



January 16, 2015

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
E-mail Address: HHC_Star_Rating_Helpdesk@cms.hhs.gov

RE: Comments on Home Health Compare Star Ratings

Dear Administrator Tavenner:

The Alliance for Home Health Quality and Innovation (the “Alliance”) appreciates the opportunity to comment on the proposed use of star ratings on the Home Health Compare website.

By way of background, the Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. The Alliance is a membership-based organization comprised of not-for-profit and proprietary home health care providers and other organizations dedicated to improving patient care and the nation’s healthcare system. For more information about our organization, please visit: <http://ahhqi.org/>.

Overall, the Alliance supports the use of star ratings as a means of making information about quality of care easier to understand for patients and family caregivers who are seeking critical information to inform their decisions about home health care. In general, star ratings are an accessible means of expressing quality.

Notwithstanding, the Alliance provides comments on the star ratings proposal to CMS regarding: (I) the distribution of the star ratings for certain measures; (II) the measures selected for the star ratings; (III) the timeframes associated with star ratings process and methodology of calculating the ratings; and (IV) the need to ensure adequate notice and opportunity for comments.

I. Distribution of the Star Ratings:

The Alliance is concerned about the projected distribution of home health star ratings for certain measures that CMS has projected to use. Based on the distribution shared by CMS, 24% of home health agencies would receive 4- or 5-star ratings and 58% would receive 3 stars.

Because 3 stars would be considered “Average”, Alliance members are concerned that consumers would be unlikely to select agencies in this range or lower, even if a home health provider’s actual performance against the home health compare measure was strong, but happened to fall into a lower percentile range relative to other agencies.

This is particularly a concern for measures where the distribution is skewed (that is, not normal or even variable). For example, for the measure on timely initiation of care, the national average for this measure is 92. Using the distribution that CMS shared during its special open door forum, it may be possible to receive a 3 star rating, even if the agency’s score is 96. This is because the median score is 93 and an agency would need to have a score of 97 or higher to put the agency in the 4-star range (to reach the 76th percentile). This type of skewed distribution is likely with the home health compare measures that are process measures because the data points skew toward the high end of the scale. The Alliance is concerned that the percentile cut-offs proposed would mislead consumers to believe that a lower star rating is reflective of significantly lower quality, despite the fact that the scores of most agencies fall within a very tight range at the high end of the scale.

Consequently, the Alliance recommends that CMS not use star ratings for measures where the distribution of scores lacks variation and is skewed. Where there is a lack of variation and a skewed distribution, it is difficult to distinguish among providers in a manner that would be fairly reflected and meaningfully communicated through the star ratings. The measures for timely initiation of care and medication education should therefore not be included in the star ratings.

If, however, CMS decides to use measures where the distribution is skewed toward higher scores, the Alliance strongly recommends that CMS allow for more agencies to receive higher star ratings, in order to avoid publication of misleading information to consumers. It is worthy of note that in the skilled nursing facility context, a higher percentage of providers receive 4 and 5 star ratings (between 35.2% and 50.5% for SNFs over the first five years). The Alliance strongly urges CMS to use these as a benchmark for perspective, acknowledging the need to tailor appropriately given the issues mentioned above with the distribution of the data.

II. Measures Selected for Star Ratings:

Furthermore, the Alliance urges CMS to consider including patient experience data in the star ratings. Consistent with the Triple Aim goal of improving patient experience, incorporating the HHCAHPS data can provide quality information from the perspective of consumers to consumers. Moreover, consumer experience ratings are what most patients are accustomed to seeing in other market contexts (e.g., Amazon customer reviews and Yelp). In many ways, this is the most relevant type of information to share with consumers.

If, however, CMS does not plan to use the HHCAHPS data in the context of star ratings, the Alliance asks that CMS explain the rationale for not using this data in developing star ratings.

Furthermore, although using the existing home health compare measures as the basis for star ratings has the advantage of using validated measures, the Alliance is concerned that these measures are incomplete given the focus on improvement. In the wake of the Jimmo settlement, which clarified that there is no improvement standard required in the home health

benefit, CMS should consider selecting measures that reflect not only improvement but also stabilization of the patient's condition. Such an approach would be more consistent with the home health benefit. Using the existing home health compare outcome measures, which are focused on improvement, will set the expectation that the level of improvement, rather than stabilization, is what constitutes a high quality home health agency. Consequently, the Alliance urges CMS to consider whether the existing measures are an adequate basis for star ratings because they offer an incomplete picture of what home health agencies do and what constitutes a high quality home health agency.

III. Timeframes

The Alliance recommends that CMS offer agencies sufficient time to review their star ratings prior to releasing this data to the public. CMS should also allow agencies the opportunity to address any questions or issues with CMS in advance of publication. **The Alliance asks that CMS allow home health agencies at least as much time to review their star ratings as is offered to other types of Medicare providers (and Medicare Advantage plans).** The Alliance suggests that at least one month in advance of publication would be adequate time to review and discuss the star ratings with CMS.

In addition, the Alliance recommends that CMS provide transparency on the cycle for publication of the star ratings and for the data that will be used to determine the ratings. For example, will the star ratings be issued and updated annually, quarterly, or over some other time period? Because there is a lag in publication of data (for example, as of mid-January 2015, the available home health compare data on the CMS website was updated on October 9, 2014), CMS should clarify the time period over which the data will be used for publication of star ratings data. Transparency on the process and methodology for calculating and publishing the star ratings will enable providers and consumers alike to better understand the meaning of the star ratings.

IV. Ensuring Adequate Notice and Opportunity for Comment

Finally, the Alliance appreciates the opportunity to submit comments via e-mail to CMS on the star ratings, but believes that the process by which one makes significant changes in this area is critical. The market impact of the home health compare star ratings is likely to be very significant, affecting not only consumer behavior but also provider and payer networks and partnerships. The information about the home health compare star ratings was released in mid-December 2014 and CMS articulated on an open door forum call that comments should be received by January 16, 2015. The Alliance is concerned that a thirty-day comment period that is offered informally via the internet (and open door forum) during a stretch of time when Hanukkah, Christmas, Kwanzaa and New Year's Day occurred in the midst of that comment period, simply constitutes insufficient notice and inadequate opportunity for comment. **The Alliance recommends the use of formal notice and comment rulemaking to pursue development of the star ratings system because of the very significant impact this will have on home health agencies and on the patients and caregivers they serve.**

The Alliance greatly appreciates the opportunity to comment. Should you have any questions about the Alliance's comments, please contact me at (202) 239-3671 or tlee@ahhq.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'T.L. Lee', written in a cursive style.

Teresa L. Lee, JD, MPH
Executive Director