



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Overall Hospital Quality Star Ratings: July 2023 Refresh
Question and Answer Summary Document

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar and clarity.

Current Overall Star Ratings Methodology

Question 1: **Slide 10. How are peer groups determined (as seen in Step 6 of the Star Rating methodology)?**

The peer grouping methodology, based on grouping hospitals using the available measure information, was first introduced in Version 4.1 of the methodology in 2021 and has now been through several iterations of implementation and refresh. Hospitals are grouped into either a three-measure peer group, four-measure peer group, or five-measure peer group, based on the number of measure groups in which they have measures. After the peer grouping step is complete, a k-means clustering approach is applied, in which hospitals are compared to like hospitals, with respect to their available information for Overall Star Ratings.

Question 2: **Slide 10. Do the peer groups impact subsequent star assignments?**

Yes, as peer grouping is Step 6 in the Overall Star Rating methodology. Step 6 occurs prior to k-means clustering, which is ultimately used to assign Overall Star Ratings. Therefore, when hospitals receive an Overall Star Rating, their hospital summary score is only compared to other hospitals in the same peer group.

For example, hospitals in the three-measure group peer group are only compared to other hospitals in the same three-measure peer group; they are not compared to any of the hospitals that are in the four- or five-group peer groups.

Before the most recent Overall Star Rating methodology update in 2021 when the peer grouping step was introduced, all hospitals were compared to one another in a single, large group. However, peer grouping is now a key step in the Overall Star Rating methodology.

Question 3: **Slide 11. Will you please provide more information about the newly added COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP COVID-19 Vaccination) measure?**

CMS started publicly reporting the HCP COVID-19 Vaccination measure data in October 2022. This measure reflects data provided by the Centers for Disease Control and Prevention (CDC) for public reporting.

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Each quarter, the CDC will calculate quarterly vaccination coverage rates for each facility by taking the average of the data from the three weekly rates that the facility submitted for that quarter. For facilities that report more than one week per month, the last week of the reporting month will be used. The data will reflect a single quarter of data in each quarterly release. The data were first reported for the October 2022 Care Compare release, reflecting Quarter (Q)4 2021 data. The January 2023 release displays Q1 2022 data.

For Overall Star Ratings, the HCP COVID-19 Vaccination measure is included in the Timely & Effective Care measure group.

Extraordinary Circumstance Exceptions (ECEs) and COVID-19

Question 4: **Slide 14, under “Different in 2023,” states, “CMS has reevaluated and respecified individual measures if necessary due to COVID-19.” What does this change in the methodology?**

The Overall Star Rating methodology for 2023 remains unchanged and remains the same as the methodology that was finalized in the calendar year (CY) 2021 Outpatient Prospective Payment System/Ambulatory Surgical Center Payment System final rule. However, at the individual measure level, CMS has reevaluated and specified measures depending on COVID-19 impact. This may affect the measure-level data, but this does not affect the methodology used to calculate the Overall Star Rating.

Question 5: **Slide 16. Do the ECE periods differ by domain? On the slide, it appears that they do.**

The time-period of the ECE was January 1, 2020, through June 30, 2020. This ECE does not differ by measure groups/domains. Measure data availability differs in CY 2023 across measure groups due to differences in data collection periods for the underlying measures. For example, some measures rely on 12 months of data (outside the ECE period), while others extend back 36 months (and overlap with the ECE period). Therefore, it is possible for some measure groups to have more data available than others. For more information, please reference the [Care Compare Refresh and Overall Hospital Quality Star Rating 2021 Updates](#) announcement on the CMS QualityNet website.

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Question 6: Slide 17 states that the “July 2023 release may represent a ‘new normal’ for Star Ratings.” Does this mean that we should expect a yearly refresh in July moving forward?

“New normal” refers to available measure information after the COVID-19 Public Health Emergency (PHE). Previously, the refresh of the Overall Star Rating included more measure-level information from before the pandemic because individual measure periods are specified at the individual-measure level. In the July 2023 release, most of the measure-level information is from after the start of the PHE and after the ECE time period.

CMS publishes Star Ratings on an annual basis, although it may not always occur in July. Via Listserve notification, CMS will announce the following information related to Public Reporting: the availability of preview reports, associated program quick reference guides, new releases associated with each program, and any other alerts.

Please visit the CMS QualityNet website to join Listserve notifications groups to receive important CMS communication updates: <https://qualitynet.cms.gov/listserv-signup>. For the Overall Star Rating notifications, make sure to sign up for Inpatient Quality Reporting and Outpatient Quality Reporting notifications.

Peer Groups, Rating Distributions, and Thresholds

Question 7: Slide 19. Can you clarify the dates that the ratings cover for each Star Ratings year?

For July 2023 calculations, January 2023 measure data on Care Compare and the rereleased Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery (Outpatient-13) from April 2023 were used. The July 2022 Overall Star Ratings were calculated using the measure data from July 2021. The April 2021 Overall Star Ratings were calculated using the measure data from October 2020. The January 2020 Overall Star Ratings were calculated using the measure data from October 2019.

Question 8: Slide 19. How are hospitals put into peer groups? Where do you find that information?

Hospitals are grouped into either a three-measure group peer group, four-measure group peer group, or five-measure group peer group, based on the

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number of measure groups in which they have at least three measures. For a hospital to see or understand their own peer group assignment, they can refer to their Hospital-Specific Report (HSR). With each refresh of Star Ratings, there is always an HSR User Guide that details how to find the hospital's peer group.

Hospitals may have more cases and more measures reported one period versus another, so it is critical for hospitals to review their report for a given reporting period.

Question 9: **Slide 19. Does the statement “newly received a Star Rating” include hospitals that didn’t meet the minimum reporting criteria for the 2022 Overall Star release, but they did meet the minimum criteria for prior Overall Star releases?**

Yes, this is likely the primary way in which hospitals would fall into the “newly received a Star Rating” category. This category reflects hospitals that did not receive a Star Rating in the 2022 Overall Star Rating refresh but did receive a Star Rating in the 2023 refresh. The predominant reason for that is that those hospitals now meet the minimum threshold but did not in the prior year. This could also include new hospitals that didn't exist previously.

Question 10: **Slide 20. Do you know what accounts for the increase in the proportion of hospitals receiving a 1-Star Rating?**

Any changes, in either the number or proportion of hospitals or in any of the Star Ratings categories, tend to be multi-factorial. When comparing any period to the preceding period, we expect and have detected changes because there are changes in the underlying measures that are included in Star Ratings. Additionally, there are constant changes in the underlying distribution of those measure scores; some of those measures have absolute scores, like a process measure, but many of the individual measures are comparative in nature. This can change a given hospital's individual measure score that goes into their Star Ratings calculation. Based on aggregate performance, we would anticipate some changes in the proportion of hospitals in each Star Rating category over time. Finally, the cut points for Star Ratings categories based on k-means clustering will change based on changes in the underlying data. A combination of these factors will result in shifts in the number of hospitals within a given Star Rating category.

CMS regularly analyzes Overall Star Rating distribution and the distribution by peer groups. These distributions tend to be consistent,

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and the hospitals, within each star category, generally align with their underlying scores and groups.

Question 11: **Slide 22. What are the minimum criteria to receive a Star Rating? Is it three minimum measures in the Mortality group and Safety of Care group? Is it three minimum measures in the Mortality group and Patient Experience group?**

The minimum threshold required to receive an Overall Hospital Star Rating is to report a minimum of three measures in each of at least three measure groups, one of which must be Mortality or Safety of Care.

Question 12: **For hospitals that don't meet the minimum reporting threshold for all five groups, using the three peer groups, can you confirm that this would include hospitals that meet the three-group minimum but have less than three measures in one or two of the other measure groups?**

To meet the measure reporting threshold, a hospital reports a minimum of three measures in each of at least three measure groups, one of which must be Mortality or Safety of Care. If a hospital has additional measure groups with fewer than three measures, those group scores are counted towards their hospital summary score, and in turn the Overall Star Rating.

This is consistent with prior analyses and prior communications that have received public comment and that examine the impact of including those additional measure groups. It was concluded, based on input from a variety of workgroups and stakeholders, that the inclusion of those measures is most consistent with one of the guiding principles for Star Ratings, to be inclusive of as much measure information as possible for the patients, families, and caregivers who look at Star Ratings on Care Compare.

Question 13: **Are there case minimums for the Safety of Care groups like there is for the Mortality group?**

Case minimums for each measure reported publicly on Care Compare are established at the individual measure level and are not set or calculated by Overall Star Ratings at a measure-group level. The help guides for inpatient and outpatient programs on the CMS [QualityNet](#) website will list the minimum counts for each measure and are the best sources for information. The Healthcare-Associated Infection (HAI) measures in the Safety of Care group do not have minimum case counts because they are reported as Standardized Infection Ratios.

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For Overall Star Ratings, hospitals must meet a minimum number of measures and measure groups. CMS requires at least three measures, in at least three measure groups, and one group must be Mortality or Safety of Care.

Any additional measures reported in any of the other measure groups are then included in the Star Rating calculation.

Question 14: What should we do in the future to meet the minimum threshold and to receive a Star Rating if our hospital did not get a Star Rating?

Hospitals must meet a minimum number of measures and measure groups for public reporting on Care Compare. If a hospital meets the minimum threshold for public reporting of a measure, results for that measure can be included in the Star Rating calculations.

In order to be assigned to a Star Rating, CMS requires at least three measures, in at least three measure groups, one of which must specifically be Mortality or Safety of Care; therefore, a hospital must meet the reporting threshold of enough individual measures to meet this criterion. Any additional measures reported in any of the other measure groups are then included in the Star Rating calculation.

Question 15: If a hospital reports the minimum three measures (including Safety and Mortality) but does not meet threshold, will the hospital no longer qualify for a Star Rating?

In order to be assigned to a Star Rating, hospitals must report at least three measures, in at least three measure groups, one of which must specifically be Mortality or Safety of Care. If a hospital does not report at least three measures in three measure groups, a Star Rating will not be assigned.

Star Rating Timing and Peer Grouping Clarifications

Question 16: Slide 28 and 29. Why are the Star Ratings not released at the same time every year?

CMS intends to release Star Ratings at the same time every year. However, CMS will consider unique circumstances (e.g., PHEs and data issues). On a case-by-case basis, CMS will evaluate the impact of unique circumstances on the Overall Hospital Quality Star Ratings. If CMS determines that the impact was significant, CMS may choose to delay the release.

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Question 17: **Slide 31. Would you consider changing the peer grouping to group A, B, or C, as it would be easier to follow?**

We appreciate your comments and feedback on the Overall Hospital Quality Star Ratings and will consider for future consideration.

Question 18: **Is there any consideration to calculating peer groups by dual eligibility?**

In prior rulemaking, CMS presented some options and considerations for including dual eligibility status in the Overall Star Rating calculation, and the comments were mixed. The findings did not support including dual eligibility status at the aggregate Star Ratings level. Rather, most respondents recommended considering dual eligibility status as a social risk factor that may require adjustment or inclusion in calculations at the individual-measure level. Additionally, this feedback was consistent with the feedback expressed earlier by Overall Star Rating Technical Expert Panels and provider and patient workgroups.

Question 19: **Which peer groups contain the most Critical Access Hospitals (CAHs)?**

Historically, CAHs are more likely to be in the three- or four-measure group peer groups.

Public Reporting and Reports

Question 20: **Slide 35. Please provide further details regarding this statement: “In general, hospitals do not have a choice in measures for which their data is collected.” How does a hospital choose to opt out and not report their mortality measures? Aren’t they required and based on claims data?**

Correct. The mortality measures are based on claims data and are publicly reported if the hospital meets the minimum requirements (typically 25 index hospitalizations for a given condition). It is possible that a hospital may fall below that threshold if they have an insufficient number of index hospitalizations in a given measurement period, which may result in that hospital’s score no longer being publicly reported. Similarly, changes to measure specifications can affect that number. For example, changes to the chronic obstructive pulmonary disease (COPD) measure specifications excluded some cases which resulted in a reduced number of index hospitalization cases. This may result in fewer hospitals

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with publicly reported scores for those metrics. As such, in general it is not a voluntary decision for a hospital to “report” or “not report,” as opposed to what we observe and what is reflected in the data and the individual measure specifications.

Question 21: Would submitting more measures than the minimum number increase our scores?

In general, the submission of measures is not a voluntary decision. Whether measures are available for a given hospital mostly depends on the hospital’s case mix and services that meet the minimum criteria or minimum case counts for each individual measure.

In most instances, hospitals that have enough cases to report an individual measure are required to do so because of program requirements; in turn, those measures are reported on Care Compare and are available for Star Ratings.

Section 1704 of the Public Health Service Act allows CAHs to voluntarily participate in CMS programs. If a CAH elects to report measure data through CMS programs, their measure scores are subsequently included within the Overall Star Ratings. Given their voluntary status, CAHs may choose to withhold their measure scores, and subsequently their Star Rating, from public reporting by submitting a request for withholding via the [Request Form for Withholding/Footnoting Data for Public Reporting](#).

Question 22: Are the data reported for the January 2023 Care Compare release used for the July 2023 Hospital Overall Star Rating?

Correct. The January 2023 Care Compare refresh data are being used for the July 2023 publication of Star Ratings. This decision is consistent with what has been in prior rulemaking, as well as prior refreshes. The timing of the release allows CMS to ensure any subsequent changes, modifications, or edits that might occur within individual measures have been publicly communicated, which ensures greater predictability around Star Ratings. Additionally, using the January 2023 Care Compare for the July 2023 Overall Star Rating release allows for hospitals to see individual measures be refreshed, understand those scores, assess their score changes, and then have some better anticipation for subsequent Star Ratings refreshes.

Question 23: Can you explain why our hospitals may be the “same as the national mean” on Care Compare and still penalized in Overall Stars Ratings?

By “penalized in Overall Star Ratings,” we assume the question is referring to the assignment of a 1- or 2-star rating. The Overall Star Rating

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uses the actual scores for each measure and not the performance categories displayed on Care Compare for individual measures. (Those are assigned based on a statistically significant difference from the mean.)

A 95 percent confidence interval is used to assign “same as the national mean” on Care Compare, which is one reason why hospitals may fall within this designation, but still receive 1 or 2 stars.

Question 24: How are HSRs different from the preview reports?

The Overall Hospital Star Rating HSRs have more details than the preview reports. The HSR will provide you with a detailed summary of your Overall Hospital Quality Star Rating, measure group score results and weights, individual measure results, and peer grouping.

The preview report Star Ratings page only provides the Overall Hospital Quality Star Rating, hospital’s Standardized Group Score for each measure group, each measure group weight, number of scored measures for each measure group, number of measures “Better,” number of measures “Same,” and number of measures “Worse.”

Question 25: When do the next Star Ratings become available?

HSRs became available on May 2, 2023. CMS opened the preview period on May 3, 2023, for the July 2023 Public Reporting update. That update will include refreshed Star Ratings.

Miscellaneous Questions

Question 26: Is Patient Safety Indicator (PSI)-90 part of the 2023 Star Rating? CMS paused the measure calculations for payment purposes but continued to publicly report the measure performance in fiscal year 2023 for the Hospital-Acquired Condition (HAC) Reduction Program.

PSI-90 is included in the January 2023 refresh. Based on the inclusion and exclusion criteria for Star Ratings, PSI-90 is included in the July 2023 Star Ratings refresh. While the measure was suppressed in the HAC Reduction Program, CMS publicly displayed measure performance information on Care Compare and included it in Star Ratings.

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Question 27: **Could you comment on how system inflammatory response syndrome for the Safety component has been consistent? Will it be adjusted? If so, what would be the determining factor?**

Questions regarding HAI measures should be directed to the team responsible for those measures. Please use the QualityNet Question and Answer Tool (https://cmsqualitysupport.servicenowservices.com/qnet_qa) for questions about HAI measures. Select HACRP - Hospital-Acquired Condition Reduction Program under Program. Then, select NHSN for the subtopic. For other questions about Star Ratings, select Overall Hospital Star Ratings under Program. Then select the appropriate topic. The CDC's National Healthcare Safety Network (NHSN) Help Desk (<https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html>) can answer additional questions.

For HAI-specific resources, please refer to the HAI resources page on QualityNet: <https://qualitynet.cms.gov/inpatient/measure/hai/resources>

Question 28: **Where is information about the measurement periods used for each individual measure in the July 2023 Star Rating refresh?**

The reporting periods for the measures included in the July 2023 Overall Hospital Quality Star Rating are the same as for the individual measures reported on Care Compare for the January 2023 update.

The reporting periods differ for each measure group and some measure groups have measures with different collection periods. Some measures included in the July 2023 Overall Hospital Quality Star Rating are based on fewer quarters of data than prior publications due to the CMS extraordinary circumstance exception for (Q1) 2020 and Q2 2020 measure data due to the COVID-19 public health emergency.

The list of measures and data collection periods change for each Overall Hospital Quality Star Rating release.

Data collection period dates can be found in the HSR in Table 3, Column J; on the [QualityNet Data Collection Periods web page](#); and in the HSR User Guide sent with your HSR. The HSR User Guide is also found on QualityNet [Hospital-Specific Reports web page](#).

Question 29: **What mortality measures are used in the Star Ratings program?**

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The Overall Star Rating Mortality Measure Group includes these measures:

1. MORT-30-AMI: 30-day death rate for heart attack patients
2. MORT-30-CABG: Death rate for coronary artery bypass graft surgery patients
3. MORT-30-COPD: Death rate for COPD patients
4. MORT-30-HF: 30-day death rate for heart failure patients
5. MORT-30-PN: 30-day death rate for pneumonia patients
6. MORT-30-STK: Death rate for stroke patients
7. PSI-04: Death rate among surgical inpatients with serious treatable complications

Question 30: **Why is the Statistical Analysis System (SAS) used for Star Ratings? There's always been a significant difference between SAS and the rest of the languages.**

SAS has been used for the calculation of Overall Star Ratings to ensure the use of a consistent and stable platform across multiple CMS measures. Similarly, SAS is used for the calculation of many individual hospital measures as well as other measures in other programs.

In the case of Star Ratings, because the Star Rating methodology does not employ a statistical model, it is unlikely that different statistical programs would produce different results.

Question 31: **What is the minimum sample size that would qualify a hospital for a measure to be used? Is it dependent on the measure?**

Case minimums for each measure reported are not set or calculated by Overall Star Ratings at a measure level, as CMS uses hospital quality measure scores that are publicly reported on Care Compare for hospitals.

The help guides for inpatient and outpatient programs on the CMS QualityNet website will list the minimum counts for the measures. This would be the best source for this information.

If a hospital does meet the minimum threshold for public reporting of a measure, then that measure will factor into the hospital's Star Rating, provided the hospital meets the minimum Star Rating criteria (at least

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three measures in at least three groups, including at least Safety of Care or Mortality).

Question 32: Will CMS incorporate social determinants of health factors or electronic clinical quality measures in its Star Ratings calculation in the future?

CMS evaluates all new measures that are added to Care Compare using the measure inclusion and exclusion criteria developed with stakeholders and experts through TEP meetings and public comment.

Question 33: If a new hospital opened in September 2021, when will they receive their first Star Rating?

Hospitals must submit their Hospital IQR/Outpatient Quality Reporting Program Notice of Participation pledge to be eligible to publicly report their measure data.

Before being eligible for an Overall Star Rating, hospitals must have sufficient data to publicly report a sufficient number of individual measure results. Once a measure is publicly reported, it can be included in the Overall Hospital Quality Star Rating for that hospital.

Once a hospital has publicly reported data, CMS will include the hospital's data in the Star Rating calculations if the measure threshold criteria is met. In order to receive a Star Rating, CMS requires at least three measures, in at least three measure groups, one of which must specifically be Mortality or Safety of Care.

Any additional measures reported in any of the other measure groups are then included in the Star Rating calculation.

Question 34: Is a payment reimbursement associated with a hospital's Star Rating?

The purpose of the Overall Hospital Quality Star Rating is to summarize hospital quality information using measures posted on Care Compare in a way that is simple and easy to understand, to empower patients to make more informed decisions about their healthcare. Although these measures are reported through CMS programs, which are tied to payment, hospital performance on the Overall Hospital Quality Star Rating itself is not used by CMS for any hospital payment or reimbursement purposes.

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CAHs

Question 35: **Could you discuss the impact the Star Ratings would have to a standalone CAH that doesn't submit NHSN HAI data? Is there discussion going on regarding how to compare the CAHs since they are now compared to hospitals participating in the Inpatient Prospective Payment System?**

The Overall Star Ratings methodology is designed to be a summary of the available measure information for each hospital, using scores that are publicly reported on the individual measures. If any type of hospital, CAH or otherwise, does not have the NHSN safety measures, they could not report at least three measures in the Safety of Care group. The group comprises six HAI measures, PSI-90, and the risk-standardized total hip arthroplasty and/or total knee arthroplasty complication measure (COMP-HIP-KNEE). Therefore, within the requirements of Star Ratings, the hospital would have to have at least three mortality measures reported and at least three measures in at least two of the remaining measure groups. Such a hospital also would not be able to meet the requirements for the five-measure group peer group.

If such a hospital does meet the requirement to receive a Star Rating, their scores for measures in other groups (such as Mortality) may be weighted higher than for other hospitals because a Safety of Care score may not be available. Another possibility is that their Safety of Care group score would be based on just one or both of the remaining measures, meaning those scores may be weighted higher than for other hospitals.

In addition, the use of the peer grouping (three-measure group peer group, four-measure group peer group, five-measure group peer group) in Star Ratings is to ensure that hospitals that are being compared to one another have more like-to-like comparison. In other words, those organizations or hospitals that report fewer measures tend to be grouped with hospitals that are smaller as opposed to the large academic hospitals, which tend to be hospitals that report multiple measures in all five measure groups.

Question 36: **For the July 2023 refresh, how many CAHs met the threshold to have a Star Rating calculated? Additionally, how many CAHs dropped out of reporting between the 2022 and the 2023 Star Rating refresh?**

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This exact number is not available based on current publicly available analyses, but CMS intends to do future surveillance regarding hospital inclusion in Overall Star Ratings.

Question 37: Will CMS eventually have an Overall Hospital Star Rating just for CAHs?

CMS will take this into consideration for the future, but there are no plans for this at the present time.

Question 38: Can a CAH suppress their Star Rating?

The Overall Star Rating provides a summary of hospital quality information for hospitals providing acute inpatient and outpatient care, which include both subsection (d) hospitals and CAHs. Section 1704 of the Public Health Service Act allows CAHs to voluntarily participate in CMS programs. If a CAH elects to report measure data through CMS programs, their measure scores are subsequently included within the Overall Star Ratings. Given their voluntary status, CAHs may choose to withhold their measure scores, and subsequently their Star Rating, from public reporting by submitting a request for withholding via the Request Form for [Withholding/Footnoting Data for Public Reporting](#) available on QualityNet.

For a CAH to suppress their Star Rating from publication, they must submit the request for withholding during the Overall Star Ratings preview period.

For a CAH to suppress both their Star Rating from publication and their individual measure scores from the Overall Star Rating public input file used by stakeholders to replicate the Overall Star Rating, they must submit a request for withholding during the CMS program-level 30-day confidential preview period for the Care Compare refresh used to calculate the Overall Star Rating.

For example, January 2023 Care Compare data were used to calculate July 2023 Overall Star Ratings. For a CAH to suppress their Star Rating from publication, they would need to submit the request for withholding during the July 2023 Overall Star Rating preview period.

For a CAH to suppress both their Star Rating from publication and their individual measure scores from the Overall Star Rating public input file,

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they must have submitted a request for withholding earlier during the January 2023 CMS program preview period.