HCAHPS Update Training

May 2025

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HCAHPS Update Training

Welcome!

HCAHPS Training Objectives:

- Provide HCAHPS Program Updates

- HCAHPS Quality Assurance Guidelines Final V19.0

- Updated HCAHPS Survey and Public Reporting Timeline

- Summary of Recent HCAHPS Research

Online Question Submission Illustration 1

HCAHPS Update Training

May 2025

Q&A Button

Online Question Submission *(cont'd)* Illustration 2

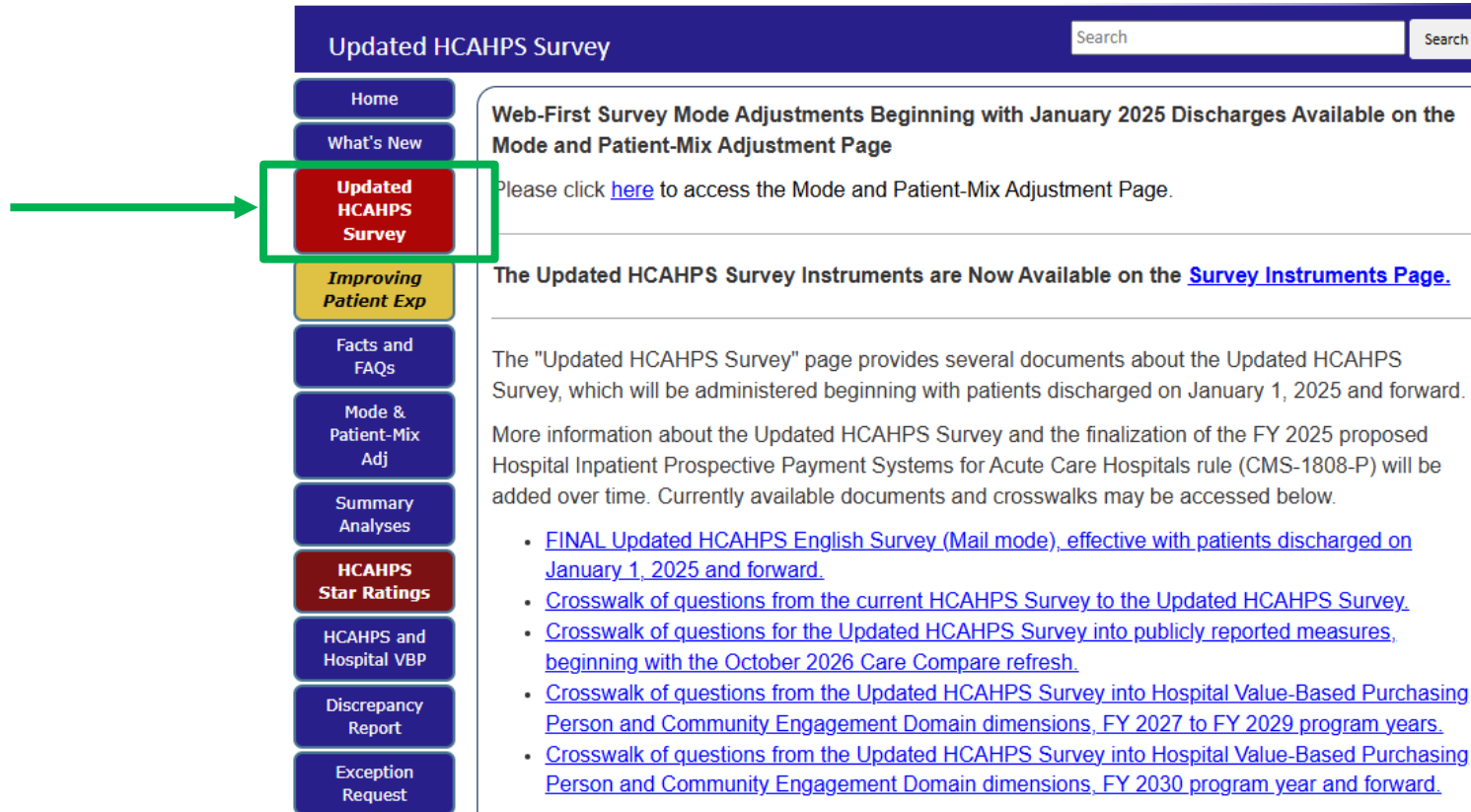# Centers for Medicare & Medicaid Services (CMS)

HCAHPS
Program Updates

Overview

- Updates to the HCAHPS Survey

- Timeline for Updated HCAHPS Survey

- HCAHPS Measures in Public Reporting

- More Information on HCAHPS

Updates to the HCAHPS Survey

- See https://hcahpsonline.org/en/updated-hcahps-survey/

Timeline for the Updated HCAHPS Survey

2025

- January 1, 2025: Launch of Updated HCAHPS Survey

  – Q4 2024 discharges receive legacy HCAHPS Survey

  – Q1 2025 discharges receive updated HCAHPS Survey

- July 9, 2025: Data submission deadline for Q1 2025 data

  – 49-day data collection period for Q1 2025 discharges

- October 2025: Care Compare and Provider Data Catalog refresh:

  – Last public reporting of legacy HCAHPS Survey (Q1 – Q4 2024)

Timeline for the Updated HCAHPS Survey *(cont'd)*
2026

- January 2026 Public Reporting: Care Compare and Provider Data Catalog refresh:

  - First quarter of updated HCAHPS Survey data rolls into public reporting:

    - Q2 2024 – **Q1 2025**

  - Care Transition measure and Responsiveness of Hospital Staff measure are removed from Public Reporting

Timeline for the
Updated HCAHPS Survey *(cont'd)*

Legacy

Through December 31, 2024 patient discharges

Q1 2025
Concurrent fielding and data collection for legacy and updated survey

Updated

Beginning with January 1, 2025 patient discharges
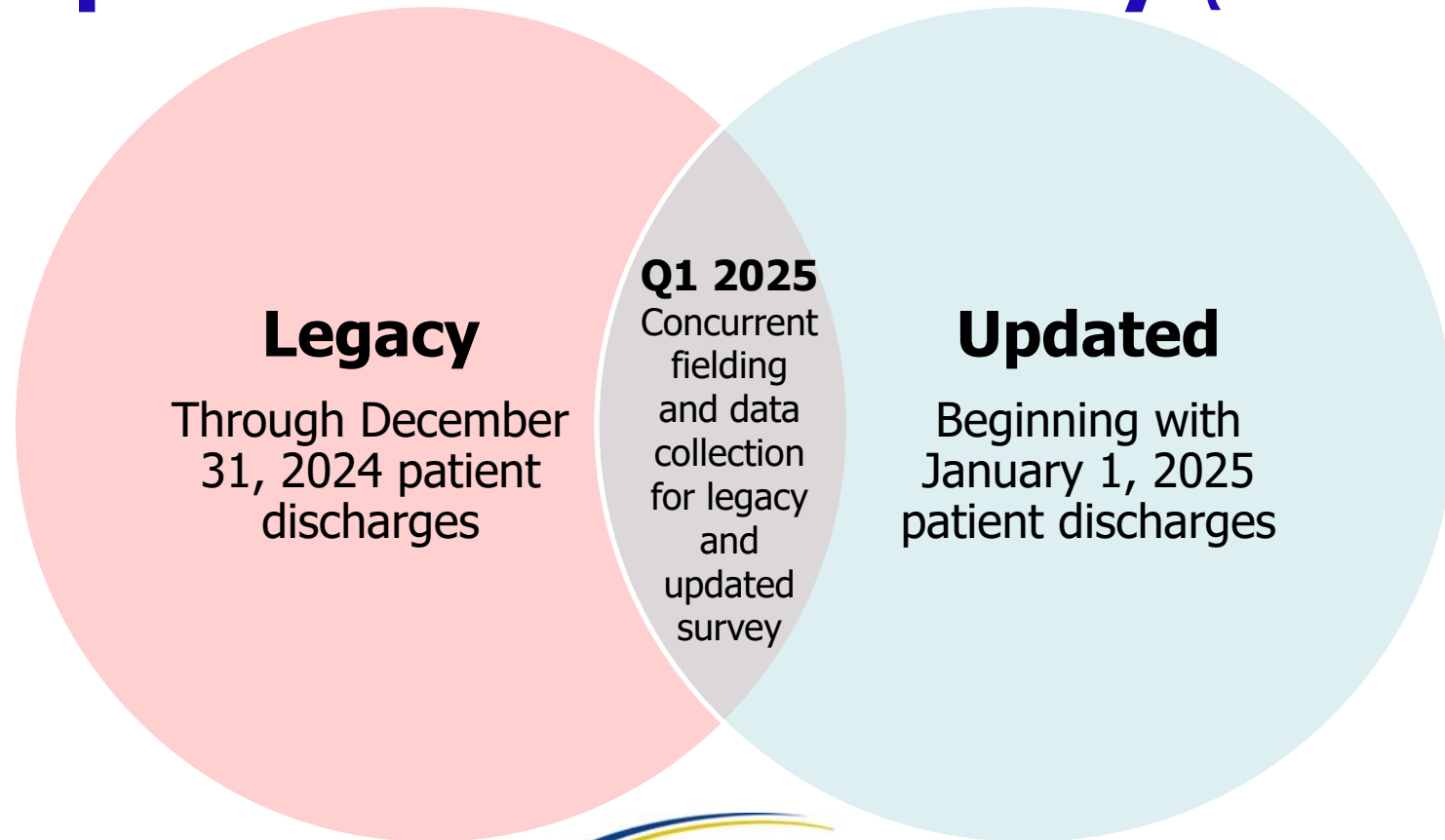
HCAHPS Measures in Public Reporting

Discharge Periods	Measures Included	Public Reporting
Q4 2023 - Q3 2024	10 measures in the legacy HCAHPS Survey	July 2025
Q1 2024 - Q4 2024	10 measures in the legacy HCAHPS Survey	October 2025
Q2 2024 - Q1 2025	8 unchanged measures in the legacy HCAHPS Survey	January 2026
Q3 2024 - Q2 2025	8 unchanged measures in the legacy HCAHPS Survey	April 2026
Q4 2024 - Q3 2025	8 unchanged measures in the legacy HCAHPS Survey	July 2026
Q1 2025 - Q4 2025	11 measures in the Updated HCAHPS Survey	October 2026

Publicly Reported HCAHPS Measures: October 2025 and Forward

HCAHPS Measure	October 2025	January, April & July 2026	October 2026+
Communication with Nurses	x	x	x
Communication with Doctors	x	x	x
Responsiveness of Hospital Staff	x		x
Communication about Medicines	x	x	x
Cleanliness	x	x	x
Quietness	x	x	x[1]
Discharge Information	x	x	x
Care Transition	x		
Overall Hospital Rating	x	x	x
Recommend the Hospital	x	x	x
Care Coordination			x
Restfulness of Hospital Environment			x
Information about Symptoms			x
Total	**10**	**8**	**11**

Who Administers the HCAHPS Survey

Second quarter 2024:

- 20 Approved survey vendors
  - 99.98% of surveys

- 20 Self-administering hospitals
  - 0.02% of surveys

How HCAHPS Survey is Administered

Participating hospitals, second quarter 2024 (4,405):

- Mail: 3,753 hospitals; ~85.2%
- Phone: 585 hospitals; ~13.3%
- Mail-Phone: 67 hospitals; ~1.5%

Starting with 2025 discharges ⟶

- Web-Mail
- Web-Phone
- Web-Mail-Phone

HCAHPS Website

https://www.hcahpsonline.org

- Official website for survey content, announcements, reminders and new developments
- Monitor for updates

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

CAHPS® Hospital Survey

Home Page | Search

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HCAHPS *Quality Assurance Guidelines Final V19.0*
October 2024

Overview

- Program Requirements

- Survey Management

- Sampling

- Survey Administration

- Survey Material Changes

- Data Submission

- Oversight Activities

Quality Assurance Guidelines (QAG) FINAL V19.0

- Applies to all patient discharges January 1, 2025 and forward
  - See HCAHPS Website: https://www.hcahpsonline.org/en/quality-assurance/
    - HCAHPS FINAL QAG V19.0
    - HCAHPS Summary of Changes from the DRAFT to FINAL QAG V19.0

Program Requirements

- Reminder: Minimum Business Requirements (MBRs) continually apply to all HCAHPS approved survey vendors/self-administering hospitals

  – Maintain adequate and sufficient resources in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team (HPT) requests

Program Requirements *(cont'd)*

- Reminder: Guidelines for using other hospital inpatient surveys with HCAHPS
  - CMS strongly recommends that:
    - HCAHPS be the first inpatient survey patients receive about their experience of hospital care
    - Questions do not resemble any HCAHPS items or their response categories
  - **Refer to Appendix HH in FINAL QAG V19.0**

Survey Management

Survey Management

- Reminder: Customer Support Phone Line
  - Customer support phone line must be provided in each language in which administering the HCAHPS Survey
    - Customer Support must be provided in English and Spanish
  - Optional: Provide Customer Support via the internet
    - Email inquiries are responded to within one business day and questions and responses are documented via a database or tracking log

Sampling

Sampling

- **Update: Codes to Determine Service Line**
  - MS-DRG Codes updated:

    V.42 MS-DRG Codes became effective October 1, 2024

    V.43 MS-DRG Codes will be effective October 1, 2025

    - See HCAHPS Website
      (https://www.hcahpsonline.org/en/technical-specifications/)

Sampling *(cont'd)*

- Reminder: Missing Contact Information
  - Patients with missing or incomplete mailing/email addresses and/or phone numbers must **not** be removed from the sample frame
  - Every attempt must be made to obtain the correct contact information
  - If the necessary contact information is not available, "Final Survey Status" is coded as one of the following:
    - "9 – Bad address"
    - "10 – Bad/no phone number"
  - Sampled patients without an email address receive their first contact in the secondary phase
    - "Email Status" is coded as "2 – No"

Survey Administration:
All Modes

HCAHPS Survey Languages

Language	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓	✓	✓	✓	✓
Chinese	✓	✓	✓	✓	✓	✓
Russian	✓	✓	✓	✓	✓	✓
Vietnamese	✓			✓		
Portuguese	✓			✓		
German	✓			✓		
Tagalog	✓			✓		
Arabic	✓			✓		

Schedule of HCAHPS Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	Begin phone calls	Mail survey	Email 1st invitation	Email 1st invitation	Email 1st invitation
+3				Email 2nd invitation		
+4					Email 2nd invitation	Email 2nd invitation
+6				Email 3rd invitation		Mail survey
+7					Email 3rd invitation	
+8				Mail 1st survey		
+10					Begin phone calls	
+21	Mail 2nd survey					
+28			Begin phone calls			Begin phone calls
+30				Mail 2nd survey		
+49	End data collection	End data collection	End data collection	End data collection	End data collection	End data collection

Schedule of HCAHPS Contact Attempts Mail Only

- **Example 1:**

  Mail Only, Discharge Date of Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Mail 1st survey
+21	Friday, 8/22/25	Mail 2nd survey
+49	Friday, 9/19/25	End data collection

Schedule of HCAHPS Contact Attempts Phone Only

- **Example 2:**

  Phone Only, Discharge Date of Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Begin call attempts
+49	Friday, 9/19/25	End data collection

- – No more than a total of five call attempts
- – Between the hours of 9 AM and 9 PM respondent time
- – Various times of the day, on different days of the week and in different weeks
- – Span eight or more days, and it is strongly recommended that call attempts also include weekends

Schedule of HCAHPS Contact Attempts Mail-Phone Only

- **Example 3:**

  Mail-Phone, Discharge Date of Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Mail survey
+28	Friday, 8/29/25	Begin call attempts
+49	Friday, 9/19/25	End data collection

Schedule of HCAHPS Contact Attempts Web-Mail

- **Example 4:**

  Web-Mail, Discharge Date of Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Email 1st invitation
+3	Monday, 8/4/25	Email 2nd invitation
+6	Thursday, 8/7/25	Email 3rd invitation
+8	Saturday, 8/9/25	Mail 1st survey
+30	Sunday, 8/31/25	Mail 2nd survey
+49	Friday, 9/19/25	End data collection

Schedule of HCAHPS Contact Attempts Web-Phone

- **Example 5:**

  Web-Phone, Discharge Date of Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Email 1st invitation
+4	Tuesday, 8/5/25	Email 2nd invitation
+7	Friday, 8/8/25	Email 3rd invitation
+10	Monday, 8/11/25	Begin call attempts
+49	Friday, 9/19/25	End data collection

Schedule of HCAHPS Contact Attempts Web-Mail-Phone

- **Example 6:**

  Web-Mail-Phone, Discharge Date of

  Tuesday, 7/29/25

Day	Date	Attempt
Day of 1st Attempt	Friday, 8/1/25	Email 1st invitation
+4	Tuesday, 8/5/25	Email 2nd invitation
+6	Thursday, 8/7/25	Mail survey
+28	Sunday, 8/29/25	Begin call attempts
+49	Friday, 9/19/25	End data collection

Schedule of HCAHPS Contact Attempts: Mail Only, Web-Mail, Web-Mail-Phone

- **Update: Flexibility for mail phase**
  - If the scheduled day to mail the survey falls on a weekend or holiday, it is acceptable to mail the survey packet on the business day prior to the weekend or holiday, or on the first business day following the weekend or holiday
    - However, the original schedule of contact attempts must then continue to be followed, and data collection must still be closed out for a sampled patient 49 calendar days after the initial contact attempt

Schedule of HCAHPS Contact Attempts: Mail Only, Web-Mail, Web-Mail-Phone

- **Update: Flexibility for mail phase** *(cont'd)*

Day	Mail Only	Web-Mail	Web-Mail-Phone
Day of First Attempt	Mail 1st survey	Email 1st invitation	Email 1st invitation
+3		Email 2nd invitation	
+4			Email 2nd invitation
+6		Email 3rd invitation	Mail survey
+7			
+8			
+10			
+21			
+28			Begin phone calls
+30			
+49	End data collection	End data collection	End data collection

Survey Administration
All Modes *(cont'd)*

- Clarification: Order of Receipt
  - If the same patient completes two surveys for the same hospital visit (i.e., the patient returns both mail surveys, or completes and submits a web survey and returns a mail survey), use the first HCAHPS Survey received

Survey Administration
All Modes *(cont'd)*

- Clarification: Data Collection End Date
    - Data Collection for sampled patients must be **closed out** no later than **49 calendar days** after:
        - first survey is mailed (Mail Only and Mail-Phone modes)
        - first phone attempt is made (Phone Only mode), or
        - first email invitation is sent (Web-First modes)

Survey Administration:
Web-First Modes

Survey Administration
Web-First Modes

- **Update: Required for the Email Invitations**
  - Must **<u>not</u>** use a no-reply or a do-not-reply email address
  - Must use a unique sender email address for HCAHPS surveys
    - The sender email address must **<u>not</u>** be used for other survey projects
  - Must follow industry best practices for sending mass/bulk emails

Survey Administration
Web-First Modes *(cont'd)*

- **Update: Obtaining and Validating Email Addresses**

  – Obtain email addresses from the hospital's patient discharge records

  – Make reasonable attempts to obtain a patient's email address by re-contacting the hospital to inquire about an email address update

  – Only use email addresses provided by the client hospital

Survey Administration
Web-First Modes *(cont'd)*

- **Update: Optional Unsubscribe Statement**
  - An Unsubscribe statement may be added to the email invitations
    - Place at the bottom of the email invitations
    - May appear in italics and appear smaller than the rest of the text of the email invitations

Survey Administration
Web-First Modes *(cont'd)*

- **Update: Optional Unsubscribe Statement** *(cont'd)*

  – If the Unsubscribe option is used, the following language **must** be included <u>verbatim</u>:

    - "If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe."

  – The Unsubscribe link should direct the patient to a new web page that **must** include the following language <u>verbatim</u>:

    - "We will remove you from future emails for this survey about this hospital stay."

Survey Administration
Web-First Modes *(cont'd)*

- **Update: Optional Unsubscribe Statement** *(cont'd)*

  – Unsubscribing removes the sampled patient from all remaining email invitations for this hospital stay

    - However, unsubscribing must **<u>not</u>** remove the sampled patient from the secondary or tertiary phases, which must still be implemented as scheduled

    *Note: Unsubscribing only applies for this single hospital stay and must **<u>not</u>** remove the sampled patient from all further phases or surveys.*

Survey Administration Web-First Modes *(cont'd)*

- Reminder: Email invitations and Web survey must **<u>not</u>:**
  - include any content that advertises or markets the survey vendors/hospital's mission or services
  - include any promotional or marketing text for the survey vendor/hospital
  - offer patients the opportunity to complete the survey in another mode(s)

Survey Administration: Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone

Survey Administration: Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone

- Clarification: Proxy Respondents
  - Proxy respondents should be used when:
    1. During the Initial Contact or Introduction, a sampled patient proactively requests that a proxy answer the survey
    2. During the survey the interviewer determines that the patient is struggling, the interviewer may ask the patient if the patient would like someone to help them complete the survey
       - *Note: The interviewer may resume the survey after the last question the patient answered*
  - Appendices J - M include scripting that reminds the proxy that they are answering for the sampled patient

Survey Material Changes

Survey Material Changes
All Languages

- **Update:** OMB Expiration Date

Language	OMB Expiration Date
English	(Expires November 30, 2027)
Spanish	(Fecha de vencimiento 30 de noviembre de 2027)
Chinese	(到期日2027年11月30日)
Russian	(срок истекает 30 ноября 2027 г.)
Vietnamese	(Hết hạn ngày 30 tháng 11 năm 2027)
Portuguese	(Expira 30 de novembro de 2027)
German	(Ablauf 30. November 2027)
Tagalog	(Mag-e-expire sa ika-30 ng Nobyembre 2027)
Arabic	(تنتهي صلاحيته في 30 نوفمبر 2027)

Survey Material Changes
All Languages *(cont'd)*

- **Update: OMB Expiration Date, Survey Instructions**

SURVEY INSTRUCTIONS

♦ This survey asks about you and the care you received during the hospital stay named in the cover letter.

♦ Answer <u>all</u> the questions by checking the box to the left of your answer.

♦ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

    ☐   Yes
    ☑   No   ➔ *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2027)

Survey Material Changes
All Languages *(cont'd)*

- **Update: OMB Expiration Date, OMB Paperwork Reduction Act Language**

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear verbatim either on the front or back of the questionnaire (preferred) or cover letter, but cannot be a separate mailing. The following is the language that must be used:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires November 30, 2027). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Survey Material Changes
All Languages *(cont'd)*

- **Update: Email Invitations, Subject Line**
  - <u>Verbatim</u> language requirement for Initial and Reminder Email Invitations:
    - "Please tell us about [HOSPITAL NAME]"

Survey Material Changes
All Languages *(cont'd)*

- **Update: Email Invitations, Body**

  - <u>Verbatim</u> language requirement for Initial Email Invitations, first sentence:

    - "We are asking you to complete a survey about [HOSPITAL NAME]."

  - <u>Verbatim</u> language requirement for Reminder Email Invitations, first sentence:

    - "A few days ago, we sent you an email asking for your feedback on [HOSPITAL NAME]."

Survey Material Changes
All Languages *(cont'd)*

- **Update: Email Invitations, Body** *(cont'd)*

  – Email Invitations must **not** include the patient discharge date

  Note: The first instance of the discharge date is on the Welcome web screen.

WELCOME TO THE HOSPITAL EXPERIENCE SURVEY

Please tell us about your recent hospital stay at **[NAME OF HOSPITAL]** ending on **[DATE OF DISCHARGE (MM/DD/YYYY)]**.

- You will need about **[NUMBER]** minutes to answer the survey questions [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING

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Survey Material Changes
All Languages *(cont'd)*

- **Update: Web Survey, Header**
  - Every web screen shaded header must appear <u>verbatim</u>
  - HCAHPS Question headers must **<u>not</u>** be repeated as supplemental question headers

Survey Material Changes Spanish

- **Update: Mail Questionnaire, Mandatory survey title, box and scannable:**
  - Title: "Encuesta sobre Atención <mark>Hospitalaria</mark>"

Survey Material Changes Spanish *(cont'd)*

- **Update: Mail Questionnaire, Survey instructions, scannable only:**

  – "Conteste todas las preguntas llenando completamente el círculo que aparece a la izquierda de la respuesta que usted elija."

Survey Material Changes Spanish *(cont'd)*

- **Update: Mail Questionnaire, box and scannable versions:**

  – **Q10**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y actualizados sobre su atención?"

  – **Q11**: Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención?"

  – **Q18**: "Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse?"

Survey Material Changes
Spanish *(cont'd)*

- **Update: Mail Questionnaire, Box Version:**
  - **Q10**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y ==actualizados== sobre su atención?"

Survey Material Changes
Spanish *(cont'd)*

- ## Update: Phone Script:
  - **Q10**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital estaban informados y actualizados sobre su atención? ¿Diría que…"
  - **Q11**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras y otro personal del hospital trabajaron bien juntos para darle atención? ¿Diría que…"
  - **Q18**: "Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y otro personal del hospital le ayudaron a descansar y recuperarse? ¿Diría que…"
  - **Q19**: "¿Los doctores, enfermeras u otro personal del hospital trabajaron con usted y su familia o la persona encargada de sus cuidados en la planificación de su atención después de haber salido del hospital? ¿Diría que…"

Survey Material Changes
Spanish *(cont'd)*

- **Update: Phone Script** *(cont'd):*

  – **Q29**: "¿<u>Principalmente</u> qué idioma habla en casa?

  • READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: ¿Diría que habla <mark><u>principalmente</u></mark>…

    <1> Inglés,

    <2> Español,

    <3> Chino, o

    <20> Algún otro idioma?

    <M> MISSING/DK"

Survey Material Changes
Spanish *(cont'd)*

- **Update: Phone Script** *(cont'd):*

    – **Q32E**: "¿Es usted blanco/a?

        - <1> SÍ/BLANCO/A
        - <0> NO/NO ES BLANCO/A
        - <M> MISSING/DK [GO TO END]"

Survey Material Changes Spanish *(cont'd)*

- ## Update: Web Survey

  – **Q10**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras <mark>y</mark> otro personal del hospital estaban informados y actualizados sobre su atención?

  – **Q11**: "Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras <mark>y</mark> otro personal del hospital trabajaron bien juntos para darle atención?"

  – **Q18**: "Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras <mark>y</mark> otro personal del hospital le ayudaron a descansar y recuperarse?"

Data Submission

Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version
October, November and December 2024 (Q4 2024)	April 2, 2025	April 3 - 9, 2025	Version 4.6
January, February and March 2025 (Q1 2025)	July 9, 2025*	July 10 - 16, 2025	Version 4.7
April, May and June 2025 (Q2 2025)	October 8, 2025	October 9 -15, 2025	Version 4.7
July, August and September 2025 (Q3 2025)	January 14, 2026	January 15 - 21, 2026	Version 4.7

*July 9, 2025 – Date the schedule changes to 49-day data collection period

Oversight Activities

Oversight Activities

- **HCAHPS Attestation Statement**
  - Due by **Friday, May 30, 2025**
  - Includes attestation that the Quality Assurance Plan (QAP) has been updated
    - QAP should **not** be submitted at this time
  - Attestation Statement Form is available online and in Appendix GG of the *FINAL QAG V19.0*

Oversight Activities *(cont'd)*

- **Survey Materials Submission**
  - Survey vendors/hospitals are **<u>not</u>** required to submit survey materials at this time, except in the following instances
    - Newly approved survey vendor with clients or a newly approved hospital
    - Approved survey vendor/hospital adding a mode
    - Approved survey vendor/hospital administering in a language not previously reviewed by the HPT

Summary

- Based on the HCAHPS *Quality Assurance Guidelines FINAL V19.0*

    – *QAG V19.0* applies to all patient discharges January 1, 2025 and forward

- Survey vendors and self-administering hospitals are responsible for reviewing and familiarizing themselves with all of the content in the QAG

HCAHPS Website Resources
(https://www.hcahpsonline.org)

- Updated HCAHPS Survey page

- FINAL QAG Summary of Changes

- Attestation Statement page

- Survey Instruments page

- Podcasts page

- New FAQs

Updated HCAHPS Survey and Public Reporting Timeline

Overview

- Important details on new HCAHPS composite measures
  - Mixed response scale on new measures
  - Coding new measures into HCAHPS boxes
  - New PMA variable Planned Stay
- Public reporting timeline
  - October 2025 through October 2026 reporting
  - Composition of HCAHPS Summary Star Rating

HCAHPS Measures

- <u>Composite</u> measures for October 2026 reporting:
  - Communication with Nurses
  - Communication with Doctors
  - **Restfulness of Hospital Environment**
  - **Care Coordination**
  - **Responsiveness of Hospital Staff**
  - Communication about Medicine
  - Discharge Information
- <u>Individual</u> items for October 2026 reporting:
  - Cleanliness of Hospital Environment
  - Information About Systems
  - Overall Rating
  - Recommend Hospital

Definitions of HCAHPS "Boxes"

- **"Top-Box": most positive response category**
  - Examples :"Always" or "Definitely"

- **"Middle-Box": "in-between" response category**
  - Examples: "Usually" or "Probably Yes"

- **"Bottom-Box": least positive response categories**
  - "Never" and "Definitely No"

Definitions of HCAHPS "Boxes" *(cont'd)*

- ## Restfulness of Hospital Environment

8. During this hospital stay, how often were you able to get the rest you needed?

☐ Never   = Bottom box
☐ Sometimes   = Bottom box
☐ Usually   = Middle box
☐ Always   **= Top box**

9. During this hospital stay, how often was the area around your room quiet at night?

☐   Never   = Bottom box
☐   Sometimes = Bottom box
☐   Usually   = Middle box
☐   Always   **= Top box**

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?

☐ Yes, definitely   **= Top box**
☐ Yes, somewhat   = Middle box
☐ No   = Bottom box

Definitions of HCAHPS "Boxes" *(cont'd)*

- ## Care Coordination

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?

☐ Never   = Bottom box
☐ Sometimes   = Bottom box
☐ Usually   = Middle box
☐ Always   **= Top box**

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

☐ Never   = Bottom box
☐ Sometimes   = Bottom box
☐ Usually   = Middle box
☐ Always   **= Top box**

19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?

☐ Yes, definitely   **= Top box**
☐ Yes, somewhat   = Middle box
☐ No   = Bottom box

Definitions of HCAHPS "Boxes" *(cont'd)*

- **Responsiveness of Hospital Staff (updated)**

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

☐ Never   = Bottom box
☐ Sometimes   = Bottom box
☐ Usually   = Middle box
☐ Always   **= Top box**

14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

☐ Never   = Bottom box
☐ Sometimes   = Bottom box
☐ Usually   = Middle box
☐ Always   **= Top box**
☐ I never asked for help right away

Update to Patient-Mix Adjustment (PMA)

- PMA variables in HCAHPS
  - Education
  - Self-Rated Overall Health
  - Self-Rated Mental Health
  - Response Percentile
  - Language Spoken at Home
  - Patient Age
  - **Planned Stay** ← New with Q1 2025 discharges
  - Service Line x Sex
  - Service Line x Age interactions

Update to Patient-Mix Adjustment *(cont'd)*

- Beginning with Q1 2025 discharges, CMS will add Planned Stay to the PMA model

26. **Was this hospital stay planned in advance?**

   ☐ Yes, definitely
   ☐ Yes, somewhat
   ☐ No

Update to Patient-Mix Adjustment *(cont'd)*

- CMS will adjust HCAHPS scores based on the % of respondents that "Yes, definitely" reported a planned stay:

  "**Yes, definitely**" = 1
  "Yes, somewhat" = 0
  "No" = 0

- National adjustments and national means for Planned Stay will be posted by CMS beginning with the January 2026 Preview Period

Survey Modes for Q1 2025 Discharges

- Mail Only

- Phone Only

- Mail-Phone (formerly "Mixed" mode)

- **Web-Mail**

- **Web-Phone** | New with Q1 2025 discharges |

- **Web-Mail-Phone**

Survey Mode Adjustments

	Bottom Box					Top Box				
	Phone/ NEMA, Web-Phone	Mail-Phone/ NEMA, Web-Mail-Phone	EMA, Web-Mail	EMA, Web-Phone	EMA, Web-Mail-Phone	Phone/ NEMA, Web-Phone	Mail-Phone/ NEMA, Web-Mail-Phone	EMA, Web-Mail	EMA, Web-Phone	EMA, Web-Mail-Phone
HCAHPS Composite Measures										
Communication with Nurses	-1.2%	-1.4%	0.1%	-0.9%	-0.6%	-5.4%	-1.0%	-1.5%	-2.2%	-2.2%
Communication with Doctors	-1.9%	-1.0%	0.8%	-1.8%	-0.5%	-2.5%	-0.8%	-1.8%	-1.1%	-1.3%
Restfulness of Hospital Environment	-1.2%	-1.0%	-0.6%	-1.5%	-1.2%	-7.2%	-1.6%	2.3%	-1.1%	1.6%
Care Coordination	-1.3%	-1.8%	0.2%	-1.0%	-0.9%	-4.8%	0.0%	-0.1%	0.2%	-0.1%
Responsiveness of Hospital Staff	-0.3%	-2.1%	0.2%	-1.5%	-0.8%	-2.6%	2.7%	1.0%	0.3%	0.5%
Communication About Medicines	0.4%	0.3%	0.5%	-0.7%	1.8%	-6.1%	-1.9%	-2.2%	-3.1%	-5.0%
Discharge Information	1.3%	-0.4%	-0.3%	0.5%	0.4%	-1.3%	0.4%	0.3%	-0.5%	-0.4%
HCAHPS Individual items										
Cleanliness of Hospital Environment	-1.1%	-0.9%	-0.8%	-3.2%	-1.8%	-0.9%	-0.7%	1.1%	2.6%	-1.0%
Information About Symptoms	-0.4%	-1.0%	0.3%	-0.1%	-1.0%	-4.6%	0.1%	-1.5%	0.0%	-1.4%
Quietness of Hospital Environment	-1.9%	-0.8%	-0.7%	-1.3%	-0.1%	-7.1%	-0.9%	1.4%	-3.3%	-1.0%
HCAHPS Global Items										
Overall Hospital Rating	0.4%	-0.2%	0.0%	-0.7%	-1.4%	-3.2%	0.9%	-0.3%	1.1%	0.5%
Recommend the Hospital	0.2%	-0.8%	-0.9%	-2.2%	-2.1%	-0.7%	0.2%	0.2%	1.7%	2.6%

Public Reporting Timeline

Discharge Periods	Measures Included	Public Reporting
Q3 2023 - Q2 2024	10 measures in the legacy HCAHPS Survey	April 2025
Q4 2023 - Q3 2024	10 measures in the legacy HCAHPS Survey	July 2025
Q1 2024 - Q4 2024	10 measures in the legacy HCAHPS Survey	October 2025
Q2 2024 - Q1 2025	8 unchanged measures in the legacy HCAHPS Survey	January 2026♦
Q3 2024 - Q2 2025	8 unchanged measures in the legacy HCAHPS Survey	April 2026♦
Q4 2024 - Q3 2025	8 unchanged measures in the legacy HCAHPS Survey	July 2026♦
Q1 2025 - Q4 2025	11 measures in the Updated HCAHPS Survey	October 2026†

♦ Survey items that comprise 8 measures on the legacy HCAHPS Survey remain unchanged on the updated HCAHPS Survey and continue to be publicly reported for Hospital IQR and PCHQR Programs: "Communication with Nurses," "Communication with Doctors," "Communication about Medicines," "Discharge Information," "Overall Rating," "Recommend Hospital," "Cleanliness," and "Quietness."

† First quarter that the proposed Updated HCAHPS Survey data would be publicly reported under the Hospital IQR and PCHQR Programs.

Public Reporting Timeline *(cont'd)*

- Through October 2025 Reporting:

Measures	Score Adjustment	Summary Star Rating
10 Measures: Nurse, Doctor, Staff, RX Comm, Discharge, CTM, Clean, Quiet, Rating, Recommend	- PMA without Planned Stay - Current mode adjustments for Phone Only and Mixed	8 Components: Nurse, Doctor, Staff, RX Comm, Discharge, CTM, Clean/Quiet, Rating/Recommend

Public Reporting Timeline *(cont'd)*

	Measures	Score Adjustment	Summary Star Rating
January 2026 (Q2 2024 – Q1 2025)	8 Measures: Nurse, Doctor, RX Comm, Discharge, Clean, Quiet, Rating, Recommend	- PMA with Planned Stay for Q1 2025 - Mode adjustments for new web-first modes for Q1 2025	6 Components: Nurse, Doctor, RX Comm, Discharge, Clean/Quiet, Rating/Recommend
April 2026 (Q3 2024 – Q2 2025)	8 Measures: Nurse, Doctor, RX Comm, Discharge, Clean, Quiet, Rating, Recommend	- PMA with Planned Stay for Q1 2025+Q2 2025 - Mode adjustments for new web-first modes for Q1 2025+Q2 2025	6 Components: Nurse, Doctor, RX Comm, Discharge, Clean/Quiet, Rating/Recommend
July 2026 (Q4 2024 – Q3 2025)	8 Measures: Nurse, Doctor, RX Comm, Discharge, Clean, Quiet, Rating, Recommend	- PMA with Planned Stay for Q1 2025+Q2 2025+Q3 2025 - Mode adjustments for new web-first modes for Q1 2025+Q2 2025+Q3 2025	6 Components: Nurse, Doctor, RX Comm, Discharge, Clean/Quiet, Rating/Recommend

Public Reporting Timeline *(cont'd)*

- **October 2026** Reporting and forward

Measures	Score Adjustment	Summary Star Rating
<u>11 Measures</u>: Nurse, Doctor, *Staff**, **Restful**, **Care Coord**, RX Comm, Discharge, Clean, **Symptoms**, Rating, Recommend	- PMA with Planned Stay for <u>all quarters</u> - Mode adjustments for new web-first modes for <u>all quarters</u>	<u>9 Components</u>: Nurse, Doctor, *Staff**, **Restful**, **Care Coord**, RX Comm, Discharge, Clean/**Symptoms**, Rating/Recommend

*Staff Responsiveness composite updated from legacy version

Summary

- New and updated HCAHPS composite measures
  - Rules for "box" coding of new measures that include mixed response scale items
  - Parameterization for new PMA variable Planned Stay

- Key points for HCAHPS public reporting timeline
  - Variation in public reports between October 2025 and October 2026
    - Which measures are reported
    - Which measures are components in the HCAHPS Summary Star Rating
    - PMA and mode adjustments based updated for Q1 2025 discharges and later

References

- [FY 2025 IPPS Final Rule](#)

- [Survey Mode Adjustment Table](#)

- [HCAHPS PMA](#)

- [Podcast on the Updated HCAHPS Survey](#)

Summary of
Recent HCAHPS Research

Outline

- Long-Term HCAHPS Trends from a Quality Improvement Perspective

- What We Learned from COVID-19 about Improving Inpatient Experience

Long-Term Trends From a Quality Improvement Perspective

2008-2019 HCAHPS Trends

- Key HCAHPS Milestones:
  - 2006: HCAHPS Survey Launched
  - 2008: Initial Public Reporting
  - 2012: Inclusion in the Hospital Value-Based Purchasing Program (HVBP)
  - 2015: Inclusion in Hospital Star Ratings
- We characterized pre-COVID-19 (2008–2019) trends in HCAHPS scores
  - By phase:
    - Phase 1: Initial public reporting period (2008–2013)
    - Phase 2: First 2 years of HVBP (2013–2015)
    - Phase 3: Initial HCAHPS Star Ratings reporting (2015–2019)
  - All hospitals, top decile hospitals, bottom decile hospitals by HCAHPS scores
  - Limited to hospitals with 100+ more annual completes to ensure reliability

HCAHPS-SS is the Primary Measure

- Our primary measure was the top-box HCAHPS summary score (HCAHPS-SS) that averaged 9 HCAHPS measures:
    - Full weight
        - Communication with Nurses
        - Communication with Doctors
        - Staff Responsiveness
        - Communication about Medicines
        - Discharge Information
    - Half weight
        - Overall Rating of Hospital
        - Willingness to Recommend the Hospital
        - Cleanliness
        - Quietness
- Secondary analyses examined each measure individually

Improvements by Phase and Measure (1 of 3)

- Greatest during initial public reporting (Phase 1: +0.8pp/year)

- Smaller during the 1st 2 years of HVBP (Phase 2: +0.2pp/year)

- Slowest following the introduction of HCAHPS Star Ratings (Phase 3: +0.1 pp/year)

Improvements by Phase and Measure (2 of 3)

- All individual measures increased over the 12-year interval
  - Measures started at 55-80% top box in 2008
  - Measures were at 60-87% top box in 2019; none topped out
- Some measures increased more than others (Phase 1):
  - Large change (5pp+) for 6 measures: Overall Rating of Hospital, Discharge Information, Communication with Nurses, Responsiveness of Hospital Staff, Communication about Medicines, and Cleanliness
  - Medium change (3–5pp) for 2 measures: Quietness and Recommend Hospital
  - Small change (~1pp) for 1 measure: Communication with Doctors

Improvements by Phase and Measure (3 of 3)

- Some measures continued to improve through Phase 2 and 3
  – Communication with Nurses, Responsiveness of Hospital Staff, Overall Rating of Hospital

- Other measures slowed in Phase 3
  – Recommend Hospital, Discharge Information

- Yet other measures declined slightly in Phase 3
  – Communication about Medicines, Quietness

## Rapid Initial Improvement followed by Slower Improvement (HCAHPS-SS, Top Box)
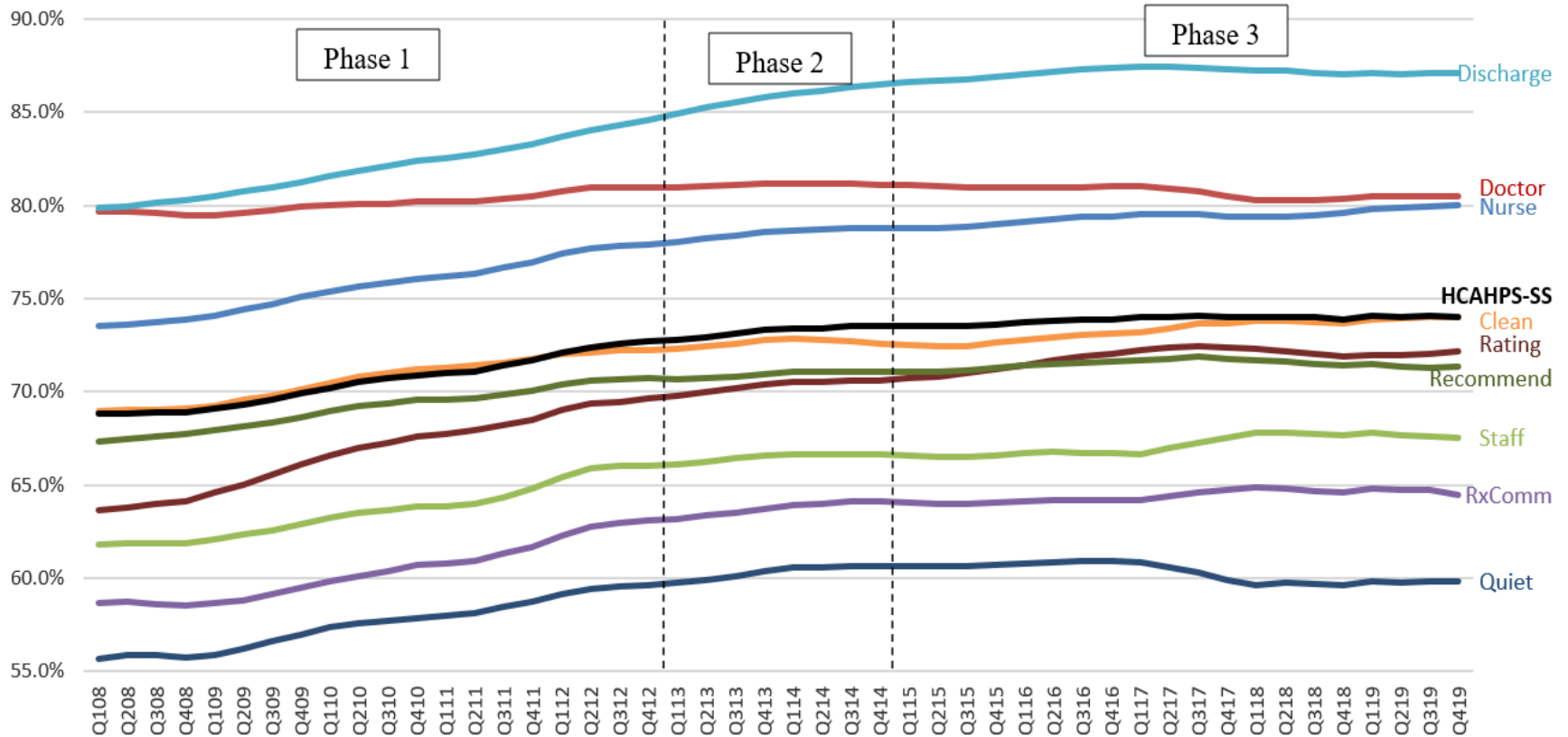
HCAHPS Update Training

Low-Scoring Hospitals Improved the Most Initially, Closing Gaps; Later, High-Scoring Hospitals Improved Most

- Profiles of Improvement Differed for Initially High-Performing and Low-Performing Hospitals

- Improvement in Phase 1 was greatest for the bottom-decile (lowest scoring) hospitals (+7.0 points on HCAHPS-SS)

  - Improvement for every measure, ranging from +12.0pp for Communication with Nurses and Overall Rating of Hospital to +4.2pp for Communication with Doctors

- Top-decile (highest scoring) hospitals declined slightly in Phase 1 (HCAHPS-SS~-1.0 point) but gained in later phases

  - Phase 2: Discharge Information, Recommend Hospital (~1pp each)

  - Phase 3: Cleanliness (+1.9pp), Staff Responsiveness (+1.2pp)

  - Phases 2-3: Communication with Nurses, Communication about Medicines, Overall Rating of Hospital
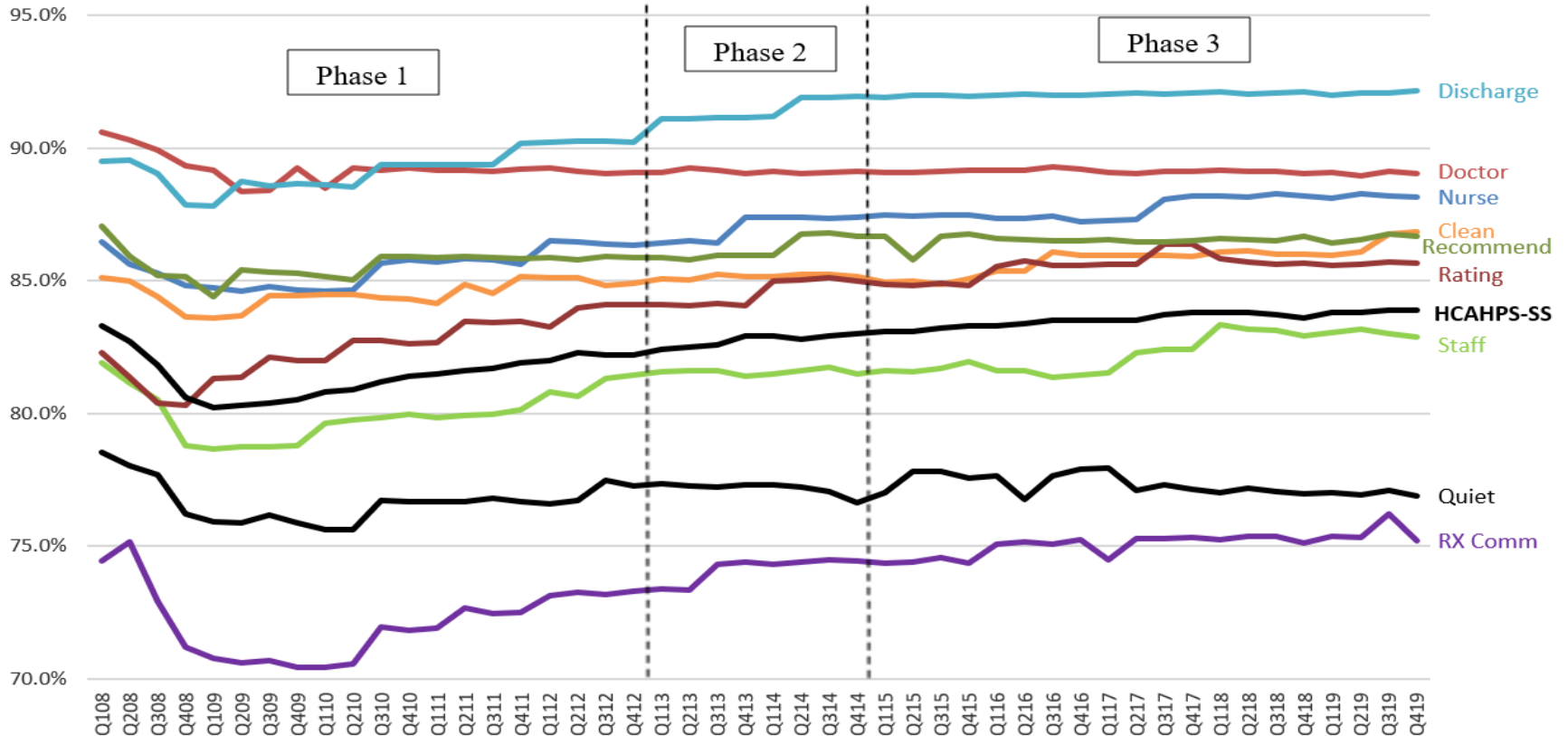
HCAHPS Update Training

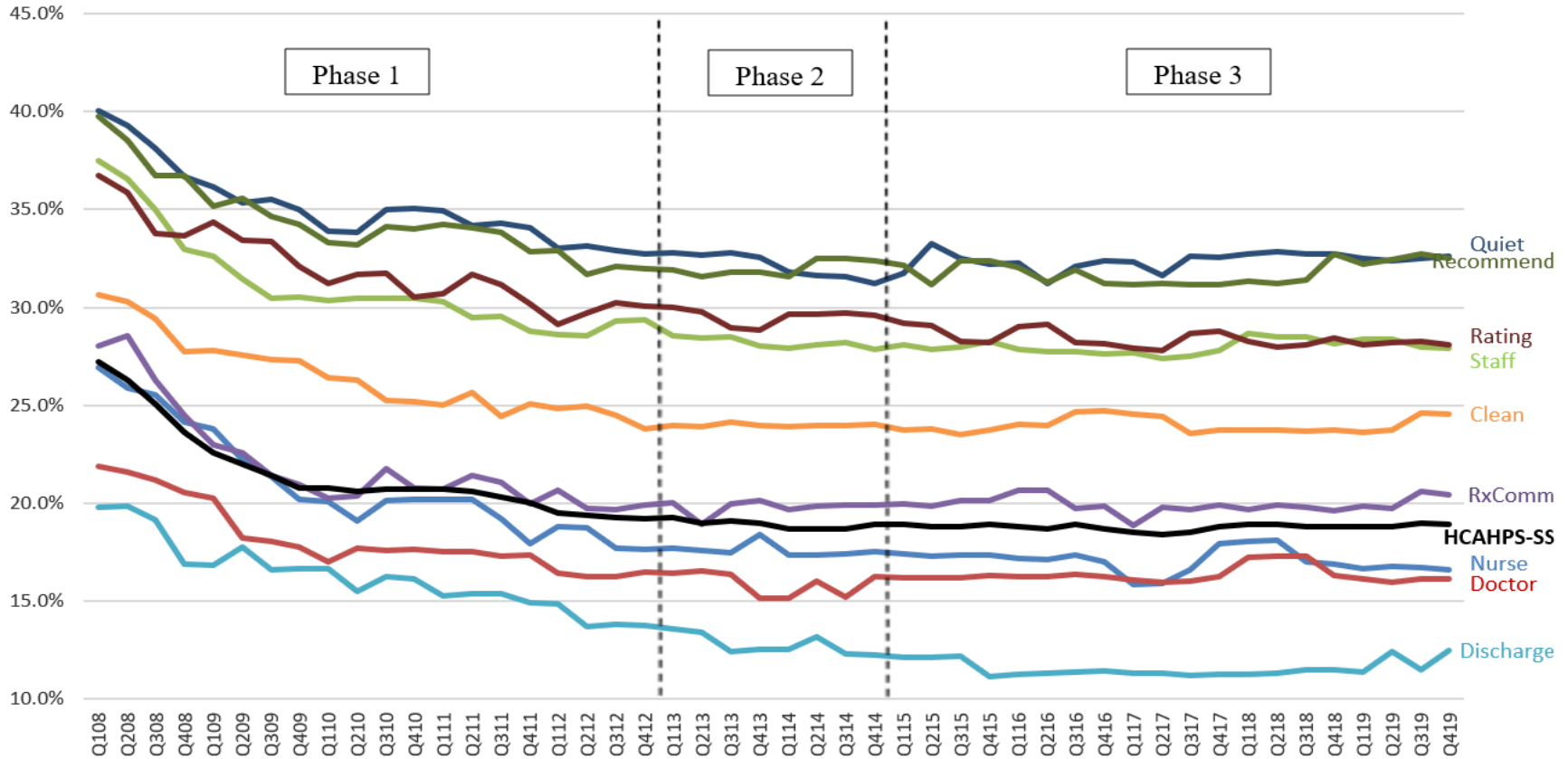## Bottom Decile Hospitals Improved Fastest in Phase 1
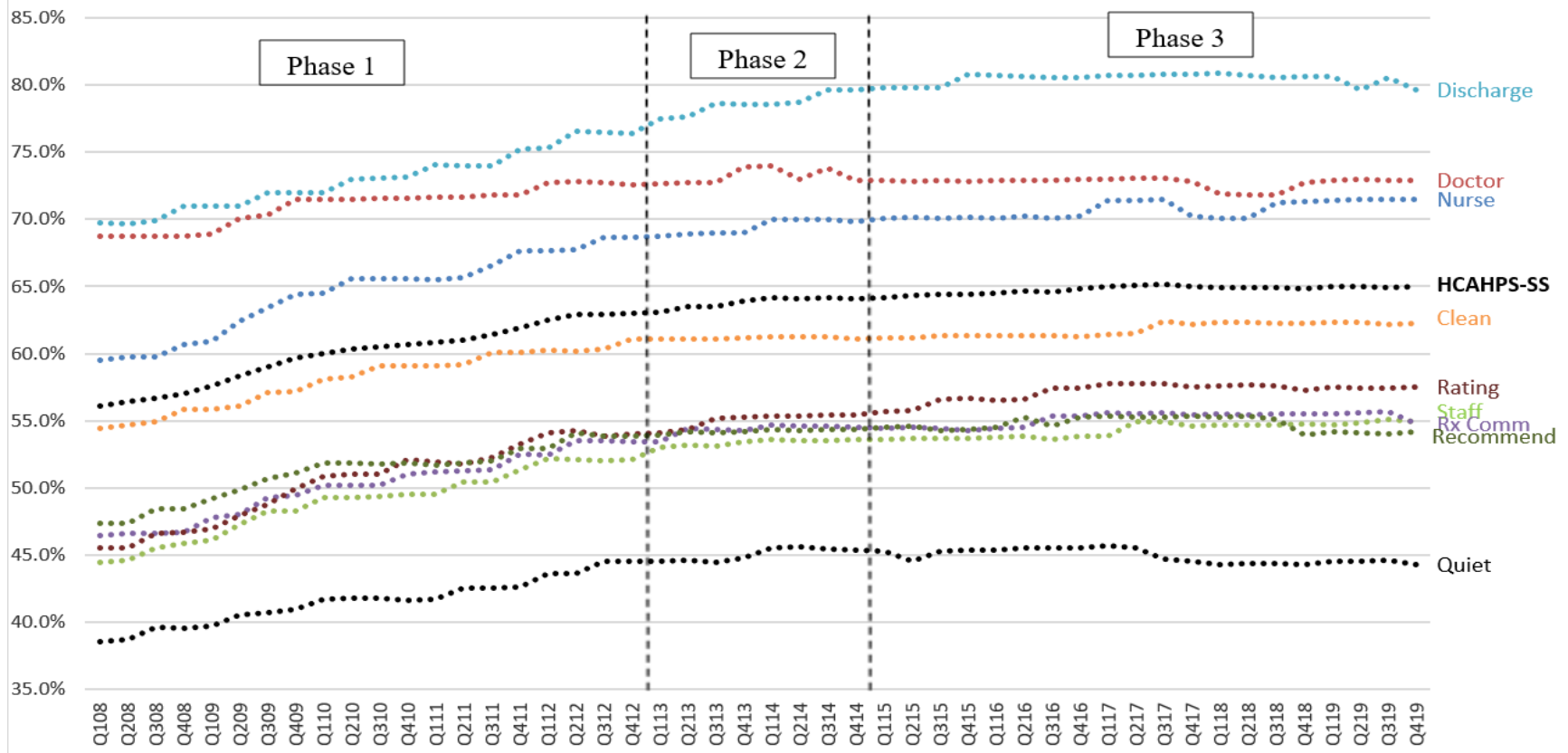
Top Decile Hospitals Did Not Improve in Phase 1, But Did in Phases 2 and 3

HCAHPS Update Training

The Gap Between the Top and Bottom Deciles Shrank

Summary of HCAHPS Trends

- All HCAHPS measures improved; some more than others
  - Some staff-focused measures (Communication with Nurses, Staff Responsiveness) improved rapidly after 2013 (Phase 2)
- Hospitals often focus on one measure at a time for 2-3 years
- Improvement may be
  - Faster for measures with the simpler processes (e.g., Quietness)
  - Slower for measures with multiple processes and interventions (e.g., Overall Rating of Hospital)
- Initial gains were large, especially for lower-performing hospitals, narrowing performance gaps
  - Improvement among top-performing hospitals was delayed, appearing only after 2015 (Phase 3), including measures that may be related to greater use of electronic health records (e.g., Discharge Information)

What We Learned from COVID-19 about Improving Inpatient Experience

HCAHPS Update Training

Background: There Were Substantial Changes in Hospital Procedures during the COVID-19 Pandemic

- Enhanced isolation practices and protective personal equipment requirements may have reduced more routine infection control practices

- Demands on hospitals and restrictive family visitation policies may have adversely affected patients

- We asked whether patient hospital experiences changed during the COVID-19 pandemic

  - If so, did the changes vary with hospital patient-staff ratios and prepandemic quality (Hospital Overall Star Rating based on 4 dimensions of quality)?

Approach (1 of 2)

- We expected that the pandemic would result in lower HCAHPS scores
  - Especially in hospitals with lower prepandemic staffing levels and Hospital Overall Star Rating
  - Such hospitals would have fewer resources and processes in place to maintain positive patient experiences
- Our primary outcome was the HCAHPS-SS
  - Here HCAHPS-SS was based on 10 measures (6 composite measures each weighted 1.0 and 4 single-item measures each weighted 0.5), still top-box scoring
    - Added Care Transitions to the 9 measures used 2008-2019
 - Secondary analyses predicted each measure individually

Approach (2 of 2)

- We first describe how HCAHPS scores during a peak period of the pandemic (2020-2021) differed from what would have been expected based on prepandemic (2018-2019) trends
  - We also assessed whether patients treated in hospitals with higher prepandemic staffing levels and quality of care had a smaller decrease in reported experience after the start of the pandemic

- Linear regression models predicted post-2019 quarters from 2018-2019 data, accounting for
  - seasonal (quarterly) trends
  - linear trends
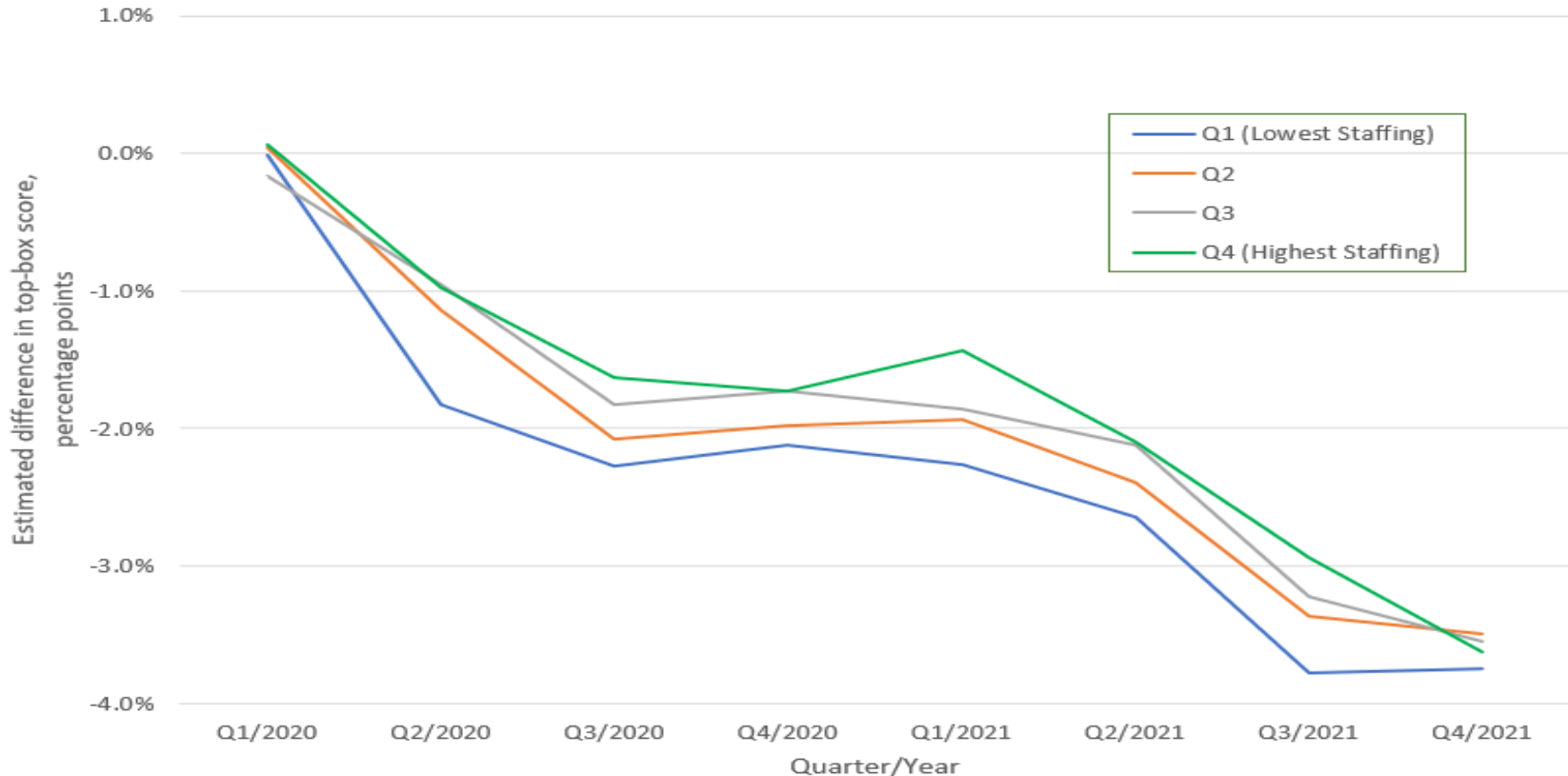 - Patient-mix and survey mode

Staff Responsiveness & Cleanliness Most Affected; Discharge Information & Quietness Least Affected
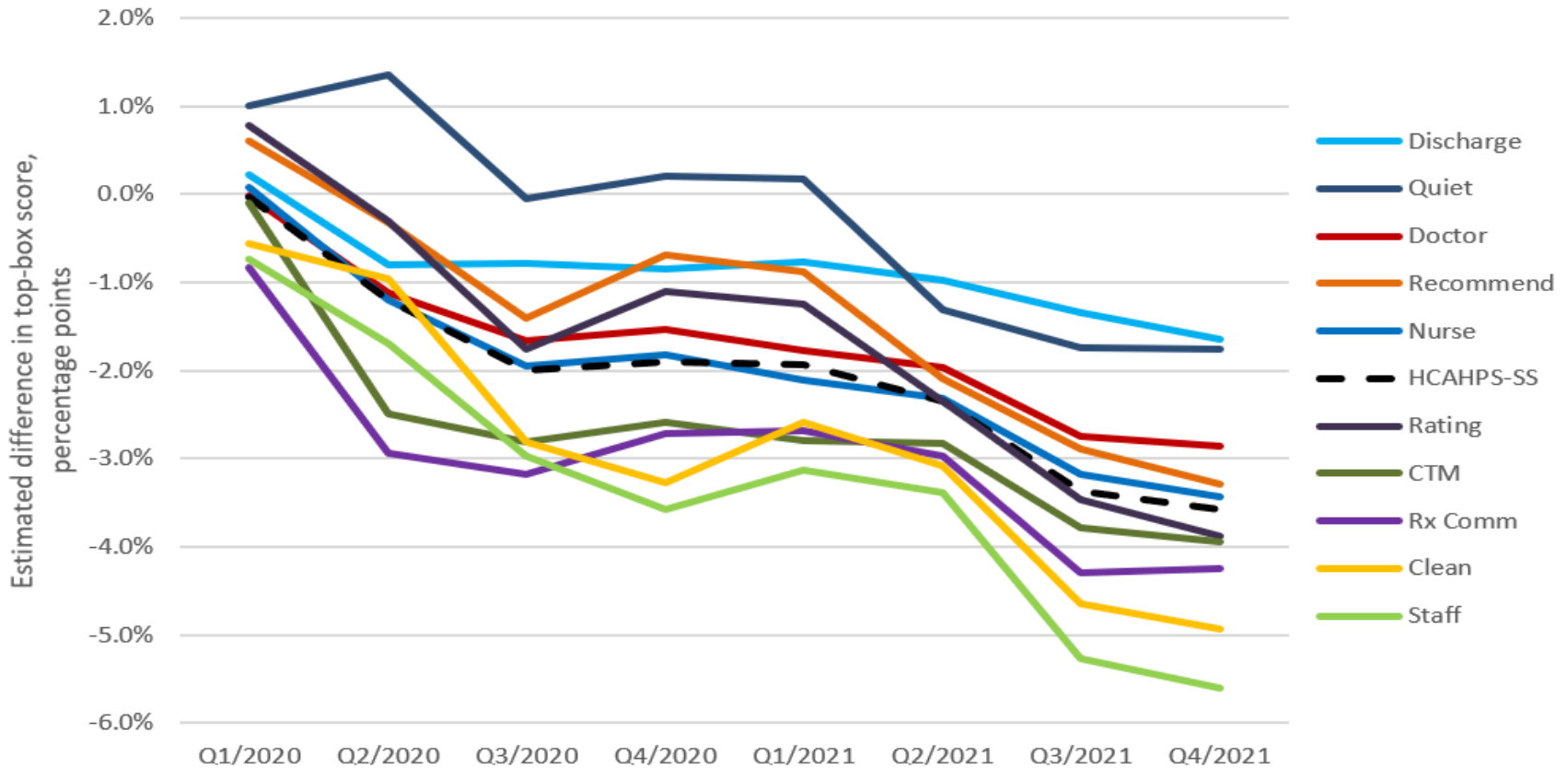
HCAHPS-SS Fell Less for
Hospitals with Higher Prepandemic Staffing Levels

Hospitals with Higher Overall 2019 Stars Had Smaller Declines in HCAHPS-SS

Summary of 2020-2021 Findings

- By Q4/2021, HCAHPS-SS was -3.6pp lower than expected

- The most affected measures (Staff Responsiveness, Cleanliness) showed large effect sizes, possibly reflecting high illness-associated workforce absenteeism

- Hospitals that were lower-performing or with less staff prepandemic may have been less resilient to reduced staff availability

We Extended the COVID-19 Analysis to 2022-2023

- We extended our analysis to assess whether patient experiences continued to decline in 2022 and 2023

- We also asked how patient experiences changed by patient age and service line (2020-2023)

  – We expected that patient groups who had worse patient experiences prepandemic (e.g., those 75+) had worse experiences during the pandemic

## HCAHPS Continued to Fall, Bottoming Out in Q3/2022, Partially Recovering by Q4/2023
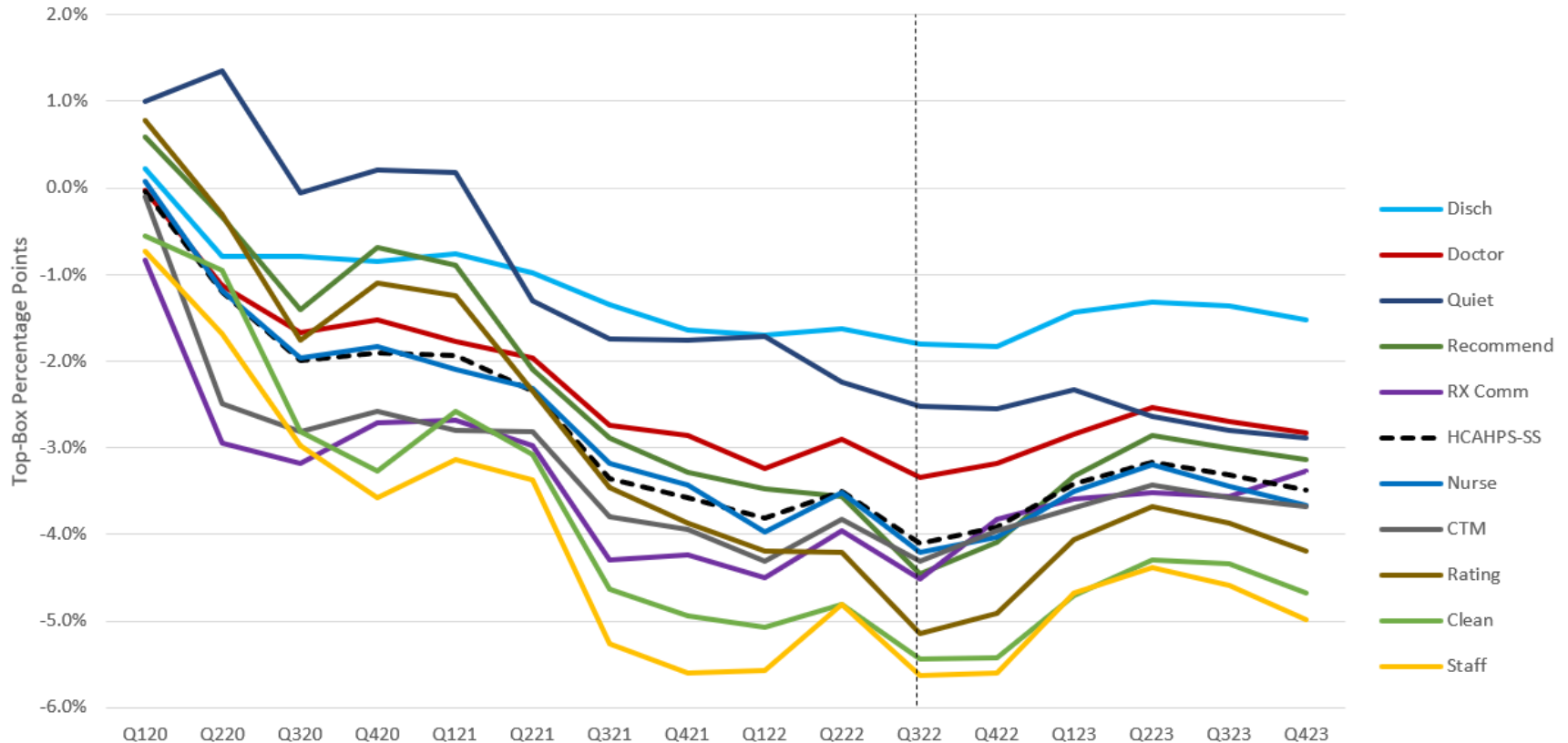
Examining Patterns by Patient Groups

- To assess differential change in HCAHPS-SS, we added patient age and service line main effects to our regression models, as well as their interactions with the post-2019 indicator

- This allowed us to examine changes by service line (maternity, medical, surgical) and age (18-34, 35-54, 55-74, 75+), controlling for the other factor (service line or age)

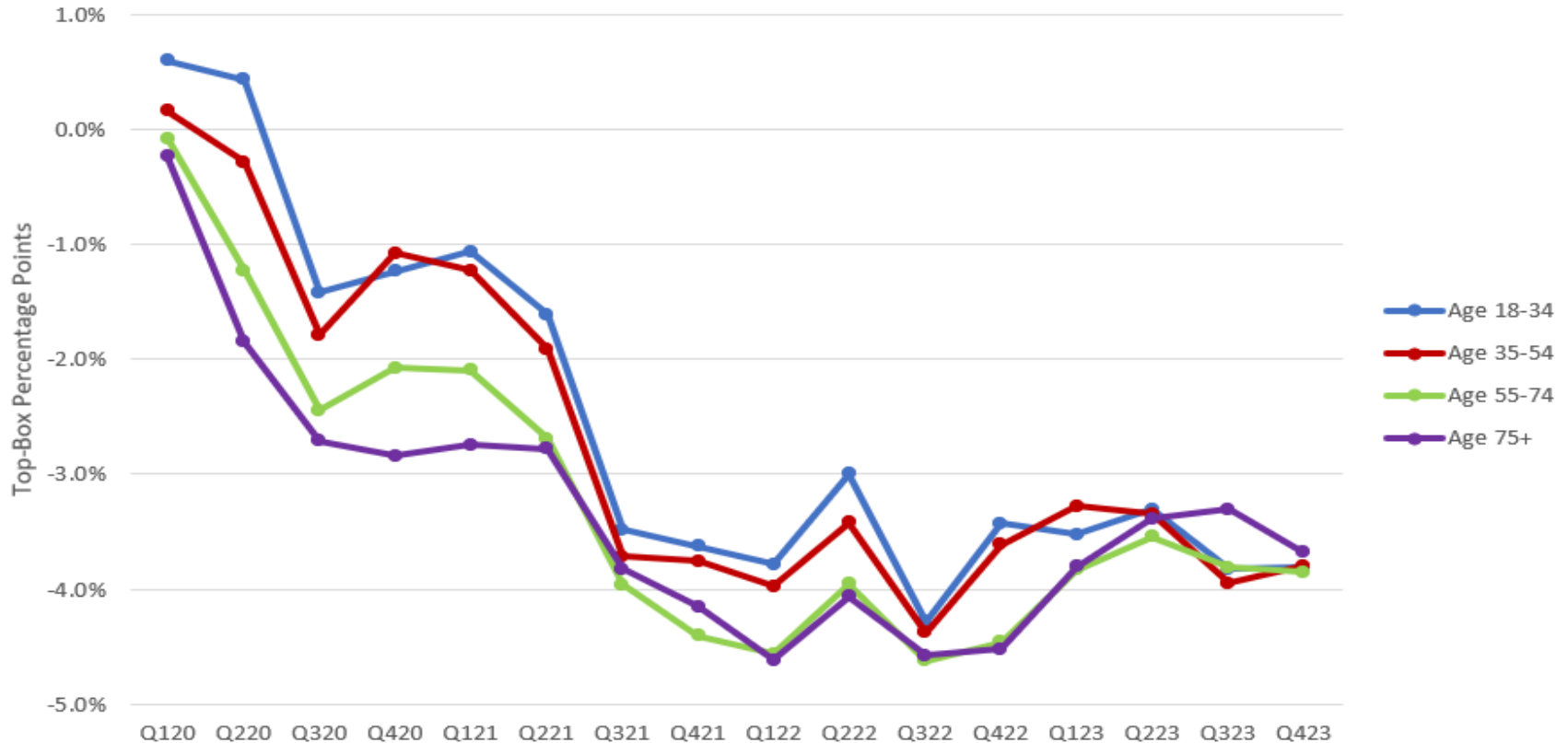## Scores for Maternity Patients were Slower to Decline and Declined Less than Surgical/Medical
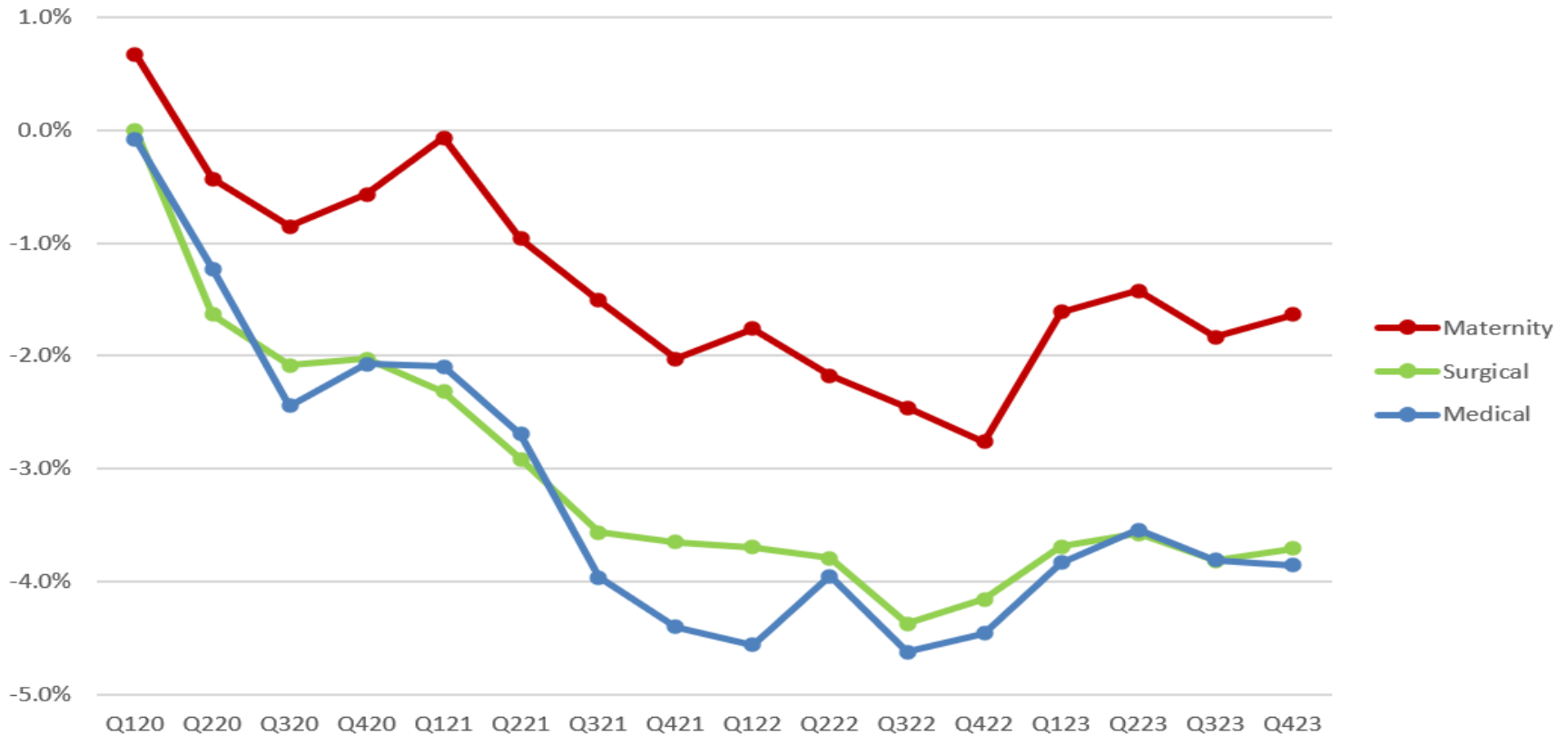
Models also control for age

Ages 75+ Declined Most Initially; Age Mattered Most Q4/20-Q1/21

Models also control for service line

May 2025

Summary of the Second COVID-19 Study

- HCAHPS-SS continued to fall through Q3/2022; only 15% of pandemic losses had been recovered by Q4/2023
  - Early patterns likely reflect both changes to visitation policies and staffing changes
  - Staffing changes persisted after visitation policies were restored
  - These lower HCAHPS scores may reflect a new, lower norm
- Staff Responsiveness and Cleanliness continued to be the most affected measures
- Scores for maternity patients were slower to decline and declined less than medical and surgical patients
  - Different visitation policies for maternity than other service lines may have delayed the impact on maternity care
  - Staffing shortages may have affected maternity lines less
- Experiences for older adults fell fastest, but eventually fell for all ages
  - Initially, older adults may have been most affected by visitor limits
  - Later, staffing shortages may have affected patients of all ages similarly

Questions?

Next Steps

- Survey vendors/Hospitals:
  - Update Quality Assurance Plan (QAP)
    - QAP should not be submitted at this time
  - Submit HCAHPS Attestation Statement
    - Due by Friday, May 30, 2025
    - Available online and in Appendix GG of the FINAL QAG V19.0
  - Submit the Updated HCAHPS Survey materials <u>only</u> if:
    - Newly approved survey vendor with clients or a newly approved hospital
    - Approved survey vendor/hospital adding a mode
    - Approved survey vendor/hospital administering in a language not previously reviewed by the HPT

More Information and Resources

- Background information, and reports:

  https://www.hcahpsonline.org

- Submitting HCAHPS data:

  https://hqr.cms.gov/

- Publicly reported HCAHPS results:

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

- HCAHPS results in the Provider Data Catalog:

  https://data.cms.gov/provider-data/dataset/dgck-syfz

Contact Us

HCAHPS Information and Technical Support

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May 2025

Complete Evaluation Form