



Overall Hospital Quality Star Ratings: April 2026 Refresh

January 28, 2026

Speakers



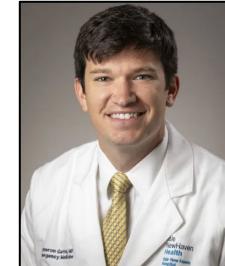
Ron Kline, MD, FAAP
Chief Medical Officer
Quality Measurement and
Value-based Incentives
Group (QMVIG)
Center for Clinical
Standards and Quality
(CCSQ)
CMS



**Arjun K. Venkatesh,
MD, MBA, MHS**
Project Director
Yale New Haven
Health Services
Corporation/
Center for Outcomes
Research and
Evaluation
(YNHHS/CORE)



Eve Rothenberg, MSHA
Project Coordinator
YNHHS/CORE



Cameron Gettel, MD, MHS
Project Lead
YNHHS/CORE



Kyle Bagshaw, MPH
Subject Matter Expert
YNHHS/CORE



Dawn Beard, LPN
Clinical Analyst II
Star Ratings Lead
Lantana Consulting Group

CORE Overall Star Ratings Team



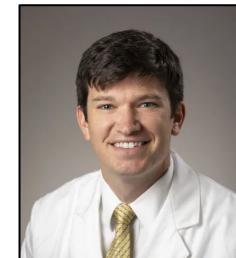
Arjun Venkatesh,
MD, MBA, MHS
Project Director



Lisa Suter, MD
Division Director



Zhenqiu Lin, PhD
Data Management and
Analytic Director



Cameron Gettel, MD, MHS
Project Lead



Li Qin, PhD
Lead Analyst



Kyle Bagshaw, MPH
Subject Matter Expert



Eve Rothenberg, MSHA
Project Coordinator

Agenda

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[Cameron Gettel]
- **2026 Overall Star Ratings** *[Cameron Gettel]*
- **FAQs About the Overall Star Ratings** *[Kyle Bagshaw]*
- **2026 Implementation** *[Dawn Beard]*

Acronyms and Abbreviations

ASC	Ambulatory Surgical Center	OPPS	Outpatient Prospective Payment System
CAHPS	Consumer Assessment of Healthcare Providers and Systems	PC	Perinatal Care
CCSQ	Center for Clinical Standards and Quality	PFE	Person & Family Engagement
CMS	Centers for Medicare & Medicaid Services	Prov	Provider
COMP	Complication	Pub.	Public
FAQ	Frequently Asked Questions	QMVIG	Quality Measurement and Value-based Incentives Group
H	Hospital	REC	Recommend
HCP	Healthcare Personnel	RECMND	Recommend
HOSPWIDE	Hospital-Wide	TEP	Technical Expert Panel
HSP	Hospital	T+E	Timely and Effective Care
HWM	Hospital-Wide Mortality	V	Version
Mort	Mortality	VHA	Veterans Health Administration
NPC	National Provider Call	WG	Workgroup
O	Outpatient	YNHSS/CORE	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation
OAS	Outpatient and Ambulatory Surgery		

Introduction



Ron Kline, MD, FAAP
Chief Medical Officer, QMVIG
CCSQ, CMS

Overall Star Ratings Background

Project Overview

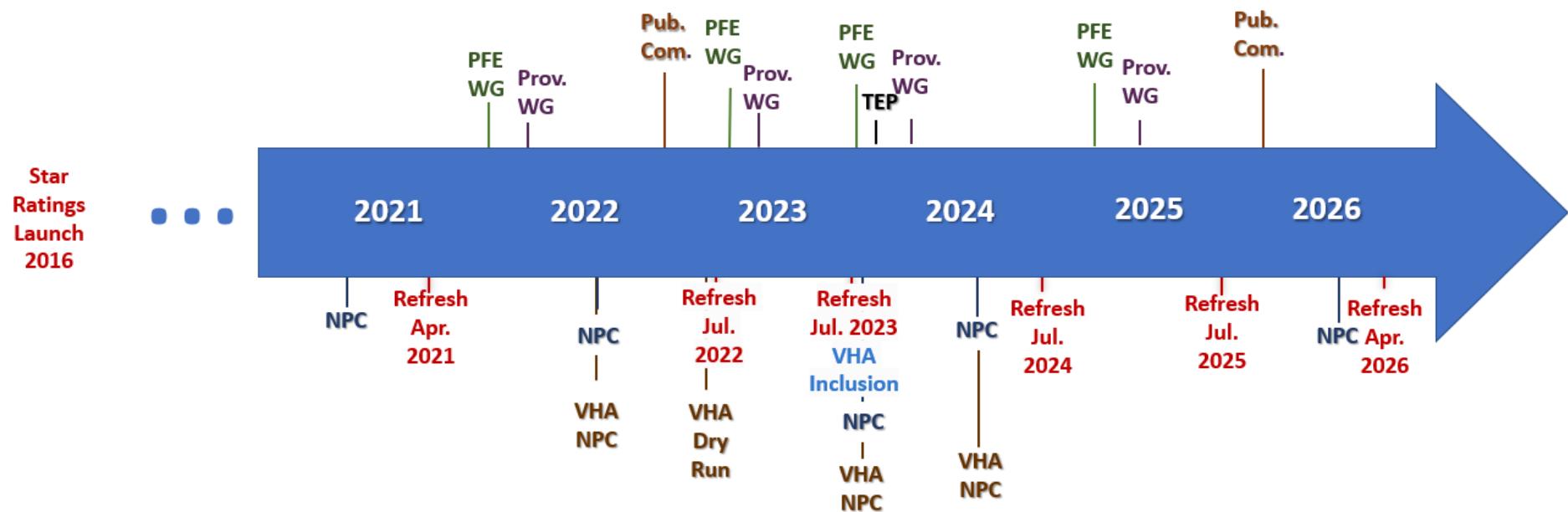
Objective:

Develop a methodology to summarize quality measure information published to [Care Compare on Medicare.gov](#) in a way that is useful and easy to interpret for patients/caregivers.

Guiding Principles

- **Use methods that:**
 - Are scientifically valid.
 - Are inclusive of hospitals and measure information.
 - Account for heterogeneity of available measures and hospital reporting.
 - Accommodate changes in the underlying measures.
- **Aim to fulfill:**
 - Alignment with [Care Compare on Medicare.gov](#) and other CMS programs.
 - Transparency of methods.
 - Responsiveness to stakeholder input.

Historical Timeline



TEP: Technical Expert Panel

PFE WG: Person & Family Engagement Workgroup

Prov. WG: Provider Leadership Work Group

NPC: National Provider Call

VHA: Veterans Health Administration



Changes for 2026 and Methodology Overview

Overall Star Rating: Changes for 2026

SAS to R Transition

- The Overall Star Rating is now calculated in R rather than SAS.

Measure Changes

- Hybrid Hospital-Wide Mortality (Mort-30-HOSPWIDE) added (Mortality).
- Five additional measures of patient experience added.
- Perinatal Care (PC)-01 retired from public reporting in January 2025.
- COVID-19 Vaccination Coverage retired in October 2025.

Methodology Update to emphasize Safety of Care

- Hospitals in the lowest quartile of Safety of Care with at least three safety measures are capped to a maximum 4-star rating.
- Beginning in 2027, Safety of Care will be emphasized more broadly by applying a 1-star reduction across the 2, 3, 4 and 5-star rating categories for hospitals performing in the lowest quartile of the Safety of Care measure group (and with at least three Safety of Care measures).

SAS to R Transition

- CMS decommissioned its licenses for the SAS statistical software at the end of 2025. This is primarily a technical change.
- The Overall Star Rating is easily accommodated in R as it did not utilize special functions in SAS.
 - Testing shows both produce broadly consistent results.
- Like the SAS pack, the R pack will be publicly available.

Patient Experience Group: Measure Changes

The most substantial measure change for 2026 is the addition of the Outpatient and Ambulatory Surgery (OAS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures (5 items).

- The Overall Star Ratings Patient Experience group previously included only measures based on the hospital inpatient CAHPS item-level star ratings.
- OAS CAHPS measures (5 items) were introduced to Care Compare in October 2025 and meet Star Ratings inclusion criteria.
- With addition of OAS CAHPS, the Patient Experience group will now use publicly reported linear mean scores for all measures.

Patient Experience Group: Measure Changes

Patient Experience Measure Group (2025)	
H-COMP-1	Communication with nurses
H-COMP-2	Communication with doctors
H-COMP-3	Responsiveness of hospital staff
H-COMP-5	Communication about medicines
H-COMP-6	Discharge information
H-COMP-7	Care transition
H-CLEAN-HSP & H-QUIET-HSP	Cleanliness & quietness
H-HSP-& H-RECMND	Hospital rating & Willingness to recommend

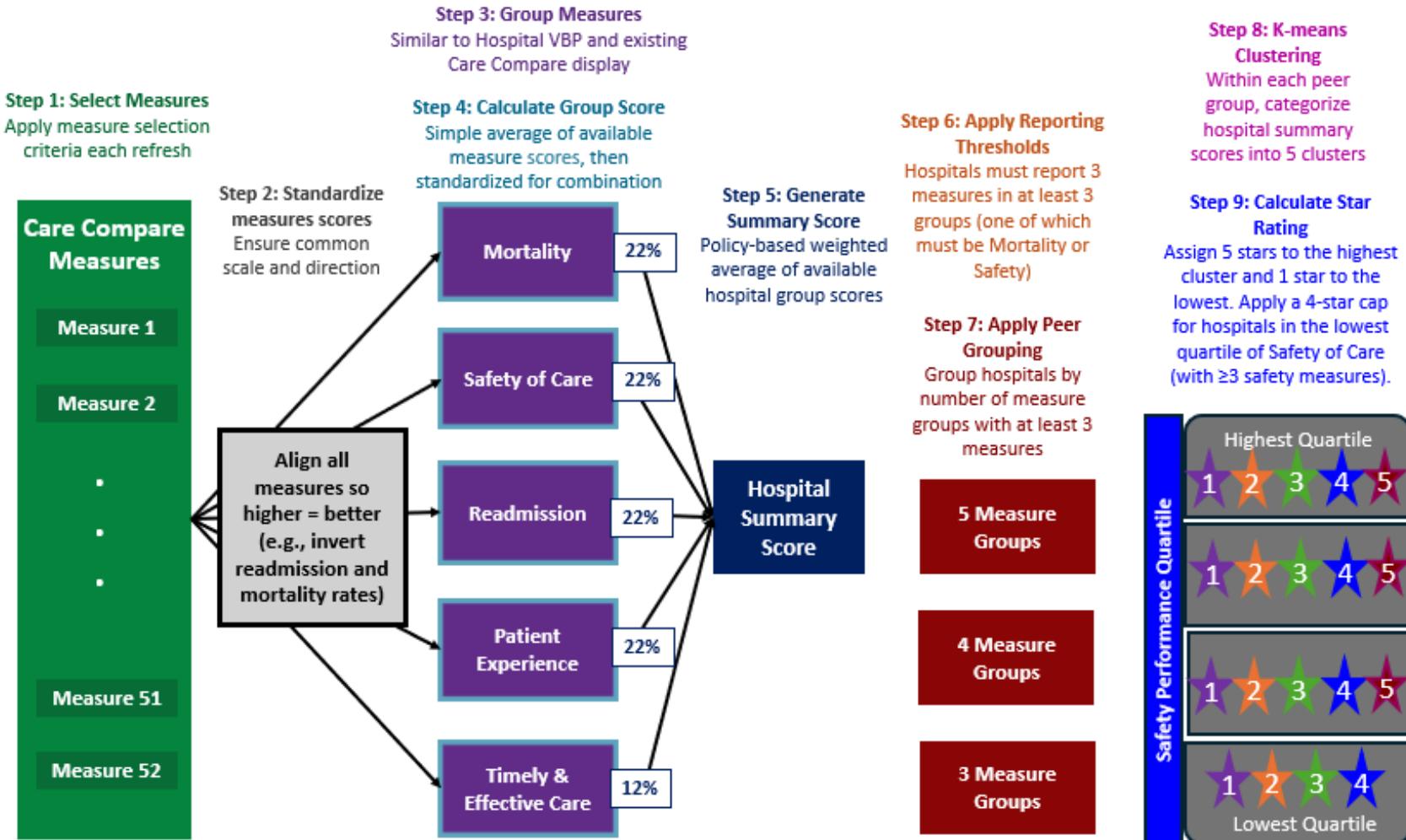
New measures

Patient Experience Measure Group (2026)	
H-COMP-1	Communication with nurses
H-COMP-2	Communication with doctors
H-COMP-3	Responsiveness of hospital staff
H-COMP-5	Communication about medicines
H-COMP-6	Discharge information
H-COMP-7	Care transition
H-CLEAN-HSP	Cleanliness of hospital
H-QUIET-HSP	Quietness of hospital
H-HSP-RATING	Overall of hospital
H-RECMND	Willingness to recommend hospital
O-COMP-1	Facilities & Staff
O-COMP-2	Communication about procedure
O-COMP-3	Prep for discharge and recovery
O-PATIENT-RATE	Patients of the facility
O-PATIENT-REC	Patient recommending the facility

2026 Methodology Update: Emphasizing Safety of Care

- CMS has been increasing efforts to highlight and emphasize patient safety across programs and measures:
 - Safety of Care group in Overall Star Rating
 - Hospital-Acquired Condition Reduction Program
 - New Patient Safety Structural Measure
- Address the acute concern of hospitals receiving the highest possible 5-star rating despite performing in the lowest quartile of the Safety of Care measure group.
- Safety of Care is one of the five measure groups integral to the Overall Star Rating.
 - As finalized in the calendar year 2026 Outpatient Prospective System/ Ambulatory Surgical Center Payment System final rule, for the 2026 Star Rating, a 4-star cap will be applied for hospitals in the lowest quartile of Safety of Care measure group performance (and with at least three Safety of Care measures).

Current Overall Star Ratings Methodology





2026 Overall Star Ratings

Number of Hospitals with a Star Rating

2025 Star Ratings:
2891 Hospitals

2026 Star Ratings:
3203 Hospitals

Compared to 2025 Star Ratings, a net of **312** more hospitals receive a Star in April 2026.

- **38** hospitals no longer meet criteria* for a Star Rating.
- **350** hospitals newly meet criteria* for a Star Rating.

*At minimum, 3 measures in each of at least 3 groups (including either Mortality or Safety of Care)

Overall Star Ratings Distribution

Distributions of Star Ratings across all hospitals are similar across 2025- and 2026-Star Ratings.

	2025 Star Ratings (October 2024 Data)	2026 Star Ratings (October 2025 Data)
1	233 (8%)	204 (6%)
2	661 (23%)	670 (21%)
3	939 (33%)	991 (31%)
4	767 (27%)	953 (30%)
5	291 (10%)	385 (12%)
Total	2891	3203

Number of Hospitals with a Star by Peer Group

Compared to 2025 Star Ratings, there were slightly more hospitals in all measure groups, particularly Peer Group 4.

	2025 Star Ratings (October 2024 Data)			2026 Star Ratings (October 2025 Data)		
Peer Group	3 Measure Groups	4	5	3	4	5
Total	141 (5%)	515 (18%)	2235 (77%)	177 (6%)	749 (23%)	2277 (71%)

Star Ratings Distributions by Peer Group

Compared to 2025, in the 2026 Star Ratings distribution:

- Peer Group 3 hospitals had a greater tendency to receive 1 or 2 stars.
- Peer Group 4 hospitals had a greater tendency to receive 4 or 5 stars.
- Peer Group 5 hospitals were relatively similar across years.

	2025 Star Ratings (October 2024 data)			2026 Star Ratings (October 2025 data)		
Peer Group	3 measure groups (N=141)	4 (N=515)	5 (N=2235)	3 (N=177)	4 (N=749)	5 (N=2277)
1-star	7 (5%)	45 (9%)	181 (8%)	15 (9%)	49 (7%)	140 (6%)
2-star	23 (16%)	118 (23%)	520 (23%)	39 (22%)	147 (20%)	484 (21%)
3-star	40 (28%)	191 (37%)	708 (32%)	49 (28%)	232 (31%)	710 (31%)
4-star	50 (36%)	125 (24%)	592 (27%)	60 (34%)	235 (31%)	658 (29%)
5-star	21 (15%)	36 (7%)	234 (11%)	14 (8%)	86 (12%)	285 (13%)

Measure Group Reporting

There was increased reporting in the Mortality and Patient Experience measure groups in 2026 (among hospitals with at least one measure in a measure group).

	2025 Star Ratings (October 2024 Data) N=4566	2026 Star Ratings (October 2025 data) N=4569
Mortality	3682	4133
Safety of Care	3390	3372
Readmission	4322	4308
Patient Experience	3179	3496
Timely and Effective Care	4544	4549

Hybrid HWM Measure Reporting

Hybrid Hospital-Wide Mortality (HWM) is the 3rd Mortality measure for **404** rated hospitals:

- **89 hospitals** qualify for a Star because Mortality becomes the required 3rd measure group of 3+ (methodology Step 6).
- **58 hospitals** land in Peer Group 5 instead of 4, and **257 hospitals** land in Peer Group 4 instead of 3 due to completing an additional group of 3+.

2026 Peer Groups with vs without Hybrid HWM measure (isolated impact)

		With Hybrid HWM				Total
		Unrated	Peer Group 3	Peer Group 4	Peer Group 5	
Without Hybrid HWM	Unrated	1366	89			1455
	Peer Group 3		88	257		345
	Peer Group 4			492	58	550
	Peer Group 5				2219	2219
	Total	1366	177	749	2277	4569

OAS CAHPS Measure Reporting

The five Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) measures alone complete the Patient Experience group for **118 rated hospitals**.

- **98 hospitals** in Peer Group 4 otherwise would have been in Peer Group 3.

2026 Peer Groups with vs without OAS CAHPS (isolated impact)

		With OAS CAHPS				Total
		Unrated	Peer Group 3	Peer Group 4	Peer Group 5	
Without OAS CAHPS	Unrated	1366	4			1370
	Peer Group 3		173	98		271
	Peer Group 4			651	16	667
	Peer Group 5				2261	2261
	Total	1366	177	749	2277	4569

Safety of Care Cap

- CMS intended to emphasize the importance of the Safety of Care measure group, particularly to address the issue of hospitals receiving a high Overall Star Ratings despite performing in the lowest quartile of the Safety of Care measure group.
- In 2026, **15 (0.5%)** hospitals were capped at 4 Stars.
- More information about the Safety of Care cap can be found in the [2026 OPPS/ASC final rule](#) published on November 25, 2025 (90 FR 53970 through 53982).

Shifts in Peer Grouping Between 2025- and 2026-Star Ratings

- Among **2,853 hospitals** rated in both 2025 and 2026, **most (2,634 or 92%)** remained in the same Peer Group.
- Hospitals in Peer Groups 3 and 4 were more likely to shift peer groups or no longer qualify for the Star compared to those in Peer Group 5.
- Hospitals newly receiving a Star were most likely to be in Peer Groups 3 or 4.

2025 Stars Peer Group	2026 Stars Peer Group				
	3	4	5	N/A	Total
3	75 (53%)	43 (31%)	7 (5%)	16 (11%)	141
4	13 (4%)	392 (76%)	94 (18%)	16 (3.1%)	515
5	1 (0%)	61 (3%)	2167 (97%)	6 (0%)	2235
N/A	88 (5%)	253 (15%)	9 (1%)	1376 (80%)	1726
Total	177 (4%)	749 (16%)	2277 (49%)	1414 (31%)	4617

Stayed in same Peer Group (2,634)	Shifted to lower Peer Group (75)	Shifted to higher Peer Group (144)	No longer received Star (38)	Newly received Star (350)
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Shifts in Star Ratings Between 2025- and 2026-Star Ratings

Among **2,853** hospitals rated in both 2025 and 2026, **1,526 (53%)** kept the same rating, **814 (29%)** increased by one or more stars, and **513 (18%)** decreased by one or more stars.

2025 Star Rating	2026 Star Ratings						
	1	2	3	4	5	N/A	Total
1	102 (44%)	109 (47%)	16 (7%)	2 (1%)	0 (0%)	4 (2%)	233
2	58 (9%)	323 (49%)	222 (34%)	44 (7%)	1 (0%)	13 (2%)	661
3	11 (1%)	155 (17%)	482 (51%)	260 (28%)	21 (2%)	10 (1%)	939
4	4 (0%)	23 (3%)	157 (21%)	437 (57%)	139 (18%)	7 (1%)	767
5	0 (0%)	2 (1%)	15 (5%)	88 (30%)	182 (63%)	4 (1%)	291
N/A	29 (2%)	58 (3%)	99 (6%)	122 (7%)	42 (2%)	1376 (80%)	1726
Total	204	670	991	953	385	1414	4617

Maintained same Star (1,526)

Went down 1 or more stars (513)

Went up 1 or more stars (814)

No longer received Star (38)

Newly received Star (350)

Summary

- A net of **312 more hospitals** received a Star Rating, reversing a trend observed previously of fewer hospitals reporting sufficient measure information to be eligible for a Star Rating.
 - Shifts in Mortality and Patient Experience measure reporting (especially HWM and OAS CAHPS) were key drivers for hospitals newly qualifying for an Overall Star from 2025 to 2026.
- Peer Group 4 had the largest increase in number of hospitals included.

FAQs About the Overall Star Ratings

FAQ #1

Why are the Overall Star Ratings not released in the same quarterly refresh each year?

The Timing of Star Ratings

- CMS has selected refresh criteria within the bounds of rulemaking (once every year, with data from within the previous 12 months) that maximize available information consistent with principles.
- For the 2026 Star Rating, we picked a data period that:
 - **Maximizes** the number of hospitals eligible.
 - **Accommodates** any individual measure updates and recalculations (particularly newly reported OAS CAHPS measures as of October 2025).

FAQ #2

Why is the Overall Star peer group based on the number of measure groups rather than any other hospital characteristics?

Peer Grouping

- Peer grouping was introduced to the Overall Star Ratings methodology in 2021 with the goal of making like-to-like comparisons among hospitals in the program.
 - Peer Groups correspond to hospital differences (e.g., size, volume, case and service mixes).
- Hospitals by Peer Group:
 - Peer Group 3 – 177 (6% of 3,203 rated)
 - Peer Group 4 – 749 (23%)
 - Peer Group 5 – 2,277 (71%)

Peer Grouping

- Compared to Peer Group 5, many fewer hospitals in Peer Group 4 have at least 3 Safety of Care measures.
- Compared to Peer Group 4, many fewer hospitals in Peer Group 3 have at least 3 Patient Experience measures.
- Majority of hospitals in all peer groups have at least 3 measures in each of the Mortality, Readmission, and Timely & Effective Care measure groups.

Peer Group	% of Hospitals with 3+ measures in group for April 2026 Star Rating (October 2025 data)				
	Mortality	Safety of Care	Readmission	Timely & Effective Care	Patient Experience
Peer Group 3 (N=177)	145 (82%)	34 (19%)	143 (81%)	170 (96%)	39 (22%)
Peer Group 4 (N=749)	714 (95%)	48 (6%)	745 <td>746<br (>99%)<="" td=""/><td>743<br (>99%)<="" td=""/></td></td>	746 <td>743<br (>99%)<="" td=""/></td>	743
Peer Group 5 (N=2277)	2277 (100%)	2277 (100%)	2277 (100%)	2277 (100%)	2277 (100%)

Peer Grouping

Hospitals in Peer Group 5 are more likely to be non-Critical Access, non-Safety Net, teaching, urban, and larger (100+ bed) facilities compared to hospitals in Peer Groups 3 and 4.

	Total Number of Hospitals (N=4569)	Peer Group 3 (N=177)	Peer Group 4 (N=749)	Peer Group 5 (N=2277)	Unrated (N=1366)
Non-Critical Access	3213	66 (37%)	456 (61%)	2267 (>99%)	424 (31%)
Non-Safety Net	3182	101 (57%)	536 (72%)	1842 (81%)	703 (51%)
Teaching	1271	30 (17%)	70 (9.%)	1134 (50%)	37 (3%)
Urban	2022	43 (24%)	206 (28%)	1436 (63%)	337 (25%)
Larger (100+ beds)	1922	33 (19%)	54 (7%)	1784 (78%)	51 (4%)

FAQ #3

Do hospitals influence the Overall Star by choosing which measures to report?

Public Reporting

- Hospitals participating in CMS programs are required to collect data for measures reported [Care Compare on Medicare.gov](#).
- Each underlying measure has established thresholds (such as minimum case count) for a hospital's score to be publicly reported to ensure reliable measurement.
- If a hospital does not meet threshold for a measure:
 - Its score is not reported publicly.
 - Its score does not factor into the Overall Star Rating.
- However, in general, hospitals do not have a choice in measures for which their data is collected.

FAQ #4

Why did my hospital's
Overall Star change since last year?

Changes in Star Ratings

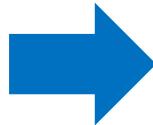
- **Many hospitals (53%)** got the same Overall Star in 2026 as 2025.
- The Overall Star can change when a hospital's performance on underlying measures shifted *relative to its peer hospitals*:
 - It may have performed better or worse than the prior year.
 - It may have performed similarly but its peers collectively performed better or worse.
 - Shifts in groups or measures with greater weight will be more likely to result in Star changes.
- Hospitals initially closer to cutoff between ratings may be more susceptible to shifts.
- Change in peer group assignment results in comparison to different peers.

Changes in Peer Groups

- **Most hospitals (92%)** are in the same peer group as last year, but some move to a higher or lower peer group.
- Hospitals may shift based on reporting of individual measures, meeting or not meeting measure-level requirements such as case counts or minimum sample size.

x 2 Mortality measures

- ✓ 3 Safety measures
- ✓ 4 Readmission measures
- ✓ 8 Patient Experience measures
- ✓ 7 Timely & Effective Care measures



✓ 3 Mortality measures

- ✓ 3 Safety measures
- ✓ 4 Readmission measures
- ✓ 8 Patient Experience measures
- ✓ 7 Timely & Effective Care measures

2025: Peer Group 4

2026: Peer Group 5

The Overall Star is designed to be flexible as the universe of hospitals and quality information evolves.

FAQ #5

How do I know if my hospital was impacted by the 4-star cap that emphasizes Safety of Care?

4-Star Cap

- No planned specification on Care Compare, preview reports, or Hospital-Specific Reports.
- Hospitals can compare their hospital summary score to the ranges for each k-means cluster included in the Methodology Report.
 - For example, if a hospital's summary score is within the 5-star range but the hospital receives a 4-star rating, then they have been impacted by the 4-star cap that emphasizes the Safety of Care measure group.

2026 Implementation

2026 Implementation

- Hospital-Specific Reports are scheduled to become available on February 19.
- The preview period is scheduled for February 19–March 20.
- The 2026 Overall Star Rating is scheduled to go live May 13.

Thank You

- For more information regarding Star Ratings, visit <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings>.
- Please submit additional questions to the [QualityNet Question and Answer Tool](https://cmsqualitysupport.servicenowservices.com/qnet_qa):
https://cmsqualitysupport.servicenowservices.com/qnet_qa

Overall Hospital Quality Star Rating: April 2026 Refresh

Questions

Continuing Education Approval

This program has been approved for continuing education credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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Appendix

For PC-01 (retired in January 2025) and HCP COVID-19 (retired from the Hospital Inpatient Quality Reporting Program in July 2025 and the Hospital Outpatient Quality Reporting Program in October 2025):

- 3711 hospitals with at least 1 of these retired measures and in the 2026 input file
 - *Threshold*: 103 hospitals went from at least 3 T+E measures to less than 3 measures.
 - *Group score*: 0 hospitals went from 2 to 0 T+E care measures.
 - *Star Rating*: 12 hospitals no longer received a Star in 2026.