Hospital Inpatient Quality Reporting (IQR) Program

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

Overall Hospital Quality Star Ratings: Impact of the CMS Exception Question-and-Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Hospital Specific Reports (HSRs), Preview Reports, and Refreshes

Question 1: **When will the Overall Hospital Star Rating preview HSRs become available to hospitals?**

CMS opened the July 2022 preview period on May 17, 2022. It lasts through June 15, 2022, 11:59 p.m. Eastern Time. On May 18, 2022, CMS released the July 2022 Overall Hospital Quality Star Rating HSRs to hospitals. The HSRs will be available for hospitals to download for 30 days.

Question 2: **How are facilities using the preview period? Is it only to double check the calculations?**

From what we've heard in stakeholder sessions, providers use these preview periods in a variety of different ways. One use is to check results; another is to forecast and get a better idea of the data before it's publicly available. Facilities can use the HSR as an opportunity to gather details and engage with staff. It also gives facilities a chance to digest the information and understand the flow of calculations so, once data are publicly reported, these results are more easily communicated to leaders within the hospital, clinicians, patients, or caregivers.

Question 3: **The January 2022 preview report that we received does not have the same reporting period in most of the measures. Are you going to send another preview report that will actually reflect what will be on the Care Compare refresh? For example, Perinatal Care (PC)-01 on the slide covers quarter (Q)4 2019 and Q3 2020. Yet, on the preview report, it covered Q3 2020 through Q1 2021.**

The dataset used for the July 2022 Overall Star Rating refresh is the July 2021 Care Compare refresh measure data. As such, the January 2022 preview report actually reflects a later refresh of the data. The July 2021 refresh was selected for Star Ratings for a variety of reasons. Not only is it consistent with prior rule making, but it also minimized or mitigated the impact of the data exception issued at the beginning of the COVID-19 Public Health Emergency, as well as COVID-19 on the quality scores used for Star Ratings and gave CMS time to evaluate ongoing reporting refreshes for future Star Ratings. For these reasons, CMS will not publish a new preview report.

Question 4: **How can you access your hospital Star Ratings when they are released for the preview in May and for the final calculation in July? How long after release are preview reports available to download?**

You can access your Public Reporting preview data May 17, 2022, through June 15, 2022, within the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/hqrng/login) to preview the data that will be publicly reported on the July 2022 release.

CMS released the July 2022 Overall Hospital Quality Star Rating HSRs to hospitals. Hospitals have 30 days to review their reports before public reporting. The HSRs will be available for hospitals to download for 30 days. The HSR will include the standardized measure-level data used in the star rating calculation, which was July 2021 data and results that will be publicly reported in late July 2022.

Question 5: **Since the next refresh will be in July 2022, will there be a refresh prior to that for Timely and Effective Care? There was a push in late January, but it appears that the April refresh never occurred for those measures.**

No, July 2022 is the next Care Compare refresh. There will not be another refresh for the Timely and Effective Care measures prior to July 2022.

Question 6: **When will hospital Star Ratings be updated in 2023? What Care Compare data will be used? This seems especially relevant since the data used for 2022 are already a year old and release of Care Compare preview data for July 2022 will occur soon.**

CMS intends to publish Overall Hospital Quality Star Ratings in 2023. However, CMS is continuously analyzing data submissions and will make determinations regarding future publication of Overall Hospital Quality Star Ratings should data analysis demonstrate that the COVID-19 Public Health Emergency (PHE) substantially affects underlying measure data.

Peer Groups

Question 7: **Can you define a peer group and how a hospital is assigned to one?**

Peer grouping was introduced into the methodology in the April 2021 release. Prior to that, it was vetted and developed in partnership with stakeholders in our work group and our Technical Expert Panels and

refined through the rule making process. The overall desire of peer grouping is to make comparisons between like hospitals.

Over the years, since the inception of star ratings, several hospital stakeholders had been concerned that a hospital (a critical access hospital, for example) may be compared to a large teaching hospital or that hospitals in rural areas are compared to those in more urban areas.

A central challenge to peer grouping, or stratifying hospitals, has been the identification of variables that are consistently defined and available as well as meaningful for the purposes of supporting like-to-like comparisons for star ratings. The variable that CMS ultimately implemented, in the star ratings methodology, was peer grouping based on available hospital quality information.

We found that, if we grouped hospitals by the number of measure groups that they report (such that if a hospital had three measure groups, four measure groups or five measure groups), we were able to identify different types of hospitals when it comes to both probable case and service mix. For example, we found that there were differences between hospitals with four measure groups and five measure groups – namely that hospitals with four measure groups were less likely to report the Safety of Care measures, which often also correlated with their location, their critical access status, and their teaching status.

Therefore, in the Calendar Year (CY) 2021 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Final Rule, CMS finalized the decision to begin peer grouping so that hospitals are notified before they receive a star rating. The methodology first groups the hospitals by the number of measure groups with at least three measures (either in the three measure peer group, the four measure peer group, or the five measure peer group) and then the clustering algorithm is applied. That way hospitals in a given peer group are only compared to other hospitals with the same number of measure groups. The current methodology has not undergone changes since last year and assigns star ratings in the same way as the 2021 Star Ratings release. The actual peer group can be found by a hospital in their HSR. With each release, there is always an HSR User Guide (HUG) that details how to find your hospital's peer group.

Question 8: **Has there been any further discussion of making peer groups more meaningful, for example, true academic versus community versus safety net hospitals versus critical access hospitals (CAHs), etc.?**

Prior to the implementation of the peer groups, there were many discussions and listening sessions where CMS solicited ideas for potential

variables that could be used for peer grouping. CMS received about 30 different suggestions. We found, as we began to conduct analyses, that many of these suggestions would often work well for defining 2,000 or 3,000 hospitals.

However, to reliably apply variables across the entire universe of hospitals that are on Care Compare, we needed to have variables with very clear specifications, high availability, and consistent stability. When we evaluated these variables, we found that certain potential peer grouping variables are fairly stable over time while others may be less so. Some potential peer grouping variables are not actually available for every hospital in the country and, more importantly, a given hospital may actually carry several of these characteristics.

As such, it can often be confusing. For example, a smaller community hospital that has a strong teaching program compared to a large urban hospital that may not actually have as many teaching programs within it or the same breadth of service mix or even case mixes. Ultimately, that is how CMS decided to use hospital quality information to compare hospitals on different quality measures. CMS will continue to gather feedback on both new potential peer grouping variables and new ideas as the peer grouping aspect of the methodology evolves.

Question 9: **There appears to be a discrepancy between slides 34 and 35. On slide 34, the number of Peer Group 3 hospitals in 2021 is shown as 337. Yet, slide 35 shows the number of Peer Group 3 hospitals as 176. Why aren't these numbers identical?**

This is due to different samples for both slides. Slide 34 is the number of hospitals in 2021 and 2022 that are in Peer Group 3. This number decreased from 337 in 2021 to 228 in 2022. Slide 35 shows the number of hospitals in Peer Group 3in BOTH 2021 and 2022. That number is 171. Of the 228 hospitals in Peer Group 3 in 2022, 171 were in Peer Group 3 in 2021; 45 moved from Peer Group 4 in 2021 to Peer Group 3 in 2022; and four moved from Peer Group 5 in 2021 to Peer Group 3 in 2022.

Question 10: **If we report the same number of measures as in prior years, will our peer group change?**

Hospitals may see a change in their own peer grouping or in the number of other hospitals included in their peer group in any release, particularly this refresh, given changes that result from the COVID-19 PHE data exception. The measure criteria (at least three measures, in at least three measure groups, one of which must specifically be Mortality or Safety of Care) must be met first. Hospitals that meet criteria in three measure

groups are included in Peer Group 3, four measure groups are included in Peer Group 4, and five measure groups are included in Peer Group 5.

Exclusions and Impact

Question 11: **Why did CMS only exclude the first two quarters in 2020 when the pandemic was bad on the coast and did not hit the Midwest until the end of 2020?**

CMS excluded Q1 and Q2 2020 data at the beginning of the global pandemic. Hospitals were able to submit an individual Extraordinary Circumstance Exception (ECE) for Q3 and Q4 2020. Overall, CMS is aware of the significance of the potential impact from COVID-19 and continues to evaluate the impacts.

The Overall Star Rating provides a summary of existing hospital quality measures publicly reported on Care Compare through CMS programs. The impact of COVID-19 hospitalizations, and healthcare broadly, is under active surveillance by CMS, and any updates to the individual measures and CMS programs as a result of COVID-19 will subsequently be incorporated within the Overall Star Rating.

Question 12: **How does optional Q1 and Q2 2020 data submission affect the star ratings if the hospital voluntarily submitted the data?**

To our knowledge, the implementation of the data exception has been applied across all measures. No data, from those optional quarters, are being used in the actual measure scores calculations that are publicly reported. It is possible that some measures, like the claims-based measures where claims were not suspended, may have been used for testing evaluation to understand the impact of COVID-19. However, the actual data that are used for the specification calculation reporting of measures, for all the measures included on Care Compare and then the Star Ratings, do not include data from that time period.

Question 13: **Will the data timeframe for the CMS exceptions be the same timeframe that is reported on Care Compare?**

The data that CMS will use for the refresh of Star Ratings in July 2022 are based on the Care Compare refresh of July 2021. The data periods, and the measure scores at the individual measure level included in Star Ratings, have already been publicly reported. As those data periods are already publicly reported, none of that will change. Data Collection Reporting Period dates can be found on the QualityNet Overall Hospital

Rating Data Collection Periods web page and in the HUG sent with your HSR. A copy of the HUG can be found on QualityNet Overall Hospital Rating web page.

Question 14: **Was the pneumonia (PN) mortality and PN readmission measures suspended due to COVID-19?**

The July 2021 PN mortality and readmission measures, which include data periods that precede COVID-19, were not suspended, changed, or modified in any way. They're reported with six months less data as a result of the data exception, so those are still available for use for Star Ratings.

Question 15: **Will these data exclusions impact future overall star ratings?**

The reporting periods differ for each measure group for each Overall Star Rating release. For future releases, if the reporting period for the quarter of data chosen to be used for calculations include Q1 and Q2 2020, these data will not be used due to the CMS exception.

Question 16: **Will re-reporting the same data result in lower star ratings?**

Only some of the measures and measure groups report the same data. So, 2022 Star Ratings will not be based on exactly the same data as 2021 Star Ratings. Because there is some data overlap, it was not feasible to examine what Star Ratings would have looked like with no data overlap, since those results were not available to compare due to the CMS data exception for the first six months of 2020. On slide 45, however, we did, compare how Star Ratings changed between 2021 and 2022: 63 percent of hospitals were assigned the same Star Rating in 2021 and 2022; 20 percent lost a Star; and 16 percent gained a Star. These results were very similar to previous years and were consistent with our expectations when a new Star Ratings release is reported.

Question 17: **Do time frames for data usage impact Star Ratings only, or do they also affect the Hospital Readmissions Reduction Program (HRRP) and the Hospital-Acquired Condition (HAC) Reduction Program metrics?**

While each program may use the same measures, each program may use different reporting periods. The reporting periods for the July 2022 Overall Star Ratings are based on the individual measure reporting periods used on CMS Care Compare.

Question 18: **Since the timeframe for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) has decreased, why has CMS not reduced the number of required completed surveys?**

CMS did not use data reflecting services provided January 1, 2020, through June 30, 2020, (Q1 and Q2 2020) in its calculations for Medicare quality reporting. In addition, HCAHPS scores were not be updated in the July 2021 public reporting due to the delay in receiving Q3 2020 data.

Question 19: **Due to the two quarter exceptions, we have not received an HCAHPS score since this came into effect. The note indicates that we did not have enough cases. If old data are being used, why did we have a rating in previous reports but not now?**

For July 2021, the HCAHPS measure reporting period was January 1, 2019, through December 31, 2019. HCAHPS did not use data reflecting services provided January 1, 2020, through June 30, 2020, (Q1 and Q2 2020) in its calculations. In addition, HCAHPS scores were not updated in the July 2021 public reporting refresh due to the delay in receiving Q3 2020 data. For specific questions on your data results, submit questions via the QualityNet Question and Answer Tool. Under Program, please select Overall Hospital Star Ratings. Then, choose your specific topic. This will get you directly to the Overall Star Ratings inbox in the future.

Question 20: **How is the Emergency Department (ED) Left Without Being Seen measure handled? Since these data are reported annually, how are you using only six months of data?**

The July 2022 Overall Star Ratings did not include the ED-2b (Admit Decision Time to ED Departure Time for Admitted Patients) measure as the measure was retired from public reporting in January 2021.

Question 21: **Has CMS looked at the impact of the new methodology on CAHs? For example, has CMS considered the impact on the Safety of Care category, which includes Hospital-Associated Infections (HAIs).**

The July 2022 refresh of the Star Rating does not utilize a new methodology. In previous methodology updates, CMS has published results of star ratings stratified by CAH designation. Historically, as well as in the current refresh, CAHs are more likely to be in the three or four measure peer groups in which safety of care is less likely to be reported and therefore compared to other hospitals with similar quality information.

Question 22: **Will CMS consider suppressing data for all of 2020, all of 2021, and the beginning of 2022 due to the impact of COVID-19? COVID-19 has affected all five star measures due to lengths of stay, the level of acuity, and the young age of these severely ill patients.**

Although Overall Hospital Quality Star Ratings, after the 2022 refresh, will have been refreshed twice (in 2021 and 2022) since the emergence of COVID-19, almost all individual measure data that were included in both Overall Hospital Quality Star Ratings refreshes used pre-COVID-19 data to calculate both 2021 and 2022 Star Ratings.

This is because CMS issued a nationwide, ECE for hospitals and other facilities participating in our quality reporting and value-based purchasing programs in response to the beginning of the COVID-19 PHE. This ECE waived data reporting requirements for Q1 and Q2 2020 data, including waiving the use of claims data and data collected through the CDC's web-based surveillance system for this data period. Quality data collection resumed on July 1, 2020, and any subsequent Overall Hospital Quality Star Ratings would incorporate measurement periods that are either partially or fully concurrent with the COVID-19 PHE.

CMS continues to conduct ongoing re-evaluation of each individual measure through the pandemic, and, if a measure is considered valid and reliable enough to be reported on Care Compare, then it meets the criteria established by the Overall Hospital Quality Star Ratings methodology to be included in Overall Hospital Quality Star Ratings calculations. This remains true even for measures that were suppressed in performance-based payment programs due to the impact of COVID-19. Consistent with this policy, for example, CMS will continue to include measures in the Overall Hospital Quality Star Ratings that have been suppressed in the Hospital Value-Based Purchasing Program, HAC Reduction Program, and HRRP but are still publicly reported.

Miscellaneous

Question 23: **Can you describe the distribution of outcomes? What percent are five stars, four stars, and so forth?**

In general, the distribution in the 2022 Star Ratings is similar to the 2021 Star Ratings with 13 percent of hospitals receiving five stars, 28 percent receiving four stars, 28 percent receiving three stars, 22 percent receiving two stars, and six percent receiving one star. The distribution is very similar to what we observed last year.

Question 24: **Where can I find the most up to date complete Overall Star Rating methodology document?**

The Overall Star Ratings Comprehensive Methodology v4.1 Report can be found on QualityNet. The July 2022 Quarterly Updates and Specification Report, which provides an overview of the methodology and updated national results for July 2022, can be found on the QualityNet website.

Question 25: **How often and in what months are the star ratings publicly released?**

As finalized in the CY 2021 OPPS/ASC Final Rule, the Overall Star Rating will be published yearly using publicly available measure results from Care Compare from a quarter within the prior year.

Question 26: **Is it possible to have a grid of Star Ratings release dates and the Care Compare data?**

Thank you for your feedback for CMS consideration. Prior releases of the Overall Star Ratings can be found in the Provider Data Catalog Archived Data Files. The Hospital General Information dataset available there (https://data.cms.gov/provider-data/archived-data/hospitals). Each link opens a zip file, and the Star Ratings data are in the Hospital General Information.csv file:

- July 2016 (first)
- October 2016
- December 2016
- December 2017
- February 2019
- January 2020
- April 2021

Question 27: **Will there be public education to explain why star ratings will look like they do? Hospitals can put information out, but consumers tend to believe what they "hear in the public and social realm."**

CMS does not have any outreach or education planned for consumers.

Question 28: **Will there be a star rating for specialty hospitals, such as orthopedic hospitals?**

Specialty hospital status was considered as a possible variable for peer grouping. CMS has previously shared results of preliminary analyses regarding specialty hospital status. Ultimately, specialty hospital designation was determined to not be universally available, universally defined, and of lower clinical significance for star rating peer grouping than other available variable options.

Question 29: **What rationale is used in deciding if the Medicare Spending Per Beneficiary (MSPB) measure is applicable for the Overall Star Ratings?**

The reason the MSPB measure is not included in Overall Star Ratings is because it is unclear whether a higher or lower score is measured. Thus, the measure score cannot be standardized along with the other measures included in Star Ratings to then form an aggregate measure group. This is also the reason why the other CMS payment measures are not included in Overall Star Ratings either.

Question 30: **For the mortality data, what is the source for the final code?**

All mortality measures included in the July 2022 Star Ratings utilize the same data and scores publicly reported in the July 2021 refresh of Care Compare. The mortality measures use the Medicare enrollment database to determine if a patient died or not during the outcome window.

Question 31: **Is CMS looking to report more current data for mortalities and readmissions versus data that are two to three years old?**

The Overall Star Ratings serve as a summary of individual quality measures reported on Care Compare. The data periods used for each measure are specified by individual measure stewards and not by the Star Ratings methodology. The Star Ratings methodology is designed to be a snapshot of all individual measure scores. CMS continues to evaluate opportunities to improve the timeliness of publicly reported scores, balanced with the need to ensure sufficient sample volumes for measure reliability and validity.