

CMS Star Ratings: OAS CAHPS, HCAHPS changes & what's ahead for 2026

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Agenda

- Changes to PX measure in 2026
- New weight of each PX question in the Overall Star Rating
- Scores moving to Linear Mean – Why? And what will the impact be?
- Can I predict the impact this will have to my Overall Star Rating?



CMS public reporting of quality and patient experience

Reported on Medicare's Care Compare tool at Medicare.gov

The focus of today's presentation

Overall star rating

★★★★☆

The overall star rating is based on how well a hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.

[Learn how Medicare calculates this rating](#)

[View Rating Details](#)

Patient survey rating

The patient survey rating measures patients' experiences of their care. Recent patients were asked about important topics like how well nurses and doctors communicated and treated patients, and how well staff prepared patients to recover at home, and the cleanliness of the facility.

[Learn how the inpatient survey rating is measured](#)

Inpatient survey

★★★★☆

[View Inpatient Survey Results](#)

Outpatient surgery and procedures survey

Stars are not available at this time

[View Outpatient Survey Results](#)

Patient survey - Outpatient surgery and procedures

[Print](#)

The patient survey measures patients' experiences of their outpatient surgery or procedure care. Recent patients were asked about important topics like how well staff communicated with them, how well they were prepared for their surgery or procedure, check-in processes, discharge and recovery, and cleanliness of the facility.

[Learn more about the outpatient surgery and procedures patient survey](#)

[Get current data collection period](#)

Number of completed surveys	1,402
Survey response rate	18%

Patients who reported that the facility was definitely clean, and staff were helpful and respectful	97% National average: 97% Texas average: 97%
Patients who reported that staff gave them clear and complete information about their procedure	94% National average: 92% Texas average: 92%
Patients who reported that YES staff gave them written information and prepared them for recovery at home	97% National average: 97% Texas average: 97%

CMS also calculates an HCAHPS-specific star rating that is updated quarterly. There is not yet an OAS CAHPS-specific star rating.

Overall Hospital Quality Star Ratings



- **CMS-developed summary measure:** Helps consumers more easily compare hospital quality on Care Compare on Medicare.gov
- **1-5 star scale:** More stars = better performance on reported measures; covers eligible acute care and critical access hospitals nationwide
- Covers **five quality domains**
- **Relative performance:** Ratings reflect how a hospital compares to peers, not a fixed benchmark; recalculated with each release
- **Designed to complement individual measures:** A quick snapshot for consumers; does not replace detailed measure-level data on Care Compare

Mortality (22%)

Safety of Care (22%)

Readmission (22%)

Patient Experience (22%)



Timely & Effective Care (12%)

What's changing for the PX measure group for 2026?

- OAS CAHPS measures were added, including:
 - Facilities & Staff
 - Communication About Procedure
 - Preparation for Discharge and Recovery
 - Patient Rating of Facility
 - Patient Recommending Facility
- CMS switched from using HCAHPS star rating components (1-5) to using HCAHPS linear mean scores (0-100 continuous values) as the inputs.
- HCAHPS measures that were previously combined into paired constructs have been separated:
 - Cleanliness
 - Quietness
 - Hospital Rating
 - Willingness to Recommend

Timeline of PX measure group changes

October 2025

Care Compare refresh included OAS CAHPS data from the mandatory period, making the measures eligible for inclusion in the Overall Star.

January 2026

[CMS webinar](#), "Overall Hospital Quality Star Ratings: April 2026 Refresh," announcing changes to the PX measure group

February 2026

Hospital-specific reports became available via the HQR system, CMS also released an [updated methodology document](#).

February – March 2026

30-day confidential preview period. This is the window for hospitals to review and download their HSRs.

May 2026

The 2026 Overall Star Ratings go live on Care Compare on Medicare.gov.

What's NOT changing

- This does not create new quarterly OAS CAHPS Star Ratings (those are still in development).
- This does not change or replace the existing quarterly HCAHPS Star Ratings.
- This does not impact Medicare reimbursement.
 - The Overall Star Ratings are displayed on Care Compare and sometimes referenced in media or public rankings, but they are not tied to CMS payment.
- This applies only to Hospital Outpatient Departments (HOPDs).
 - Ambulatory Surgery Centers are not included in the Overall Hospital Quality Star Rating program.

PX measure group changes, before and after

PX 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-RATING & H-RECMND	Hospital rating & Willingness to recommend

Data collection period: 1/1/2023 – 12/31/2023

Readmission (22%)

Safety of Care (22%)

Mortality (22%)

Timely & Effective Care (12%)

Patient Experience (22%)



PX 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 rating 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 rating of the facility
O-PATIENT-REC	Patient recommending the facility

Data collection period: 1/1/2024 – 12/31/2024

PX measure group changes, before and after

PX Measure Group (2025) – 22% of Overall Star		
12.5%	H-COMP-1	Communication with nurses
12.5%	H-COMP-2	Communication with doctors
12.5%	H-COMP-3	Responsiveness of hospital staff
12.5%	H-COMP-5	Communication about medicines
12.5%	H-COMP-6	Discharge information
12.5%	H-COMP-7	Care transition
12.5%	H-CLEAN-HSP & H-QUIET-HSP	Cleanliness & Quietness (6.25% + 6.25%)
12.5%	H-HSP-RATING & H-RECMND	Hospital rating & Willingness to recommend (6.25% + 6.25%)

Data collection period: 1/1/2023 – 12/31/2023

Readmission (22%)

Safety of Care (22%)

Mortality (22%)

Timely & Effective Care (12%)

Patient Experience (22%)



PX Measure Group (2026) – 22% of Overall Star		
H-COMP-1	Communication with nurses	6.67%
H-COMP-2	Communication with doctors	6.67%
H-COMP-3	Responsiveness of hospital staff	6.67%
H-COMP-5	Communication about medicines	6.67%
H-COMP-6	Discharge information	6.67%
H-COMP-7	Care transition	6.67%
H-CLEAN-HSP	Cleanliness of hospital	6.67%
H-QUIET-HSP	Quietness of hospital	6.67%
H-HSP-RATING	Overall rating of hospital	6.67%
H-RECMND	Willingness to recommend hospital	6.67%
O-COMP-1	Facilities & Staff	6.67%
O-COMP-2	Communication about procedure	6.67%
O-COMP-3	Prep for discharge and recovery	6.67%
O-PATIENT-RATE	Patients rating of the facility	6.67%
O-PATIENT-REC	Patient recommending the facility	6.67%

Data collection period: 1/1/2024 – 12/31/2024

Missing HCAHPS or OAS CAHPS data?

There is a minimum threshold of three measures within a group to have the measure group included. There are potentially three outcomes when CMS cannot include data from CAHPS surveys.

HCAHPS only

PX group is built from the 10 HCAHPS linear mean scores. Still clears the 3-measure threshold easily. No peer group change from this alone.

OAS CAHPS only

PX group is built from 5 OAS CAHPS measures alone. Still clears the 3-measure threshold.

Neither

No complete PX group. The 22% PX weight gets redistributed proportionally across the measure groups the hospital does report. No PX score contributes to the summary.

HCAHPS measure changes

- CMS switched from using HCAHPS star rating components (1-5) to using HCAHPS **linear mean scores** (0-100 continuous values) as the inputs to the Overall Star Rating.
- The HCAHPS measures that were previously combined into paired constructs have been separated. Both pairs are now treated as four individual measures.
 - *Cleanliness* and *Quietness* were previously averaged into a single input.
 - *Hospital Rating* and *Willingness to Recommend* were also averaged into a single input.

Because OAS CAHPS measures do not have their own star rating components, switching to **using linear mean scores for HCAHPS creates a common scoring basis** that allows both HCAHPS and OAS CAHPS to be used together in the same measure group.

HCAHPS scoring changes

- The **previous** methodology for Overall Star Rating relied on Quarterly HCAHPS-specific star ratings (1-5). Calculation of these involves:
 - Linear scoring of item responses
 - Patient-mix adjustment
 - Rescaling to 0-100
 - Mode adjustment
 - Quarterly weighting
 - Rounding
 - Clustering algorithm to convert from linear scores to 1-5 stars for each HCAHPS measure
- **Now** the Overall Star Rating calculation will use the fully adjusted 0-100 linear mean scores directly, bypassing the HCAHPS star rating clustering step (no change to Quarterly HCAHPS stars)

Why adding OAS CAHPS forced the change to linear mean

OAS CAHPS has no star rating components – requiring a common scoring basis to combine measures in one group

HCAHPS	
Communication w/ Nurses	1-5 ★
Communication w/ Doctors	1-5 ★
Responsiveness of Staff	1-5 ★
Communication about Medicines	1-5 ★
Cleanliness	1-5 ★
Quietness	1-5 ★
Discharge Information	1-5 ★
Care Transition	1-5 ★
Overall Rating	1-5 ★
Willingness to Recommend	1-5 ★

Each measure has a published star rating component

**Need a
common
scale**

OAS CAHPS	
Facilities and Staff	0-100
Communications About Procedure	0-100
Preparing for Discharge / Recovery	0-100
Patient Rating of Facility	0-100
Patient Recommending Facility	0-100

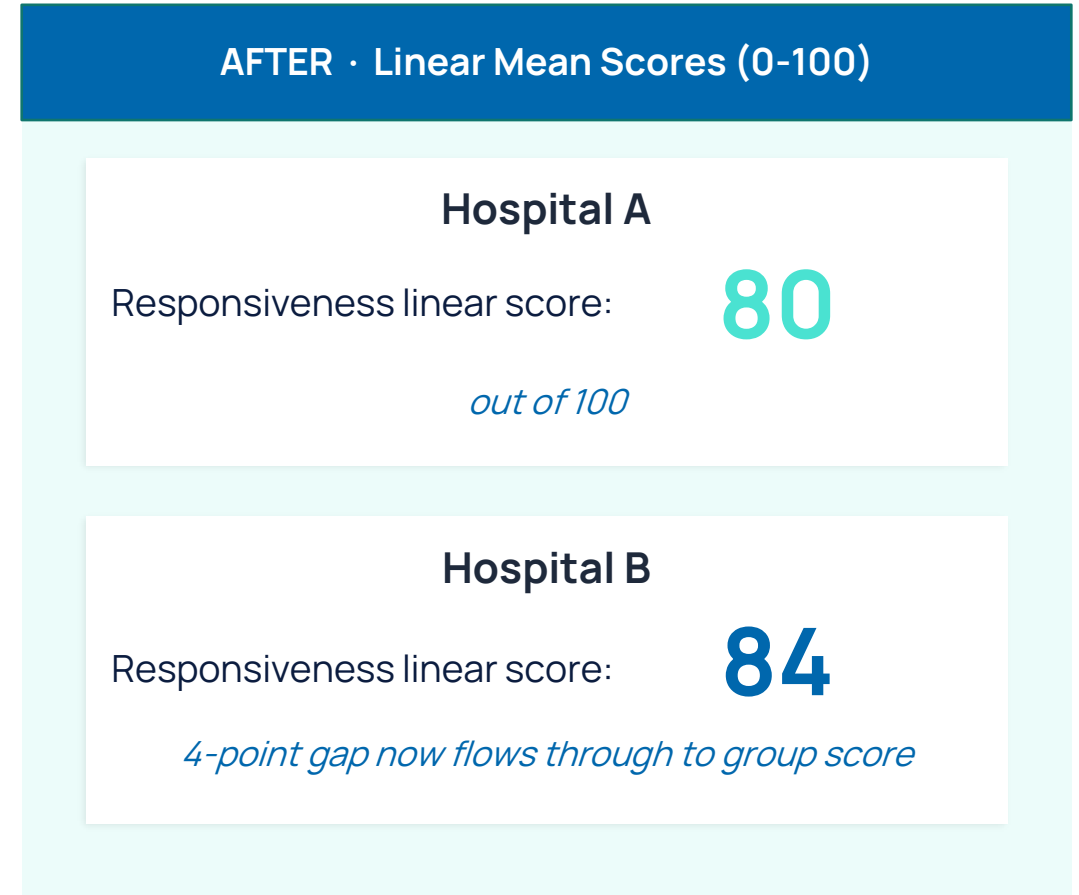
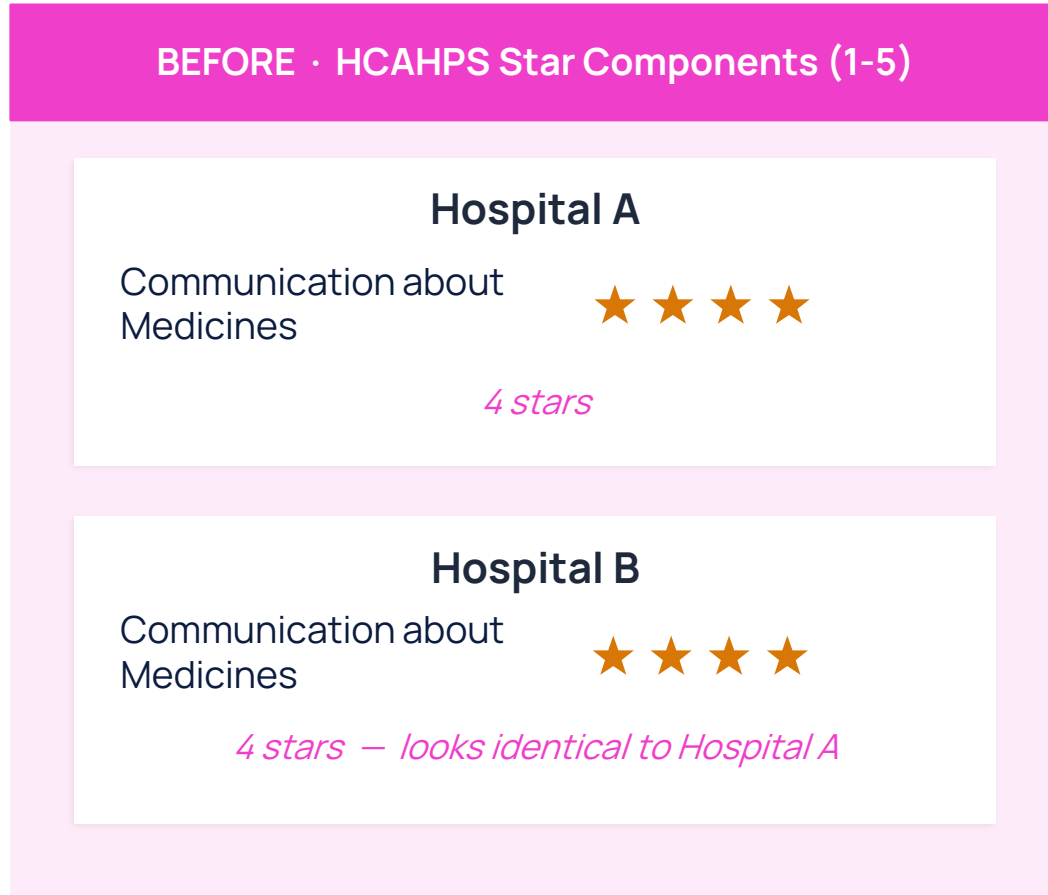
No star rating components – linear scores only

Solution: Switch HCAHPS to 0-100 linear scores → both survey types now share a common scale in the Patient Experience group.

Displaying differentiation

Two hospitals, same 4-star measure rating for this measure, but their actual scores differed.

Communication about Medicines	HCAHPS Star Rating cut points
2 Stars	≥71 to <76
3 Stars	≥76 to <80
4 Stars	≥80 to <85



By pulling in HCAHPS-specific star ratings for each measure, Hospital A and Hospital B were treated as equal in the Patient Experience group for Responsiveness even though their actual performance differed by 4 points.

Changes to measure weights by adding OAS CAHPS

Within the PX group, each measure is equally weighted (simple average). Here's how the math shifts when adding OAS CAHPS measures.

Previously (8 inputs):

- Each of the 6 HCAHPS composites = 1/8 (12.5%) of the PX group
- Hospital Rating = 1/16 (6.25%), i.e., half of the shared Global Items slot
- Willingness to Recommend = 1/16 (6.25%)
- Cleanliness = 1/16 (6.25%), i.e., half of the shared Individual Items slot
- Quietness = 1/16 (6.25%)

Now (15 inputs):

- Every measure = 1/15 (6.67%) of the PX group

PX Measure Group (2026) – 22% of Overall Star		
H-COMP-1	Communication with nurses	6.67%
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H-COMP-6	Discharge information	6.67%
H-COMP-7	Care transition	6.67%
H-CLEAN-HSP	Cleanliness of hospital	6.67%
H-QUIET-HSP	Quietness of hospital	6.67%
H-HSP-RATING	Overall rating of hospital	6.67%
H-RECMND	Willingness to recommend hospital	6.67%
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O-PATIENT-REC	Patient recommending the facility	6.67%

Data collection period: 1/1/2024 – 12/31/2024

How HCAHPS and OAS CAHPS data compare

The 10 **HCAHPS** measures have national average linear means ranging from about 76 (Communication About Medicines) to 91 (Nurse Communication), with most measures falling in 80s.

The average standard deviation across the ten measures is roughly 4 points,

The five **OAS CAHPS** measures have national average linear means ranging from about 93 (Recommend Facility) to 98 (Facilities & Staff). The average standard deviation is roughly 1.7 points, which is less than half the HCAHPS average.

Three of the five OAS CAHPS measures have standard deviations near or just above 1 point.

The overall pattern is that OAS CAHPS linear means are higher and more tightly grouped than HCAHPS linear means.

This is consistent with what one might expect: outpatient encounters are typically shorter and more routine, with less variability in the types of experiences patients are reporting on.

If OAS CAHPS scores are generally higher, how will the Overall Star be impacted?

High absolute OAS CAHPS scores don't necessarily increase PX measure group scores broadly because of the z-scoring methodology, which is like being graded on a curve. What matters is where you fall relative to peers.

1

Raw scores enter

Each hospital's 0-100 linear mean score for every measure is the starting input. OAS CAHPS measures cluster around 93-98; HCAHPS measures span 76-91.

Different scales, different ranges

2

Z-scoring normalizes

CMS standardizes each measure: Subtract the national mean, divide by the standard deviation. Result: Every measure has a mean of 0 and SD of 1 – regardless of its original scale.

Raw level is completely erased

3

Relative rank is all that's left

A hospital scoring 97 on Facilities & Staff (national avg ~98) gets a negative z-score (below average) even though 97 is objectively excellent. About half of hospitals will have negative OAS CAHPS z-scores.

~50% will be below zero on each measure

Narrow SD caveat: After z-scoring, a 2-pt raw gap on OAS CAHPS carries the same mathematical weight as an 11-pt gap on Quietness. Z-scoring ensures differentiation but doesn't evaluate whether the underlying differences are equally meaningful.

What is a peer group and why does it matter?

Star ratings are assigned within peer groups, not nationally. Your competitive set depends on how many measure groups you report.

- Hospitals are grouped by the number of measure groups for which they have sufficient data (at least 3 measures per group).
- The k-means clustering that assigns 1-5 stars runs separately within each peer group. The score thresholds for each star level are set by the distribution of hospitals in your peer group – not nationally.
- A hospital could perform identically to last year and still change stars if it moved peer groups or if its peers' collective performance shifted.
- Though most hospitals rated in both 2025 and 2026 did not change peer groups (92%), a small number gained a complete PX group from adding OAS CAHPS (118) and shifted peer groups.

6%

Peer Group 3 (3 measure groups)

177 hospitals

3 qualifying measure groups

Typically: smaller, rural, non-teaching

23%

Peer Group 4 (4 measure groups)

749 hospitals

4 qualifying measure groups

Mix of hospital types

71%

Peer Group 5 (5 measure groups)

2,277 hospitals

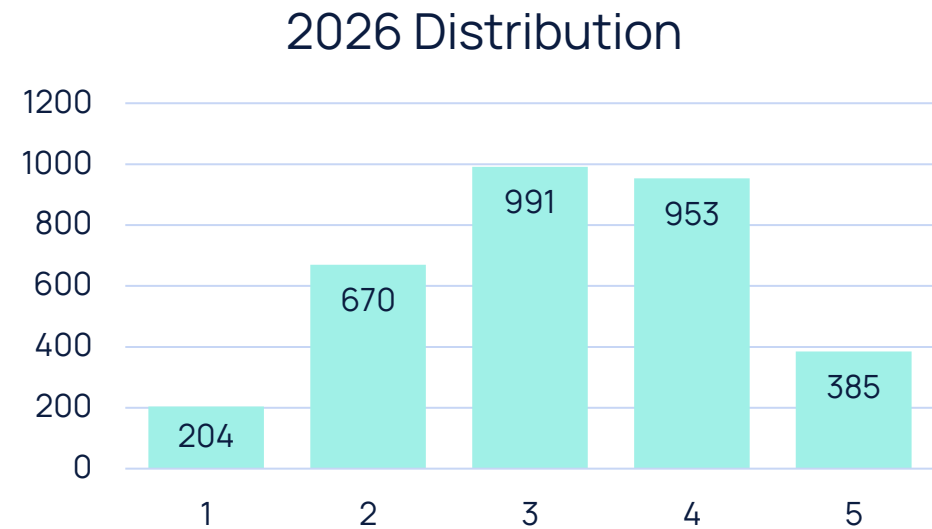
5 qualifying measure groups

Typically: larger, urban, teaching

The Overall Star Rating is graded on a curve

- There is no fixed score that earns a hospital five stars
- Performance is measured relative to peers and recalculated fresh with every annual release
- The result is a distribution that will look roughly like this: Most hospitals in the middle, fewer at either end
- Improving your absolute performance matters, but your hospital's star rating reflects where you land *relative to everyone else that year*

Star Rating	2026 Distribution
1	204 (6%)
2	670 (21%)
3	991 (31%)
4	953 (30%)
5	385 (12%)
Total	3,203



Other 2026 changes to be aware of

Beyond the Patient Experience group, four additional changes affect the 2026 Overall Star Ratings

Safety of Care cap

Hospitals in the lowest quartile of Safety of Care performance (with ≥ 3 safety measures) are now capped at a maximum 4-star Overall rating. CMS reports 15 hospitals (0.5%) were capped in 2026.

Beginning 2027: CMS plans a 1-star reduction across all star levels for hospitals in the lowest Safety of Care quartile.

Hybrid Hospital-Wide Mortality

A new hybrid mortality measure was added to the Mortality group, becoming the third mortality measure for 404 rated hospitals.

This was a key driver of hospitals newly qualifying for an Overall Star Rating in 2026.

Measure retirements

PC-01 (retired Jan 2025) and COVID-19 Vaccination Coverage (retired Oct 2025) were removed.

CMS reports 12 hospitals lost their star rating because these retirements pushed their Timely & Effective Care count below threshold.

SAS → R Transition

The Overall Star Rating calculation migrated from SAS to R, following CMS's decommissioning of SAS licenses.

CMS characterizes this as primarily a technical change with broadly consistent results.

Can we predict the impact of these changes?

Not easily – at least four simultaneous changes are tangled together in the 2026 results.



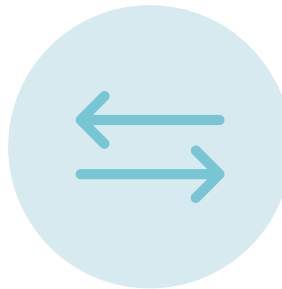
OAS CAHPS measures added: Five new measures entered the PX group. Their scores, distributions, and interactions with HCAHPS z-scores are new to the model.



HCAHPS scoring now using linear scores: The switch from 1-5 star components to 0-100 linear means changed the granularity and distribution of HCAHPS inputs to the PX group.



Year-over-year performance shifts: Hospital and peer performance naturally changes each year. Cut points aren't carried forward – the clustering runs fresh every year on the new distribution.



Peer group assignments shifted: 144 hospitals moved to higher peer groups and 75 moved lower. Being evaluated against a new set of peers changes your competitive position independently of your own scores.

Disentangling which factor drove a star change is genuinely difficult. CMS acknowledges that a hospital “may have performed similarly but its peers collectively performed better or worse.”

Suggestions for reviewing Hospital-Specific Reports (HSR)

Preview period: Feb 19 – Mar 20, 2026 • Public release: May 13, 2026

01

Compare HCAHPS linear scores to prior score cut points

Identify where you were comfortably mid-bucket (the scoring change likely didn't move you much) versus near a cut point (it may have mattered). The Oct 2025 Care Compare data is your baseline.

02

Review your OAS CAHPS linear mean scores

Compare against national benchmarks in your HSR or the Provider Data Catalog. Even though z-scoring normalizes the distribution, knowing your raw position gives important context on where differentiation is occurring.

03

Check whether your peer group changed

If you moved peer groups, that may be a bigger driver of your star outcome than any measure-level shift. Your new peer group defines the competitive set against which your summary score is benchmarked.

04

Review all five measure group scores, not just PX

Patient Experience is weighted at 22%.

The other four groups (Mortality, Safety, Readmissions, Timely & Effective Care) account for the remaining **78% of your summary score**.

At the highest level, here's what's changing for the PX measure group for 2026:

- OAS CAHPS measures were added, including:
 - Facilities & Staff
 - Communication About Procedure
 - Preparation for Discharge and Recovery
 - Patient Rating of Facility
 - Patient Recommending Facility
- CMS switched from using HCAHPS star rating components (1-5) to using HCAHPS linear mean scores (0-100 continuous values) as the inputs.
- HCAHPS measures that were previously combined into paired constructs have been separated:
 - Cleanliness
 - Quietness
 - Hospital Rating
 - Willingness to Recommend

Readmission (22%)

Safety of Care (22%)

Mortality (22%)

Timely & Effective Care (12%)

Patient Experience (22%)



Possible future PX measure group changes?

In shifting to the updated HCAHPS Survey, more measures may be available for inclusion in future releases of the annual Overall Hospital Quality Star Rating.

January/April/July/October 2025 public data refreshes included: **10 sub-measures in the current HCAHPS Survey**

1. Communication with nurses
2. Communication with doctors
3. Responsiveness of hospital staff
4. Communication about medicines
5. Discharge information
6. **Care Transitions**
7. Cleanliness of hospital environment
8. Quietness of hospital environment
9. Overall rating of hospital
10. Willingness to recommend the hospital

Quarters of data included: Q2 2023 – Q4 2024

January/April/July 2026 public data refreshes will include: **8 unchanged sub-measures**

1. Communication with nurses
2. Communication with doctors
3. Communication about medicines
4. Discharge information
5. Cleanliness of hospital environment
6. Quietness of hospital environment
7. Overall rating of hospital
8. Willingness to recommend the hospital

Quarters of data included: Q2 2024 – Q3 2025

October 2026 public reporting data (and beyond) will include: **11 sub-measures in the updated HCAHPS Survey**

1. Communication with nurses
2. Communication with doctors
3. Responsiveness of hospital staff
4. Communication about medicines
5. Discharge information
6. **Care Coordination**
7. **Restfulness of hospital environment**
8. Cleanliness of hospital environment
9. **Information about symptoms**
10. Overall rating of hospital
11. Willingness to recommend the hospital

Time period includes four quarters from 2025 and the updated survey

Resources

CMS Overall Hospital Quality Star Ratings:

- Medicare’s [Care Compare tool at Medicare.gov](#)
- CMS [January 2026 webinar](#), “Overall Hospital Quality Star Ratings: April 2026 Refresh”
- Updated Overall Hospital Quality Star Rating [Comprehensive Methodology Report](#) (v5.0)
- CMS [Provider Data Catalog](#)

Leapfrog:

- Access the [Hospital Details Page](#)
- Resources about Leapfrog [Deadlines](#) and [Key Dates](#) for the Safety Grade
- Resources about [Scoring and Results](#)
- Safety Grade [methodology](#)

Thank you!

