ Potassium
 - ✓ Sodium
 - ✓ Bicarbonate
 - ✓ Creatinine
 - ✓ Glucose
- Linking data elements:
 - ✓ CMS Certification Number
 - ✓ Health Insurance Claims Number or Medicare Beneficiary Identifier
 - ✓ Date of birth
 - ✓ Sex
 - ✓ Admission date
 - ✓ Discharge date.
- Format: QRDA 1 (Quality Reporting Data Architecture)

Source: www.qualityreportingcenter.com and [2020 Final IPPS Rule](#)

2022 & 2023 Final Rules: Additional New Measures

- COVID-19 Vaccination Coverage among Health Care Professionals
 - Reported quarterly via CDC NHSN
- Patient Reported Outcome Measure (PROM): Elective Total Hip/Total Knee Arthroplasty (pre/post)*
- Hospital Commitment to Health Equity (Structural Measure, CY 2023)
- Health-Related Social Needs (HRSN), % screened AND % positive (CY 2023 voluntary, 2024 mandatory for IQR)
- Breast Screening Recall Rate (OP-39)
 - Claims-based measure (Medicare FFS)
 - Performance score within the target recall range
 - Initial measure calculation data period: July 1, 2020, to June 30, 2021

*For more information: [THA/TKA PRO-PM Overview \(cms.gov\)](https://www.cms.gov)

Sources: [2022 IPPS Final Rule](#), [2022 OPSS Final Rule](#), [2023 Final IPPS Rule](#)

2024 IPPS *Proposed Rule*

- Proposed changes to HCAHPS Survey Administration:
 - Incorporate web-based options to modes of survey distribution starting in January 2025
 - Allow patient proxy to complete the survey
 - Extend data collection period to 49 days (from 42 days)
 - Limit supplemental items to no more than 12
 - Require collection of information about language that the patient speaks while in the hospital, and require official Spanish translation be administered to all patients who prefer Spanish (starting January 2025)

2024 IPPS *Proposed Rule, cont.*

- Expand cohort for Hybrid Hospital Wide Readmissions and Mortality measures to include Medicare Advantage patients
- Three potential new eCQMs:
 - Hospital Harm – Pressure Injury eCQM
 - Hospital Harm – Acute Kidney Injury eCQM
 - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults
- Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure (“up-to-date” vs. complete)
- Measure removal: Early Elective Delivery (PC-01, starting with CY 2024)

Resources: Overall Star Ratings

- [Understanding CMS Changes to Hospital Overall Star Ratings: American Hospital Association Issue Brief](#)
- Technical Information: <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings>
- Articles:
 - Modern Healthcare: [Acute-care hospitals see higher star ratings on new CMS methodology](#) April 28, 2021 (subscription may be required)
 - JAMA Network Viewpoint: [An Evolving Hospital Quality Star Rating System From CMS Aligning the Stars](#) May 17, 2021

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Resources: eCQMs and Hybrid Measure(s)

- [Quality Reporting Center](#): eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)
- [eCQI Resource Center](#): Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)
- [QualityNet eCQM Reporting](#): Submission portal, tools, information, resources

For questions on the **Promoting Interoperability Program** and **eCQM data submission process** contact the *QualityNet* Service Center at (866) 288-8912 or qnetssupport@hcqis.org

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Questions?

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