# Insights Report Cards

## A Primer for Hospital and Health System Trustees

Patients and consumers have more information on hospital quality available than ever before. Much of this information comes in the form of scorecards or "report cards" where the complicated hospital environment is evaluated by condensing performance into an easier-to-understand letter grade, star, or ranking. While hospitals have long supported transparency on quality information and the use of quality data in patient decision-making, each scorecard should be considered in full context. Each "grader" makes choices in their grading approach about what good and bad quality of care means, what data sources they use and how they calculate their scores.

To assist hospital trustees in understanding these report cards and what they may mean for their organizations,, the AHA has compiled a list of some of the most well-known score cards available and a brief assessment of their key characteristics.. Including:

**Organization Bio:** From government regulators and payers; to non-profit journals; to for-profit, general-interest magazines, the authors of various scorecards differ somewhat in their motivations to publish quality data. Some are looking to promote high-value purchases by consumers (e.g., CMS Star Ratings), while others use proprietary measures to call attention to providers they deem to be socially conscious (e.g., Lown Institute Hospital Index).

**Data Source:** Many organizations use publicly available data from the Centers for Medicare & Medicaid Services (CMS) quality reporting and value programs. While Medicare is the single largest payer of healthcare services, many CMS measures are calculated on only Medicare patients, providing less insight into the quality of care for non-Medicare patients. Some CMS measures also are not the most meaningful quality metrics. Some organizations collect their own data, usually through surveys filled out by hospitals. These surveys are not always validated to ensure that they collect the intended information, and are often incomplete or missing information.

**Scoring Methodology:** The scoring methodology describes what areas of a hospital's performance are evaluated—for example, mortality or infection rates—and how those rates are translated into a resulting score, grade, or ranking. Each report card makes choices about how to reflect complicated measures in an easier to understand way. However, in doing so, some methodologies sacrifice accuracy and specificity. In addition, some methodologies fail to account for factors that influence outcomes but are out of the hospital's control, like clinical complexity and social drivers of health in their surrounding community.

**What's its focus:** A patient might benefit from one type of scorecard more than another based on the type of information it provides. One scorecard might help patients make decisions by offering customized views of hospitals—for example, by state or type of procedure—or by providing more relevant comparisons of like patients or hospitals with certain characteristics.

**Caveats:** When using hospital scorecards to make decisions, patients should be cautious in assuming a single report gives them all the information they need.

### Considerations for Trustees

As outlined above, publicly available report cards come with both strengths and limitations. Boards can help their organizations by asking questions about how the scorecards relate to the hospital's broader approach to quality and safety improvement, such as:

- How does our organization track our hospital's quality of care and how is the board included in that process? To what extent do we use public scorecards to inform that work?
- Does our internal data and/or perception of our hospital's quality match our scores/grades/rankings on public scorecards? Why or why not?
- Are there opportunities for improvement that the scorecards highlight?

When asked by patients or other members of the public about our report card scores, what can we say about the work we do to improve care that might relate to the measures captured in the scorecards?



American Hospital Association™
Advancing Health in America

| Score Card | Organization Bio: Who Publishes the Report | Data Source: Where they Get Their Information | Scoring Methodology: How they Rate the Providers | What's its Focus: The Topics and Metrics they Use | Caveats: Keep in Mind when Interpreting Score |
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| CMS Hospital Star Ratings (Hospital Care Compare) | Centers for Medicare & Medicaid Services (CMS) | CMS's Hospital Inpatient Quality Reporting and Outpatient Quality Reporting programs, which use a mix of claims data, electronic health record information, and hospital-uploaded data and documentation | 1-5 stars based on performance on 30+ quality measures across five topical categories (mortality, safety, readmissions, timely and effective care, and patient experience). More stars means a higher rating.<br><br>Hospitals are grouped with and compared to others that report similar amounts of data. Starting in 2027, hospitals in the lowest 25% of performance in the Safety category of measures will automatically lose one star | Overall star rating combines performance on a wide range of types of measure and thus is simpler to interpret than individual measure scores<br><br>Medicare is the single largest payer of health care services and has access to information for many types of patients | The measures included do not evaluate all aspects of hospital quality, just those that have been added to regulations. The measures used, number of measures included, and timing of data incorporated can change year to year.<br><br>Summary score does not provide insight into services or outcomes for specific patients<br><br>Many measures are calculated on only Medicare patients, and can have lag of up to 3 years. |
| Leapfrog Hospital Safety Grade | Non-profit organization representing employers and insurance purchasers | Mix of data collected from hospitals via voluntary, proprietary survey and publicly available CMS quality program data | Grade A-F based on composite score from evaluation of performance compared to Leapfrog-determined benchmark in equally weighted domains of Process/Structure (how often a hospital gives patients recommended treatment for given condition/procedure), and Outcomes | Measures focused on patient safety issues specifically; survey collects and reports other information on hospital characteristics and practices that do not factor into grade | Non-participation in survey can result in lower grades[1]<br><br>VA, critical access hospitals, specialty, children's, mental health hospitals not included.<br><br>Measure weights and benchmarks are decided by Leapfrog, not necessarily reflective of importance to individual patients |
| US News & World Report Best Hospitals | For-profit company that calculates ratings and rankings for topics including health, education, money, cars and real estate | Medicare claims, specialty and research organizations; proprietary clinical survey for children's hospitals | "Specialty" rankings list top 50 hospitals based on survival rates, patient experience and other performance measures in 15 specialty areas expert; "Procedures and Conditions" ratings note how well hospitals perform on specific, common procedures and conditions<br><br>Also names Best Regional Hospitals for general hospitals that earned high ratings in several categories, as well as 20 Honor Roll hospitals that have high ratings in both Specialty and Procedures and Conditions categories | Rankings are broken down by state or specialty, making results more relevant for patients.<br><br>Includes separate ranking methodologies for maternity care and children's hospitals | Methodology changes frequently<br><br>Some ratings rely heavily on physician surveys of hospitals' reputation<br><br>Specialty rankings favor complex, high-cost treatments rather than access to care |

1 In previous updates, Leapfrog used statistical inference to estimate performance for hospitals that did not complete the survey. However, following a ruling by a federal court in South Florida finding this practice to violate consumer protection laws, the organization stopped assigning grades to approximately 450 hospitals that did not participate in recent surveys. In September 2026, Leapfrog filed an appeal to this ruling.

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| Healthgrades America's 250 Best Hospitals | For-profit company known for providing consumer-driven physician ratings and comparisons | Medicare and some all-payer state data | List of top 1%, 2% and 5% of performers on mortality or in-hospital complications across 31 procedures as compared to predicted performance (better, as expected, or worse)<br><br>Also gives specialty clinical quality awards for top performers on same measures by specialty area and lists top performers by state | Uses coding information to create cohorts of like patients<br><br>With additional "awards" for patient experience, patient safety, and state rankings, provides multiple views to communicate performance in addition to national rankings | Only evaluates quality using mortality and in-hospital complications, does not exclude non-preventable complications<br><br>Assesses performance relative to internally calculated predicted performance rather than objective benchmark |
| Lown Institute Hospitals Index | Independent think tank funded by private organizations including Arnold Ventures | Medicare claims and cost reports, Census, tax filings | Grade A-F and ranking based on over 50 metrics of equity (ratio of executive salary to housekeeping; comparison of patient demographics to community demographics; and spending on charity care and community programs), value (rate of "low-value" procedures and ratio of mortality rates to costs) and patient outcomes (clinical outcomes, CMS safety measures and patient satisfaction survey scores) | Addresses topics like overuse, pay equity, inclusivity, and community benefit<br><br>Uses similar but adjusted methodology for critical access hospitals to account for differences in volumes and services | Methodology makes many assumptions to build off limited data sets<br><br>Indicators and weights of equity, value and outcomes are selected based on what "[Lown] deemed to be the most meaningful"[2] |

2 Lown Institute Hospitals Index for Social Responsibility 2026 Methodology Report, https://lownhospitalsindex.org/rankings/our-methodology/