CAHPS® Hospital Survey (HCAHPS)
Minimum Business Requirements

This document outlines the HCAHPS Minimum Business Requirements (MBRs) for organizations seeking to administer the HCAHPS Survey. Applicants must meet these requirements at the time of application. All approved organizations are also required to adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates throughout their participation in the program.

An organization must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Organizations **must** meet all of the HCAHPS MBRs in order to administer the HCAHPS Survey:

- Survey vendors and subcontractor(s) must meet **all** MBRs
  - Subcontractor(s)/partner(s) and other organization(s) performing major HCAHPS Survey Administration functions (e.g., mail/phone/web operations, XML file preparation) must meet **all** HCAHPS MBRs that pertain to that role
- Hospitals that self-administer the HCAHPS Survey must meet **all** Self-administering Hospital MBRs

To become approved to administer the HCAHPS Survey, survey vendors/hospitals must submit an HCAHPS Participation Form and agree to the Rules of Participation. In reviewing Participation Forms, CMS will also consider any prior experience and past performance the applicant organization and/or subcontractor(s) may have with administering CMS surveys or other patient experience surveys. Applicants must demonstrate their recent survey experience (i.e., provide documentation for meeting survey experience requirements).

- The first step in the approval process is Conditional Approval. Final Approval is contingent upon the organization's completion of the HCAHPS Participation Process and the successful submission of data (i.e., data accepted) to the HCAHPS Data Warehouse for one quarter (on behalf of a client hospital) without any survey administration issues or discrepancies in HCAHPS protocols. Upon meeting these requirements, the organization's status will be updated from Conditionally Approved to Approved HCAHPS Survey Vendor/Self-administering Hospital. The status for approved survey vendors will be updated on the HCAHPS Website (https://www.hcahpsonline.org).

The HCAHPS MBRs will continually apply to all HCAHPS approved survey vendors/self-administering hospitals for as long as the organization maintains the HCAHPS approval status. This includes maintaining an adequate number of resources (e.g., staffing, system resources, etc.) to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests.

- Approved HCAHPS Survey vendors **and** self-administering hospitals must fully comply with the HCAHPS oversight activities
  - The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*
  - In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of

their business operations within the United States. This requirement applies to all staff and subcontractors/partners or other organizations (if applicable).

- HCAHPS approval status is based on the information provided at the time of application. If changes are made to the major HCAHPS Survey administration functions, including changes to HCAHPS key personnel or subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.
- If a survey vendor or a self-administering hospital is non-compliant with program requirements, HCAHPS data may not be publicly reported for the hospital (or contracted hospitals), which could affect that hospital's CMS Annual Payment Update (APU) for the fiscal year. For additional information regarding APU requirements, please review the current IPPS Final Rule.

➢ Approved survey vendors are expected to maintain active contract(s) for HCAHPS Survey administration with client hospital(s). An "active contract" is one in which the HCAHPS Survey vendor is authorized by one or more hospital client(s) to submit HCAHPS data to the HCAHPS Data Warehouse. If an HCAHPS Survey vendor does not have any contracted client hospitals for HCAHPS within two years (a consecutive 24 months) from the date it received approval to administer the HCAHPS Survey, then that survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn. The HCAHPS "Approved" survey vendor has the option to apply for re-approval prior to the expiration deadline.

- A Participation Form must be submitted for consideration of re-approval. All MBRs must continue to be met, along with participation in required HCAHPS training sessions in order to be eligible for reconsideration.
- If the organization is approved to administer the HCAHPS Survey for a second term, and no hospital client(s) are obtained within two years (a consecutive 24 months), then the survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn by CMS. A 24-month wait period will be required before the organization is eligible to apply again.
- If approval status is withdrawn (i.e., not seeking re-approval for second term), a 24-month wait period will be required before the organization is eligible to apply again.

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The MBRs for survey vendors/self-administering hospitals are as follows:

1. **Relevant Survey Experience**
   Demonstrated **recent** (e.g., 2024-2026) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).

   Note: HCAHPS Survey Administration includes the following approved modes: Mail Only, Phone Only, Mail-Phone and three Web-First modes (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone]). No alternative modes of survey administration are permitted.

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Patient-Specific Survey Experience	➢ Minimum of three continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent three-year time period ➢ Minimum of two continuous years web patient-specific survey experience for the most recent two-year time period	➢ Minimum of two continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent two-year time period ➢ Minimum of one-year continuous web patient-specific survey experience for the most recent one-year time period
Multiple Survey Languages	➢ Capacity to conduct surveys in both English and Spanish	➢ Capacity to conduct surveys in both English and Spanish
Number of Years in Business	➢ Minimum four years	➢ Minimum three years
Sampling Experience ***Note: Survey vendors/hospitals are responsible for conducting the sampling process and must <u>not</u> subcontract this activity.***	➢ Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period ➢ Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes ➢ Adequately document sampling process	➢ One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period ➢ Adequately document sampling process

2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires, conduct standardized phone interviewing, and/or conduct web survey administration in specified time frame. The use of a Super Intelligence or SI (also called Artificial Intelligence or AI) agent, conversational SI, voice-based SI agent, or other SI interviewer is prohibited.

*Note: The following survey administration tasks must **not** be subcontracted: sampling and data submission.*

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Personnel ***Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.***	➢ Designated HCAHPS personnel: • Project Director/Manager with minimum two years prior experience conducting patient-specific mail and/or phone surveys • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files • Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys	➢ Designated HCAHPS personnel: • Project Director/Manager with minimum one year prior experience conducting patient-specific mail and/or phone surveys • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of one year prior experience for web surveys • Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments ➢ Have appropriate organizational back-up staff for coverage of key staff

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Personnel, ***continued***	• Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments ➢ Have appropriate organizational back-up staff for coverage of key staff	
System Resources ***Note: All system resources are subject to oversight activities, including on-site visits to physical locations. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.***	➢ Physical and technical infrastructure to support the volume of surveys being administered, including secure facilities, computers, servers, and other necessary technical equipment ➢ Electronic or alternative survey management system to: • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient ➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)	➢ Physical and technical infrastructure to support the volume of surveys being administered, including secure facilities, computers, servers, and other necessary technical equipment ➢ A systematic process to: • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient ➢ Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)

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Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Sample Frame Creation ***Note: Survey vendors/hospitals are responsible for conducting the sampling process and must <u>not</u> subcontract this activity.***	➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria	➢ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➢ Draw sample of discharges for the survey, who meet the eligible population criteria
Mail Administration ***Note: Mail survey administration activities must <u>not</u> be conducted from a residence or non-business location.***	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Identify non-respondents for follow-up mailing	➢ Obtain and update addresses ➢ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➢ Mail out of survey materials ➢ Process survey data (including key-entry or scanning) ➢ Identify non-respondents for follow-up mailing
Phone Administration ***Note: The use of an SI agent, conversational SI, voice-based SI agent, or other SI interviewer is prohibited.***	➢ Obtain and update all phone numbers ➢ Collect phone interview data for the survey, using electronic or alternative interviewing system; a sample of the phone script and interviewer screen shots must be submitted for review. Live telephone interviewing by a human is required. The use of SI technology or simulated/generated human voice systems to replace a human voice is prohibited. ➢ Identify non-respondents for follow-up phone calls ➢ Schedule and conduct callback appointments	➢ Obtain and update all phone numbers ➢ Collect phone interview data for the survey; a sample of the phone script and interviewer screen shots must be submitted for review. Live telephone interviewing by a human is required. The use of SI technology or simulated/generated human voice systems to replace a human voice is prohibited. ➢ Phone interviews/monitoring cannot be conducted by staff that provide direct patient care. ➢ Identify non-respondents for follow-up phone calls ➢ Schedule and conduct callback appointments

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Mail-Phone Administration ***Note: Mail survey administration activities must <u>not</u> be conducted from a residence or non-business location. The use of an SI agent, conversational SI, voice-based SI agent, or other SI interviewer is prohibited.***	➢ See above referenced Mail Administration requirements ➢ See above referenced Phone Administration requirements	➢ See above referenced Mail Administration requirements ➢ See above referenced Phone Administration requirements
Web-First Administration (Web-Mail, Web-Phone and Web-Mail-Phone modes) ***Note: The use of an SI agent, conversational SI, voice-based SI agent, or other SI interviewer is prohibited.***	➢ Disseminate survey invitation and follow-up emails to non-respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey ➢ Obtain and validate patient email addresses provided by client hospital(s) ➢ Collect web survey data ➢ Identify non-respondents for follow-up mail and/or phone administration: • See above referenced Mail Administration requirements • See above referenced Phone Administration requirements	➢ Disseminate survey invitation and follow-up emails to non-respondents that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey ➢ Obtain and validate patient email addresses ➢ Collect web survey data ➢ Identify non-respondents for follow-up mail and/or phone administration • See above referenced Mail Administration requirements • See above referenced Phone Administration requirements

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Web-First Administration, ***continued***	➢ Submit a sample of survey materials for review (as applicable): • Initial and Reminder Email Invitations • Web survey screen shots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link • Mailing materials (cover letters and questionnaires) • Phone script and interviewer screen shots	➢ Submit a sample of survey materials for review (as applicable): • Initial and Reminder Email Invitations • Web survey screen shots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link • Mailing materials (cover letters and questionnaires) • Phone script and interviewer screen shots
Data Submission ***Note: Survey vendors/hospitals are responsible for conducting data submission and must not subcontract this process.***	➢ Two years prior experience transmitting data via secure methods (HIPAA-compliant) ➢ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➢ Obtain the HQR system survey vendor authorization from contracted hospitals ➢ Prepare final patient-level data files for submission ➢ Access and submit data electronically via the HQR system	➢ One year prior experience transmitting data via secure methods (HIPAA-compliant) ➢ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➢ Prepare final patient-level data files for submission ➢ Access and submit data electronically via the HQR system
Data Security	➢ Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored	➢ Take the following actions to secure electronic data: • Administer web surveys with a secure hyperlink that is unique to each sampled patient, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Data Security, ***continued***	• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement secure remote operations, including encrypted VPN access, multi-factor authentication, and controls to prevent unauthorized data storage on local devices • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent scheduled system backups to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster	• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement secure remote operations, including encrypted VPN access, multi-factor authentication, and controls to prevent unauthorized data storage on local devices • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent scheduled system backups to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster

Criteria	Requirement	
	Survey Vendor	**Self–administering Hospital**
Data Retention and Storage	➢ Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally controlled location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally controlled location. • Obtain a certificate of the destruction of data.	➢ Take the following actions to securely store all survey administration related data for all survey modes: • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, survey responses, XML files, etc.), for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally controlled location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally controlled location. • Obtain a certificate of the destruction of data.

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	Survey Vendor	**Self–administering Hospital**
Technical Assistance/ Customer Support ***Note: The use of an SI agent, conversational SI, voice-based SI agent, or other SI interviewer is prohibited.***	➢ Two years prior experience providing toll-free phone customer support, in all languages administered ➢ One year prior experience providing email customer support, if applicable in all languages administered ➢ Provide toll-free customer support line staffed by a live human and email address, if applicable in all languages administered	➢ One year prior experience providing phone customer support, in all languages administered ➢ One year prior experience providing email customer support, if applicable in all languages administered ➢ Provide customer support line staffed by a live human and email address, if applicable in all languages administered
Organizational Confidentiality Requirements	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.	➢ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➢ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➢ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➢ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.

3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve at least 300 completed HCAHPS Surveys in a rolling four-quarter period.

Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Demonstrated Quality Control Procedures	➢ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities	➢ Established systems for conducting and documenting quality control activities including: • In-house training for staff and subcontractors involved in survey operations • Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone) • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions • Printing, mailing and recording receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey • Compliance with the HCAHPS Project Team's oversight activities

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Criteria	Requirement	
	Survey Vendor	**Self-administering Hospital**
Quality Assurance Plan (QAP) Documentation Requirements	➢ Develop and maintain a QAP for survey administration in accordance with the current HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status	➢ Develop and maintain a QAP for survey administration in accordance with the current HCAHPS *Quality Assurance Guidelines* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status
Past Performance ***Note: In determining approval, CMS will take into consideration any prior experience the applicant organization may have administering CMS or other patient experience surveys, including as a subcontractor.***	➢ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans ➢ Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)	➢ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: • Occurrence of substantive errors within or across projects • Compliance with required protocols • Receipt of a corrective action memo from CMS • CMS requests for quality improvement plans ➢ Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)