CMS Star Ratings:
Connecting the Dots

Quality Corner Call
August 11, 2026

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Why Star Ratings Feel Complex

- "No Data Available" = fewer measure groups ⟶ sometimes a *higher* rating
- Small-number volatility: one case can shift a rate dramatically
- Weighting quirks: mortality & safety carry more weight
- CAHs often have only 1–2 measure groups
- Not personal — it's structural
  - CAHs are being measured with tools built for large hospitals

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What We Will Cover Today

- How CMS builds the Star Rating
- Where to find your Star Rating data
- Strategies to strengthen measures
- Why some CAHs do not receive a star
- What “no star assigned” means for your quality work

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Understanding the CMS Star Rating

- Consumer-facing summary of hospital quality
- 1-5 Stars
- Built from multiple CMS programs
- Designed for public comparison
- Communication tool – not a comprehensive quality assessment

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How CMS Builds the Star Rating

- Collect measures
- Group into domains
- Standardize scores
- Apply latent variable model (looks for patterns across measures, not just simple averages)
- Calculate domain scores
- Combine into overall star rating

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The Five Domains

- Mortality (22%)
- Safety of Care (22%)
- Readmission (22%)
- Patient Experience (22%)
- Timely and Effective Care (12%)

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Mortality

Mortality

Measure	Dates
MORT-30-AMI **	July 1, 2021 - June 30, 2024
MORT-30-CABG	July 1, 2021 - June 30, 2024
MORT-30-COPD **	July 1, 2021 - June 30, 2024
MORT-30-HF **	July 1, 2021 - June 30, 2024
MORT-30-PN **	July 1, 2021 - June 30, 2024
MORT-30-STK	July 1, 2021 - June 30, 2024
Hybrid HWM	July 1, 2023 - June 30, 2024
PSI 04 **	July 1, 2022 - June 30, 2024

Note: New measure added: Hybrid HWM: Death rate for patients (hospital-wide)

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Safety of Care

Safety of Care

Measure	Dates
COMP-HIP-KNEE **	April 1, 2021 - March 31, 2024
HAI-1 **	January 1, 2024 - December 31, 2024
HAI-2 **	January 1, 2024 - December 31, 2024
HAI-3	January 1, 2024 - December 31, 2024
HAI-4	January 1, 2024 - December 31, 2024
HAI-5	January 1, 2024 - December 31, 2024
HAI-6	January 1, 2024 - December 31, 2024
PSI 90 **	July 1, 2022 - June 30, 2024

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Readmissions

Readmission

Measure	Dates
EDAC-30-AMI **	July 1, 2021 - June 30, 2024
EDAC-30-HF **	July 1, 2021 - June 30, 2024
EDAC-30-PN **	July 1, 2021 - June 30, 2024
READM-30-CABG	July 1, 2021 - June 30, 2024
READM-30-COPD **	July 1, 2021 - June 30, 2024
READM-30-HIP-KNEE **	July 1, 2021 - June 30, 2024
Hybrid HWR **	July 1, 2023 - June 30, 2024
OP-32	January 1, 2021 - December 31, 2023
OP-35 ADM	January 1, 2023 - December 31, 2023
OP-35 ED	January 1, 2023 - December 31, 2023
OP-36	January 1, 2023 - December 31, 2023

Note: Measure ID READM-30-HOSPWIDE changed to Hybrid HWR.

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Patient Experience

Patient Experience

Measure	Dates
H-COMP-1 **	January 1, 2024 - December 31, 2024
H-COMP-2 **	January 1, 2024 - December 31, 2024
H-COMP-3 **	January 1, 2024 - December 31, 2024
H-COMP-5 **	January 1, 2024 - December 31, 2024
H-COMP-6 **	January 1, 2024 - December 31, 2024
H-COMP-7 **	January 1, 2024 - December 31, 2024
H-CLEAN-HSP **	January 1, 2024 - December 31, 2024
H-QUIET-HSP**	January 1, 2024 - December 31, 2024
H-HSP-RATING**	January 1, 2024 - December 31, 2024
H-RECMND **	January 1, 2024 - December 31, 2024
O-COMP-1	January 1, 2024 - December 31, 2024
O-COMP-2	January 1, 2024 - December 31, 2024
O-COMP-3	January 1, 2024 - December 31, 2024
O-PATIENT-RATE	January 1, 2024 - December 31, 2024
O-PATIENT-REC	January 1, 2024 - December 31, 2024

Notes: New measures added: OAS CAHPS

HCAHPS and OAS CAHPS measure linear scores used for calculations.

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Timely and Effective Care

Timely and Effective Care

Measure	Dates
IMM-3 **	October 1, 2024 - March 31, 2025
OP-10	July 1, 2023 - June 30, 2024
OP-13	July 1, 2023 - June 30, 2024
OP-18b **	January 1, 2024 - December 31, 2024
OP-22 **	January 1, 2023 - December 31, 2023
OP-23 **	January 1, 2024 - December 31, 2024
OP-29 **	January 1, 2023 - December 31, 2023
OP-8	July 1, 2023 - June 30, 2024
SEP-1 **	January 1, 2024 - December 31, 2024
Safe Use of Opioids	January 1, 2024 - December 31, 2024

Note: HCP-COVID-19 and PC-01 removed as measures retired.

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The Rationale for These Five Domains

- The five groups are aligned with national quality initiatives, such as the CMS Hospital Value-Based Purchasing (HVBP) program
- The groups are clinically reasonable in that they capture common aspects of quality for which hospital quality is likely linked across measures
- The groups make it easier for future measures related to these groupings to be added or removed from the Overall Star Rating as they are updated through Care Compare on Medicare.gov

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Minimum Measures

Hospitals must report at least three measures within at least three measure groups, one of which must be Mortality or Safety of Care, to receive an Overall Star Rating.

As soon as this threshold is met, all available measures and groups will contribute to that hospital's Overall Star Rating, including any groups with just one or two measures.

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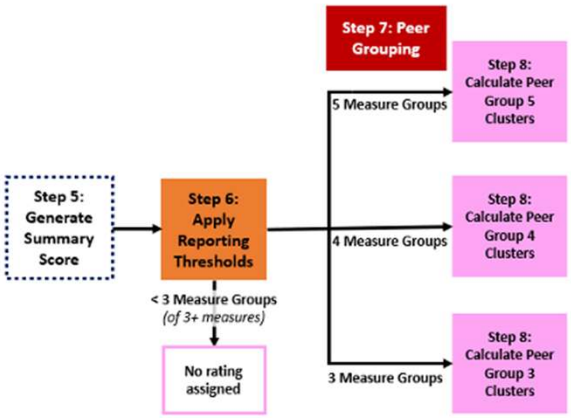
Peer Grouping



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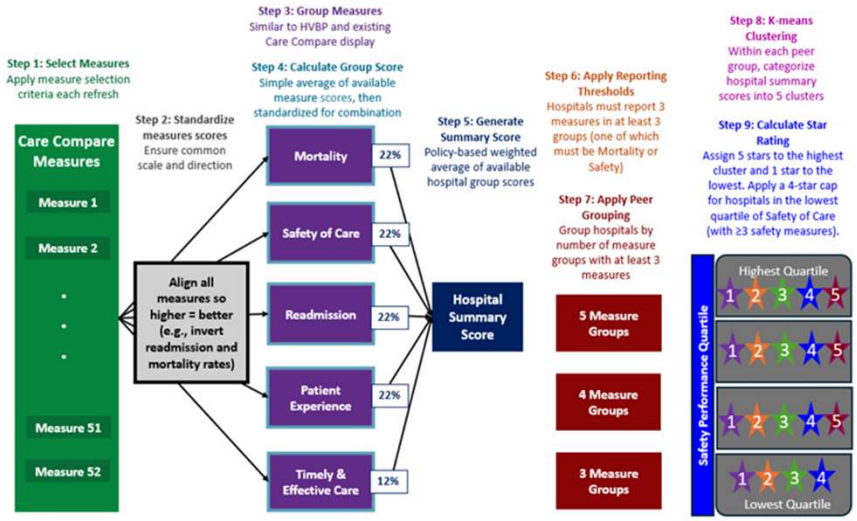
Nine-Step Overall Star Rating Methodology



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Understanding the System

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Why Some CAHs Do Not Receive a Star

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Why "No Data Available" Can Boost a Rating

When a CAH has "No Data Available" in several groups, CMS removes those groups from the calculation instead of penalizing them.

This means the final rating may be based on only one or two groups — often ones where the CAH performs well.

It's a methodology quirk, not a reflection of poor quality.

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What "No Star Assigned" Really Means

Perception: We didn't get a star because our quality is bad

Reality: CMS didn't have enough data to calculate a statistically valid score

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Typical CAH Scenarios

- CAH A: No star due to low mortality volume
- CAH B: 3 stars with strong patient experience
- CAH C: No star but excellent internal quality metrics

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CMS Star Rating Stats

20 of the 83 CAHs in Kansas have a CMS Star Rating (24%)

332 of the 1348 CAHs nationwide have a CMS Star Rating (25%)

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How to Talk to Boards About CMS Star Ratings

"This reflects older data — not your current performance."

"Your recent improvements will show up in future cycles."

"Here are the areas where focused work pays off."

"Let's look at what's actionable, not what's outdated."

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Finding Your Data

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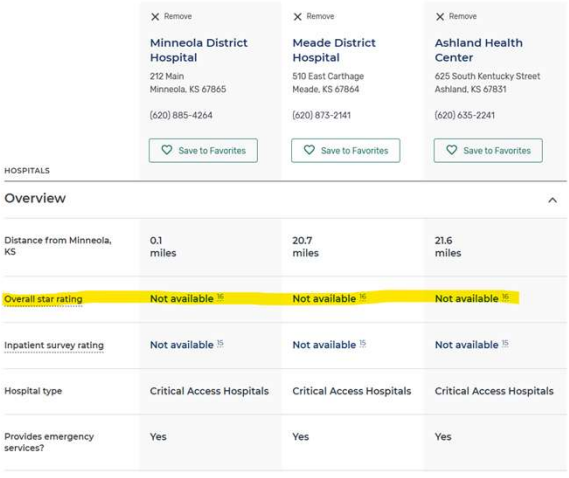
Where to Find Your Star Rating Data

Care Compare

https://www.medicare.gov/care-compare/

16: There are too few measures or measure groups reported to calculate a star rating or measure group score



	Remove Minneola District Hospital 212 Main Minneola, KS 67865 (620) 885-4264 Save to Favorites	Remove Meade District Hospital 510 East Carthage Meade, KS 67864 (620) 873-2141 Save to Favorites	Remove Ashland Health Center 625 South Kentucky Street Ashland, KS 67831 (620) 635-2241 Save to Favorites
HOSPITALS			
Overview			
Distance from Minneola, KS	0.1 miles	20.7 miles	21.6 miles
Overall star rating	Not available [16]	Not available [16]	Not available [16]
Inpatient survey rating	Not available [15]	Not available [15]	Not available [15]
Hospital type	Critical Access Hospitals	Critical Access Hospitals	Critical Access Hospitals
Provides emergency services?	Yes	Yes	Yes

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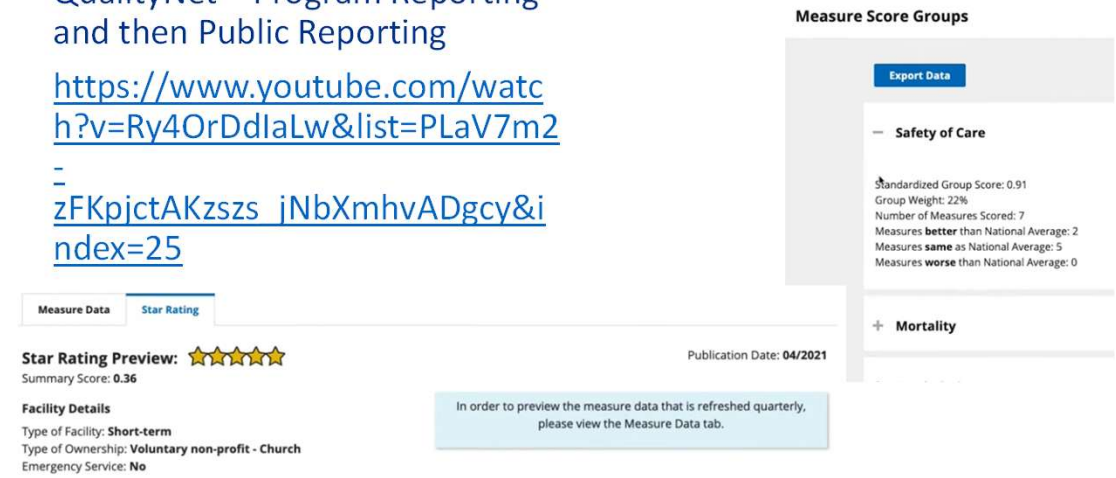
Where to Find Your Star Rating Data

QualityNet – Program Reporting and then Public Reporting

https://www.youtube.com/watch?v=Ry4OrDdlaLw&list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy&index=25



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What Hospitals Can Actually Influence

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Clinical Outcomes

- Strengthen transitions of care
- Follow-up calls within 48 hours
- Med reconciliation consistency
- Lightweight mortality reviews

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Patient Experience

- Hourly rounding with scripting
- Leader rounding (2–3 rooms/day)
- Clear communication about meds
- “No surprises” discharge process

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Timely & Effective Care

- Documentation that reflects actual care
- Close ED throughput documentation gaps
- Validate abstraction accuracy

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Safety

- Hand hygiene audits
- Fall-risk rounding
- Medication double-checks
- HAI documentation accuracy

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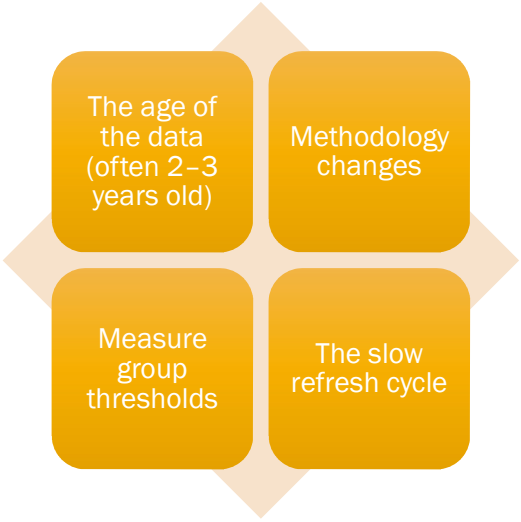
What is Out of Your Control



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Takeaways

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Improvement Checklist

- Improve documentation accuracy
- Tighten care transitions
- Reduce preventable readmissions
- Strengthen sepsis pathways
- Improve HCAHPS drivers
- Monitor small-volume trends monthly
- Validate abstraction accuracy
- Ensure exclusions are captured correctly
- Standardize abstraction across staff

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Ensure Exclusions Are Captured Correctly

- Exclusions remove patients who *should not* be counted in a measure
- Missed exclusions inflate denominators and make rates look worse
- One missed exclusion can shift a CAH's rate by **10–20 percentage points**
- Clear documentation is essential — abstractors can only exclude what's documented
- Consistent abstraction protects CAHs from small-number volatility
- Double-checking exclusions before submission prevents avoidable errors

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Upcoming Offerings

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2026 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
  - September 3, and December 3
- Quality Corner Calls @ noon
  - October 1 – TBD
  - November 17 – NRHA Awards and Full Ship Grant Recognition

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Resources

- www.krhop.net
  - SHIP 26-27
  - Quality
- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online https://registration.kha-net.org/

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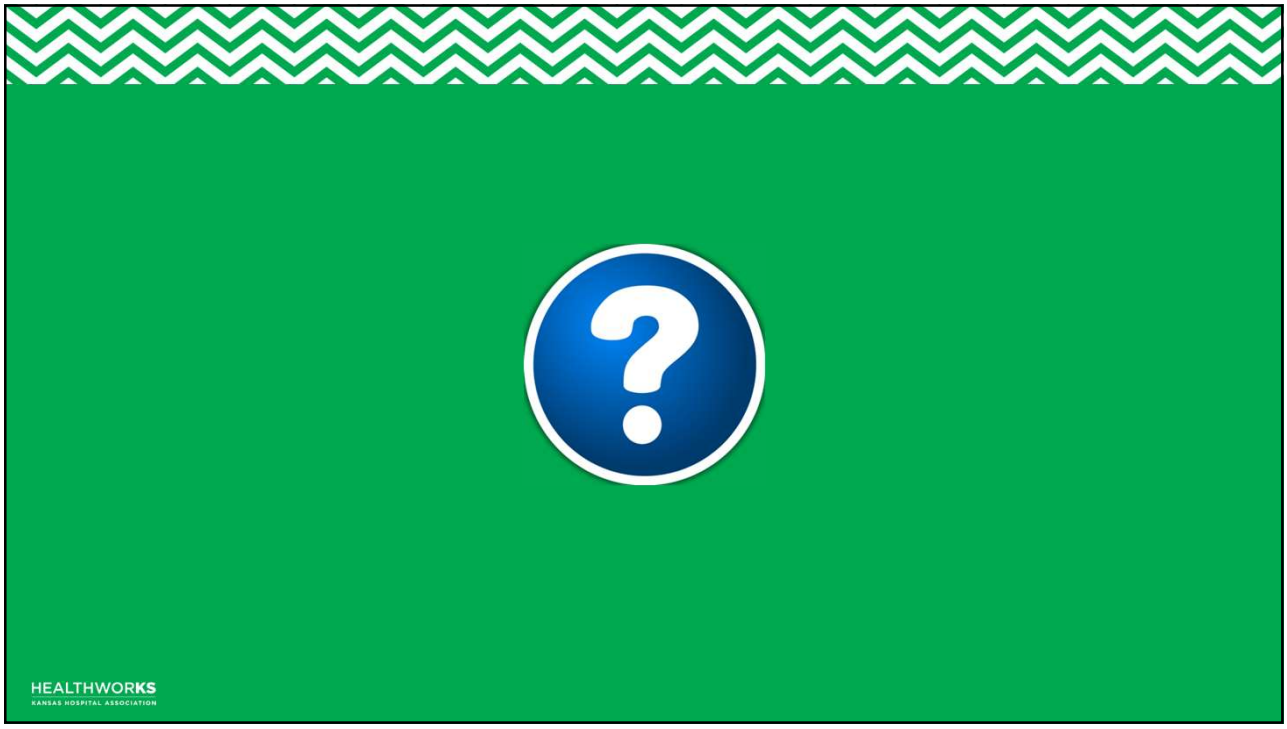

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Contact Us

Jennifer Findley
jfindley@kha-net.org (785) 233-7436

Susan Runyan
srunyan@kha-net.org (620) 222-8366

Susan Holmes
sholmes@kha-net.org (785) 276-3119

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