

**CAHPS® Hospital Survey  
(HCAHPS)**

***DRAFT***  
***Quality Assurance  
Guidelines***

**Version 19.0**

May 2024





# CAHPS® Hospital Survey (HCAHPS)

## DRAFT Quality Assurance Guidelines

### ACKNOWLEDGMENTS

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CMS would like to acknowledge that the “Point of Origin for Admission” and “Visit and Patient Discharge Status” codes are reprinted from the National Uniform Billing Committee *Official UB-04, Data Specifications Manual* by permission, Copyright 2023, by the American Hospital Association.



# HCAHPS

## Quality Assurance Guidelines

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*\* The Chinese, Russian, Vietnamese, Portuguese, German, Tagalog and Arabic translations will be made available after FY 2025 IPPS Final Rule is posted.*

# **Reader's Guide**

## **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

## **Purpose of Quality Assurance Guidelines**

The *Quality Assurance Guidelines V19.0* manual has been developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the survey data collection process and to ensure comparability of data reported through the CAHPS<sup>®1</sup> Hospital Survey (also known as Hospital CAHPS or HCAHPS). The Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS (pronounced “H-caps”) Survey is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative sponsored by the Agency for Healthcare Research and Quality (AHRQ). This Reader’s Guide provides survey vendors and hospitals with a high-level overview and reference for essential information presented in the *Quality Assurance Guidelines V19.0*. Readers are directed to the related chapters of the *Quality Assurance Guidelines V19.0* for more detail.

## **Quality Assurance Guidelines V19.0 Contents**

The *Quality Assurance Guidelines V19.0* contains chapters that address HCAHPS Survey administration requirements. These include:

### **Introduction and Overview**

This chapter includes a “New for 2025” section which highlights key changes in the HCAHPS Survey administration, a description of the HCAHPS initiative and the history of its development. It also includes an overview of the HCAHPS data collection and public reporting timeline.

### **Program Requirements**

This chapter presents the Program Requirements, including a “New for 2025” section which highlights key changes in the HCAHPS Survey administration, the purpose of the HCAHPS Survey, use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, the roles and responsibilities for participating organizations (i.e., CMS,

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

survey vendors and hospitals), Rules of Participation, and Minimum Business Requirements to administer the HCAHPS Survey.

### **Communications and Technical Support**

This chapter includes information about communications and technical support available to survey vendors/hospitals administering the HCAHPS Survey.

### **Survey Management**

Survey vendors/Hospitals must establish a survey management process to administer the HCAHPS Survey. This chapter reviews guidelines that pertain to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

### **Sampling Protocol**

This chapter includes a “New for 2025” section which highlights key changes in the HCAHPS Survey administration. It also describes the process and requirements for selecting a random sample of patients to respond to the HCAHPS Survey. Several illustrations and examples of the HCAHPS sampling protocol are included in this chapter. Sampling can be conducted one time at the end of the month or continuously throughout the month, provided that a random sample is generated for the entire month.

### **Modes of Survey Administration**

There are six chapters that describe each of the allowed modes of survey administration: Mail Only, Phone Only, Mail with Phone follow-up, Web with Mail follow-up, Web with Phone follow-up, and Web with Mail and Phone follow-up. Each survey administration chapter begins with a “New for 2025” section which highlights important changes. These chapters address the administration of the HCAHPS Survey, data receipt and retention, and quality control guidelines for each of the six modes. Each mode of administration requires adherence to a standardized protocol and timeline.

### **Data Specifications and Coding**

The HCAHPS Survey uses a standardized approach for the coding of all data. This chapter includes a “New for 2025” section which highlights key changes in the HCAHPS Survey administration. It also describes the random, unique, de-identified patient identification number, the file specifications, decision rules and data coding guidelines, the procedure for assigning HCAHPS disposition codes, the definition of a completed survey, and the procedure for calculating the survey response rate.

### **Data Preparation and Submission**

This chapter reviews the processes for preparation of data for submission, survey vendor/hospital registration for data submission via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal, survey vendor authorization, data submission via the HQR system, and interpretation of the associated HCAHPS Data Submission and HCAHPS Warehouse Feedback Reports.

## Oversight Activities

This chapter provides information on the oversight activities that the CMS-sponsored HCAHPS Project Team conducts to verify compliance with HCAHPS protocols. These oversight activities include, but are not limited to: review of survey vendor's/hospital's HCAHPS Quality Assurance Plan, analysis of submitted data, on-site visits/teleconference calls, additional activities related to the administration of the HCAHPS Survey, and possible outcomes of non-compliance.

## Data Reporting

This chapter includes a “New for 2025” section which highlights key changes in the HCAHPS Survey administration. It also describes the process for public reporting of HCAHPS Survey results on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

## Exception Request/Discrepancy Report Processes

This chapter describes the process for reviewing methodologies that vary from standard HCAHPS protocols. The Exception Request process is designed to allow for flexibility while maintaining the integrity of the data. In addition, this chapter describes the process for notifying CMS of any discrepancies from standard HCAHPS protocols during the survey administration process.

## Data Quality Checks

This chapter provides an overview describing the importance of data quality checks and examples of data quality check activities.

## Index

The Index provides an alphabetical listing of frequently used topics and terms in the HCAHPS *Quality Assurance Guidelines* manual.

## Appendices

The Appendices include the HCAHPS Surveys and mailing materials, phone scripts, and web surveys (all in multiple translations); supporting interviewing documents; data file layout specifications; the survey vendor/hospital quality assurance plan outline and survey materials checklist; the forms for applying for survey administration participation, submitting requests for protocol exception, submitting discrepancy reports, and attestation statement; and guidance for the use of HCAHPS with other hospital inpatient surveys.

## For More Information

For program information and to view important updates and announcements, visit the HCAHPS Website at: <https://www.hcahponline.org>.

## To Provide Comments or Ask Questions

For information and technical assistance, contact HCAHPS Information and Technical Support via email at [hcahps@hsag.com](mailto:hcahps@hsag.com) or call 1-888-884-4007.

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## **Introduction and Overview**

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

### **Overview of the CAHPS Hospital Survey (HCAHPS)**

#### **HCAHPS Background and Purpose**

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey, better known as HCAHPS (pronounced “*H-caps*”), is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) program sponsored by the Agency for Healthcare Research and Quality (AHRQ). CAHPS was initiated by AHRQ in 1995 to establish survey and reporting products that provide consumers with information on health plan and provider performance. Since 1995, the initiative has grown to include a range of health care services at multiple levels of the delivery system. HCAHPS was developed by AHRQ in response to the Centers for Medicare & Medicaid Services’ (CMS) request for a survey that supports the assessment of patients’ perspectives on hospital care.

The purpose of HCAHPS is to uniformly measure and publicly report patients’ perspectives on their inpatient care. While many hospitals collected information on patients’ satisfaction with care, there was no national standard for collecting this information that would yield valid comparisons across all hospitals. HCAHPS represents the first national standard for the collection of information on patients’ perspectives about their inpatient care. Three broad goals have shaped the HCAHPS Survey. First, the survey is designed to produce comparable data on patients’ perspectives of care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful and practical. This methodology and the information it generates is made available to the public.

Official HCAHPS Survey scores are published on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). CMS emphasizes that HCAHPS scores are designed

and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Official HCAHPS scores are reported on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>). Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are “unofficial.” This is done in two ways:

1. The introduction or executive summary of such reports must include the following statement:
  - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>).”
2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
  - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results.”

### Hospital Quality Initiative

CMS has several efforts in progress to provide hospital quality information to consumers and others, and to improve the care provided by the nation’s hospitals. These initiatives build upon previous CMS and Quality Improvement Organization/Network (QIO/QIN) strategies to identify illnesses and/or clinical conditions that affect patients in order to promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.<sup>2</sup>

The Hospital Quality Initiative is a subset of CMS’ larger Quality Initiative. The Quality Initiative was launched nationally in November 2002 for nursing homes, and was expanded in 2003 to the nation’s home health care agencies and hospitals.<sup>3</sup> The Hospital Quality Initiative uses a variety of tools to stimulate and support significant improvement in the quality of hospital care. This initiative aims to improve hospitals’ quality of care by distributing objective, easy to understand data on hospital performance. The public availability of this information will encourage consumers and their physicians to discuss and make better informed decisions on how to get the best hospital care, create incentives for hospitals to improve care and support public accountability.<sup>4</sup>

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<sup>2</sup> Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Overview*. Baltimore, MD. March 10, 2005. Available online at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/index.html>

<sup>3</sup> CMS. March 10, 2005.

<sup>4</sup> CMS. March 10, 2005.

CMS has worked closely with the Hospital Quality Alliance (HQA), a public-private collaboration on hospital measurement and reporting, to operationalize the Hospital Quality Initiative. The HQA includes the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges. It is supported by AHRQ, CMS and other nationally recognized organizations, such as the CMS consensus-based entity, now the Battelle Memorial Institute Partnership for Quality Measurement, and previously the National Quality Forum (NQF), The Joint Commission, the American Medical Association, the Consumer-Purchaser Disclosure Project, AFL-CIO, and AARP.

In addition to the clinical measures of quality included in the Hospital Quality Initiative, CMS and its collaborators aim to provide consumers with measures that reflect patients' perspectives on hospital care and services. In order to fulfill this goal, CMS requested that AHRQ develop and test a survey that would capture hospital inpatients' perspectives on the quality of hospital care. Many hospitals were already conducting some type of patient survey. However, for public reporting purposes, CMS required a standardized instrument that would allow patients' perspectives on the quality of care to be compared fairly and reliably across hospitals. CMS also wanted an instrument that met high standards for scientific rigor and salience with consumers.<sup>5</sup> The HCAHPS Survey provides CMS with a standardized instrument for collecting and reporting patient perspectives on care that can be used to compare all participating hospitals nationally.

Through the Hospital Quality Initiative, a robust, prioritized set of hospital quality measures has been refined for use in public reporting. CMS and its collaborators have launched Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>), which contains HCAHPS Survey results and many other measures, and is a streamlined redesign of eight existing CMS healthcare compare tools. The tool is developed to publicly report valid, credible and user-friendly information about the quality of care delivered in the nation's hospitals. The results of the HCAHPS Survey are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). For additional information on Care Compare, please visit <https://www.medicare.gov/care-compare/>.

### The Development of HCAHPS

In July 2002, AHRQ published a "Call for Measures" in the Federal Register in which it asked organizations to submit items for consideration in development of the HCAHPS instrument. AHRQ reviewed each instrument submitted as part of the "Call for Measures," and found items in each one that stimulated their thinking about items that should appear in the HCAHPS questionnaire and how they might be phrased. In developing the draft HCAHPS Survey, AHRQ also drew on the following sources of information: items from the CAHPS Health Plan Survey; questions and comments from an October 24, 2002 web chat on HCAHPS; input from the Stakeholders Meeting on November 7, 2002; feedback from the Vendors Meeting on November 18, 2002; responses to the HCAHPS LISTSERV<sup>®</sup> mailbox; a literature review conducted by the CAHPS grantees; and the results of initial cognitive testing.

After reviewing these sources of information, AHRQ developed a draft HCAHPS instrument and submitted it to CMS on January 15, 2003. The draft instrument was subsequently refined based on

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<sup>5</sup> Centers for Medicare & Medicaid Services. *HCAHPS Fact Sheet*. Baltimore, MD. Available online at [https://www.hcahpsonline.org/en/facts\\_faqs/](https://www.hcahpsonline.org/en/facts_faqs/).

a multi-step process that included consumer testing, additional stakeholder and public input, a CMS-directed three state pilot test, and additional field-testing. In the course of developing HCAHPS, CMS published several Federal Register Notices and used the public comments elicited by these notices to make revisions to the survey instrument and data collection protocols.

### **HCAHPS Three State Pilot Test**

After obtaining clearance from the Office of Management and Budget (OMB), CMS pilot tested the January 15, 2003 version of the HCAHPS instrument through a contract with Quality Improvement Organizations (QIOs) in three states (Arizona, Maryland and New York).<sup>6</sup> The pilot test included 132 hospitals and resulted in over 19,000 completed surveys. Testing began in June 2003 and ended in August 2003. The results of the CMS pilot test were used to refine the survey instrument.<sup>7</sup> Following the pilot in these three states, the survey instrument was tested in Connecticut as an additional test state.

### **Focus Groups**

AHRQ and CMS conducted 6 focus groups with consumers in October 2003 and another 10 in March 2004. These focus groups, conducted in four cities, included adults who had a recent experience in a hospital or were a caregiver for someone who had been in the hospital. Information obtained from the focus groups was used to further refine the survey instrument.

### **Additional Field Testing**

Over a 6-month period beginning in fall 2003, AHRQ tested the instrument in 5 volunteer sites encompassing over 375 hospitals: Calgary Health Region; California Institute for Health System Performance; California Regions of Kaiser Permanente; Massachusetts General Hospital; and Premier Incorporated. The CAHPS team used these field tests to learn more about the hospital survey implementation process, including the survey instrument, sampling processes, data collection processes, and other related issues.<sup>8</sup>

### **Pre-Implementation Testing**

In the summer of 2004, AHRQ provided an opportunity for survey vendors and hospitals to test the current instrument on their own. The purpose of this test was to help identify ways to minimize the potential burden and disruption posed by the integration of the HCAHPS Survey into existing survey efforts. Through these test sites, researchers formally and scientifically investigated various approaches to integrating the survey items with existing questionnaires, as well as alternative protocols for administering the survey.

### **Submission of Final Instrument to CMS and Consensus-Based Entity**

In Fall 2004, having concluded the testing processes described above, AHRQ provided CMS with recommendations for the final questionnaire and national implementation administration guidelines. Based on these recommendations, CMS submitted a 25-item instrument to the

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<sup>6</sup> The Three State Pilot Study analysis results are available at the CMS Hospital Quality Initiatives webpage, [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital3State\\_Pilot\\_Analysis\\_Final200512.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital3State_Pilot_Analysis_Final200512.pdf)

<sup>7</sup> Westat. *CAHPS-SUN Website: Development and Testing of the CAHPS Hospital Survey*. April 20, 2005. <https://www.ahrq.gov/cahps/>.

<sup>8</sup> Agency for Healthcare Research and Quality. *AHRQ Website: Voluntary Testing of HCAHPS*. December 2004. <https://www.ahrq.gov/cahps/>.

consensus-based entity (CBE) for consideration through their consensus process. The National Quality Form (NQF), which was the CBE until 2023, established to standardize healthcare quality measurement and reporting, as defined by the National Technology Transfer and Advancement Act of 1995 and the Office of Management and Budget Circular A-119. On December 1, 2004, the NQF Review Committee met publicly to discuss HCAHPS. Based on feedback provided at the initial committee meeting and during subsequent NQF Review Committee deliberations, the NQF recommended that CMS make a number of changes in the HCAHPS specifications, including reinstating two questions that had been deleted after the additional testing (doctors and nurses showing courtesy and respect); adding a script for the telephone version of the survey; and providing more response options for the demographic questions relating to ethnicity and race.

On May 11, 2005, upon the recommendation of its four Member Councils, the Board of Directors of the NQF formally endorsed the 27-item HCAHPS Survey. NQF endorsement represented the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. The Board of Directors' approval was the final step of vetting through the NQF's formal Consensus Development Process, which included input from multiple stakeholder groups, review and voting. HCAHPS thereby achieved special legal standing as a voluntary consensus standard.<sup>9</sup>

Upon the recommendation of the NQF, CMS further examined the costs and benefits of HCAHPS. Abt Associates Inc. conducted this cost-benefit analysis of HCAHPS. The report from this analysis can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HCAHPSCostsBenefits200512.pdf>.

The NQF reviewed the HCAHPS Survey and its implementation protocols again in 2009. The HCAHPS Survey received endorsement renewal in 2010, 2015 and in 2019.

In 2023, Battelle Memorial Institute was selected by CMS to serve as the CBE to review and endorse quality measures.

### **Office of Management and Budget and Public Comment Process**

In addition to the consensus-based entity endorsement process, CMS obtained clearance from the Office of Management and Budget (OMB) for HCAHPS in December 2005. The OMB's Paperwork Reduction Act clearance process for HCAHPS required three Federal Register Notices. The initial notice was published in December 2003. Based on feedback received through this initial notice, CMS responded to public comments and worked with AHRQ to refine the survey instrument. A second 60-day Federal Register Notice was published in November 2004, and once again, CMS responded to all public comments received. After measure endorsement was received in May 2005, a final 30-day Federal Register Notice was published in November 2005. OMB clearance was granted in December 2005, and CMS began final preparations for the National Implementation shortly thereafter. In 2008, 2018 and 2021 OMB again reviewed and approved HCAHPS.

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<sup>9</sup> Pursuant to the National Technology and Transfer Advancement Act of 1995 and the OMB Circular A-119, the NQF's endorsement of HCAHPS can be found in its report entitled "Standardizing a Measure of Patient Perspectives of Hospital Care" <https://www.qualityforum.org>.

## HCAHPS and the Hospital Inpatient Quality Reporting (Hospital IQR) Program

The Deficit Reduction Act of 2005 required the Secretary of the Department of Health and Human Services to expand the set of measures that the Secretary determines to be appropriate for the measurement of the quality of care furnished by hospitals in the inpatient setting. The statute further specified that the payment update for fiscal year (FY) 2007 and each subsequent FY will be reduced for any “subsection (d) hospital” that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

In expanding the set of measures for the Hospital IQR Program (formerly known as Reporting Hospital Quality Data for Annual Payment Update [RHQDAPU] Program), CMS began to adopt the baseline set of performance measures as set forth in the 2005 report *Performance Measurement: Accelerating Improvement*, issued by the Institute of Medicine (IOM) of the National Academy of Sciences, effective for payments beginning in FY 2007. For FY 2007, participating hospitals were required to collect and submit 21 clinical quality measures for payment purposes. For FY 2008 and subsequent fiscal years, the set of measures was expanded to include HCAHPS.

For more information about the Inpatient Hospital Update in the recent and current fiscal years, refer to: <https://www.govinfo.gov/content/pkg/FR-2023-08-28/pdf/2023-16252.pdf> and <https://www.federalregister.gov/d/2024-07567>.

## HCAHPS and Hospital Value-Based Purchasing

Section 3001 of the Patient Protection and Affordable Care Act of 2010 names HCAHPS as one measure to be included in the Hospital Value-Based Purchasing (VBP) program for FY 2013. CMS introduced Hospital VBP for Inpatient Prospective Payment System (IPPS) hospitals, beginning with inpatients discharged in October 2012. HCAHPS performance accounted for 30 percent of the Hospital VBP Total Performance Score in FY 2013, FY 2014 and FY 2015. HCAHPS performance accounted for 25 percent of the Hospital VBP Total Performance Score in FY 2016 and subsequent fiscal years. In July 2011, CMS conducted an “Open Door Forum” on the Hospital VBP program. The slide set used in that presentation can be found at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/downloads/HospVBP\\_ODF\\_072711.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/downloads/HospVBP_ODF_072711.pdf). A summary of the “Patient Experience of Care” domain (HCAHPS) and how this score is calculated can be found on slides 35-61.

In the FY 2018 Hospital VBP program, the HCAHPS Pain Management dimension was removed and the HCAHPS Care Transition Dimension was added.

For more information about the Hospital VBP program in the current fiscal year, refer to the CMS Website (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing-.html>).

## HCAHPS Mode Experiment I

In order to achieve the goal of fair comparisons across all hospitals that participate in HCAHPS, it is necessary to adjust for factors that are not directly related to hospital performance but do affect how patients answer HCAHPS Survey items. To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons of hospitals, in 2006 CMS undertook Mode Experiment I to

examine whether mode of survey administration, the mix of patients in participating hospitals, or survey non-response systematically affect HCAHPS Survey results and then developed necessary statistical adjustments.

Mode Experiment I addressed three important sources of potential bias in hospital-level HCAHPS results. First, hospitals participating in the HCAHPS Survey have the option of choosing among four different modes of data collection: Mail Only, Phone Only, Mail combined with Phone follow-up, and Active Interactive Voice Response (IVR). If patient responses differ systematically by mode of survey administration, it is necessary to adjust for survey mode.

Second, certain patient characteristics that are not under the control of the hospital, such as age and education, may be related to the patient's survey responses. For example, several studies have found that younger and more educated patients provide less positive evaluations of healthcare. If such differences occur in HCAHPS data, it is necessary to adjust for such respondent characteristics before comparing hospitals' HCAHPS results. Third, we examined whether the patients who respond to the HCAHPS Survey differ from those who are sampled and do not respond to the survey.

Mode Experiment I included a random nationwide sample of short-term acute care hospitals. A hospital's probability of being selected for the sample was proportional to its volume of discharges, which guaranteed that each patient would have an equal probability of being sampled for the experiment. The participating hospitals contributed patient discharges from a four-month period: February, March, April, and May 2006. Within each hospital, patients were randomly assigned to one of the four modes of survey administration.

Results from HCAHPS Mode Experiment I can be found in a report "Mode and Patient-mix Adjustments of the CAHPS<sup>®</sup> Hospital Survey (HCAHPS)," posted on the HCAHPS Website (<https://www.hcahpsonline.org/en/mode--patient-mix-adj/>). Documents that provide the patient-mix adjustment coefficients applicable to current and previously reported HCAHPS scores can be found on this website as well. Further information about the design and results of the HCAHPS Mode Experiment I are available in "The Effects of Survey Mode, Patient Mix and Nonresponse on CAHPS Hospital Survey (HCAHPS) Scores." M.N. Elliott, A.M. Zaslavsky, E. Goldstein, W. Lehrman, K. Hambarsoomian, M.K. Beckett, and L. Giordano. *Health Services Research*. 44:501-518.2009.

## **HCAHPS Mode Experiment II**

In 2008, CMS recruited hospitals to voluntarily participate in a second mode experiment. Mode Experiment II was designed to evaluate the feasibility of two new candidate modes of HCAHPS Survey administration: Active Speech Enabled Interactive Voice Response (SE-IVR) and Internet. Eligible patients discharged from 29 volunteer hospitals in July, August and September 2008, were randomly assigned to an experimental mode or the existing Mail Only mode. Based on the thorough analysis of the two experimental modes, including response rates, respondent characteristics, data quality, and survey administration, CMS decided not to approve any new survey modes for HCAHPS at this time.

### **HCAHPS Mode Experiment III**

In 2012, CMS conducted a third HCAHPS mode experiment in connection with five new survey items that are now part of the HCAHPS Survey. These items are:

- Hospital considered patient's preferences regarding post-discharge health care needs
- Patient understood own responsibilities in managing health post-discharge
- Patient understood the purpose of post-discharge medications
- Patient admitted through the emergency room
- Patient's self-rating of mental or emotional health

This mode experiment provided the information for CMS to develop survey mode adjustments for the first three items and allowed examination of the remaining two items for possible use in patient-mix adjustment. To conduct the mode experiment, CMS randomly selected a set of hospitals that agreed to voluntarily participate in this experiment.

### **HCAHPS Mode Experiment IV**

In 2016, CMS conducted a fourth HCAHPS mode experiment to assess the effect of mode of survey administration on response propensity and response patterns, along with the testing of supplemental items and new pain management survey items. CMS randomly selected 51 hospitals that agreed to voluntarily participate in this experiment. The mode experiment helps CMS achieve the goal of fair and standardized comparisons across all hospitals that participate in the HCAHPS Survey by establishing the guidelines for survey mode adjustments across survey modes.

### **HCAHPS Mode Experiment V**

In 2021, CMS conducted a fifth HCAHPS mode experiment to evaluate existing and new candidate survey items, evaluate revised survey protocols, evaluate possible new modes of survey administration, update mode and patient-mix adjustments for existing items and develop mode and patient-mix adjustments for candidate survey items. It was conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from 46 hospitals. The hospitals were randomly selected and were broadly representative of all hospitals participating in HCAHPS. This mode experiment provided the HCAHPS Project Team the opportunity to test and evaluate mixed modes that incorporate an emailed survey as the initial mode.

### **Preparation for HCAHPS Data Collection**

Survey vendors interested in administering HCAHPS and hospitals interested in self-administering the survey (referred to as survey vendors/hospitals) must apply to participate in HCAHPS and must participate in HCAHPS Training sponsored by CMS. At a minimum, the survey vendor's/hospital's Project Manager must participate in the HCAHPS training sessions. In addition, subcontractor(s)/partner(s) and any other organization(s) (referred to as subcontractors) that are responsible for major functions of HCAHPS Survey administration must participate in HCAHPS training.

All approved survey vendors/hospitals that participate in HCAHPS are encouraged to take part in a dry run prior to the official start of HCAHPS Survey administration, to become familiar with the survey and its implementation protocols. Survey vendors/Hospitals will also have an opportunity to submit their dry run data through CMS' Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal. This will permit survey vendors/hospitals to fully test the data submission system. There will, however, be no public



reporting of a hospital's dry run data. HCAHPS dry runs take place in the last month of each calendar quarter (March, June, September, and December). The survey vendor/hospital must notify the HCAHPS Project Team of their intent to submit data as a dry run. Please note that dry run data are “real” data collected using the HCAHPS protocols.

### **HCAHPS Public Reporting**

Official HCAHPS scores are publicly reported four times each year on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). Public reporting of HCAHPS results is comprised of a rolling four quarters of survey data, with survey vendors/hospitals submitting data on a monthly or quarterly basis through the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>). The HCAHPS data submitted by each survey vendor/hospital is reviewed, cleaned, scored, and adjusted (including adjustments for patient-mix and survey mode). HCAHPS results are available for preview by the participating hospital before public reporting on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

The first public reporting of HCAHPS results on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (previously Hospital Compare) [<https://www.medicare.gov/care-compare/>] occurred in March 2008 with 2,521 hospitals voluntarily reporting their HCAHPS scores, based on 1.1 million completed surveys from patients discharged between October 2006 and June 2007. The April 2024 public reporting of HCAHPS results will include scores from 4,475 hospitals based on 2.33 million completed surveys from patients discharged between July 2022 and June 2023 (<https://www.medicare.gov/care-compare/>). The schedule of future HCAHPS public reporting can be found in the *Data Reporting* chapter.

CMS regularly publishes supplemental information about survey results on the HCAHPS Summary Analyses page of the HCAHPS Website (<https://www.hcahpsonline.org>), including a summary table of state and national “top-box” scores for each HCAHPS measure, HCAHPS “top-box” and “bottom-box” percentile scores, a table of patient level Pearson “top-box” correlations among HCAHPS measures, and HCAHPS Hospital Characteristics Comparison Charts.

CMS and its HCAHPS partners continually review and analyze HCAHPS data. A bibliography of published articles based on the HCAHPS Project Team’s research can be found on the HCAHPS Website (<https://www.hcahpsonline.org>).

### **HCAHPS Star Ratings**

HCAHPS Star Ratings appear in the Provider Data Catalog (<https://data.cms.gov/provider-data/>): one for each of the publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating. The HCAHPS Summary Star Rating, which combines the HCAHPS measure star ratings, is also displayed on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/), where it is called the “Patient Survey Rating” (<https://www.medicare.gov/care-compare/>). Hospitals are able to preview their individual measure HCAHPS Star Ratings in their 30-day Public Reporting Preview Report.

#### *HCAHPS Measures Receiving HCAHPS Star Ratings*

HCAHPS Star Ratings are applied to each of the publicly reported HCAHPS measures. Measures are created from specific questions on the HCAHPS Survey, as follows:

- HCAHPS Composite Measures
  1. Communication with Nurses (Q1, Q2, Q3)
  2. Communication with Doctors (Q4, Q5, Q6)
  3. Care Coordination (Q10, Q11, Q19)\*
  4. Restfulness of Hospital Environment (Q8, Q9, Q18)\*
  5. Responsiveness of Hospital Staff (Q13, Q14)\*
  6. Communication About Medicines (Q16, Q17)
  7. Discharge Information (Q22, Q23)
- HCAHPS Individual Items
  8. Cleanliness of Hospital Environment(Q7)
  9. Information About Symptoms (Q20)\*
- HCAHPS Global Items
  10. Hospital Rating (Q24)
  11. Recommend the Hospital (Q25)

*\*New or updated items and measures beginning with the October 2026 public reporting.*

#### *100 Completed Survey Minimum for HCAHPS Star Ratings*

Hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period in order to receive HCAHPS Star Ratings. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

For additional information on HCAHPS Star Ratings, including Technical Notes and Frequently Asked Questions (FAQs), please visit the HCAHPS Star Ratings page on the HCAHPS Website (<https://www.hcahponline.org>).

### **HCAHPS Results Beyond Care Compare**

Since CMS began publicly reporting HCAHPS results in March 2008, HCAHPS scores have appeared in a wide variety of publications and have been incorporated in a number of hospital rating tools. Please note, however, that the full, complete and official HCAHPS results are those publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

### **CMS Expands Use of HCAHPS Results**

Several CMS programs include the use of HCAHPS results. The Comprehensive Care for Joint Replacement (CJR) model aims to support better and more efficient care for beneficiaries undergoing the most common inpatient surgeries for Medicare beneficiaries. For more information please visit the following websites: <https://www.cms.gov/priorities/innovation/innovation-models/cjr> and <https://www.federalregister.gov/articles/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals>.

Established by the Affordable Care Act, the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program collects and publishes data on an announced set of quality measures, including HCAHPS. For more information, please visit:

<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/pps-exempt-cancer-hospital-quality-reporting-pchqr-program/>.

## HCAHPS Bulletins

As a means of quickly and directly communicating with survey vendors and hospitals participating in HCAHPS, CMS began to issue *HCAHPS Bulletins* in 2008 (these bulletins are posted on the HCAHPS Website [<https://www.hcahpsonline.org>]). *HCAHPS Bulletins* are released, when needed, to provide uniform guidance or clarification to all survey vendors and hospitals on HCAHPS protocols. It is incumbent upon all approved HCAHPS Survey vendors and self-administering hospitals to promptly read all *HCAHPS Bulletins*, review their procedures for handling the matters addressed and where necessary institute changes to comply with HCAHPS protocols. The *HCAHPS Bulletins* supplement training; their instructions and clarifications are subsequently incorporated into the published HCAHPS *Quality Assurance Guidelines*.

## Reviewing and Revising the HCAHPS Survey

In Fall 2019, CMS initiated a multi-faceted review of HCAHPS Survey content and design. Focus groups and cognitive interviews were conducted with recent hospital inpatients, discussing their experience of care and assessment of existing, revised and potential survey items. Following this, CMS gathered input from stakeholders more broadly on potential changes to HCAHPS.

In July 2020, a Technical Expert Panel (TEP) Meeting was conducted to discuss the goals of the HCAHPS Survey revision efforts. In the Fall of 2020, nationwide hospital recruitment occurred and the HCAHPS mode experiment data collection was conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from 46 hospitals. CMS has updated the HCAHPS Survey that will be implemented beginning with January 1, 2025 patient discharges, pending rulemaking. For more information on new developments and the mode experiment, please visit the HCAHPS Website (<https://www.hcahpsonline.org/en/whats-new/>).

## HCAHPS Survey Instrument

### Components of the HCAHPS Survey Instrument

The standardized 32-question HCAHPS Survey instrument is composed of the following measures:

- Seven Composite Measures
  - Communication with Nurses (comprised of three HCAHPS Survey items)
  - Communication with Doctors (comprised of three HCAHPS Survey items)
  - Restfulness of Hospital Environment (comprised of three HCAHPS Survey items)\*
  - Care Coordination (comprised of three HCAHPS Survey items)\*
  - Responsiveness of Hospital Staff (comprised of two HCAHPS Survey items)\*
  - Communication About Medicines (comprised of two HCAHPS Survey items)
  - Discharge Information (comprised of two HCAHPS Survey items)
- Two Individual Items
  - Cleanliness of Hospital Environment
  - Information About Symptoms\*
- Two Global Items
  - Hospital Rating
  - Recommend the Hospital

\* *New or updated items or measures beginning with the October 2026 public reporting.*

The HCAHPS Survey is available in the languages listed below. Survey vendors/Hospitals are not permitted to make or use any other language translations.

### HCAHPS Survey Languages by Mode

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

\* *These translations will be made available after FY 2025 IPPS Final Rule is posted.*

### HCAHPS Development, Data Collection and Public Reporting Timeline

The following timeline outlines major events in the HCAHPS development process, as well as anticipated dates for future national implementation events.

#### 2002

- *July 2002* – AHRQ publishes call for measures in the Federal Register
- *Fall 2002* – The CAHPS team reviews the literature and response to the call for measures on patient assessment of hospital care related to survey content, sampling, data collection, and reporting
- *November 2002* – AHRQ and CMS hold a Stakeholders Meeting
- *November 2002* – AHRQ and CMS hold a Survey Vendors Meeting

#### 2003

- *February 2003* – A Federal Register Notice is published soliciting comments on the draft pilot instrument
- *June 2003* – Data collection begins for the CMS Three State Pilot (Arizona, Maryland and New York)
- *June 2003* – A Federal Register Notice is published soliciting comments on the draft HCAHPS Survey and requesting input on implementation issues
- *Fall 2003* – CMS selects Health Services Advisory Group (HSAG), the Arizona Quality Improvement Organization (QIO), to coordinate the National Implementation of HCAHPS. HSAG assembles a team comprised of the National Committee for Quality Assurance (NCQA), RAND, Westat, and expert consultants from Harvard Medical School to support the National Implementation.
- *October 2003* – Six consumer focus groups are conducted in California and Maryland to obtain consumer feedback on the HCAHPS Survey content and domains
- *November 2003* – HCAHPS Stakeholders Meeting is held to provide an update on the development process and to discuss implementation issues

- *December 2003* – CMS publishes the draft 32-item HCAHPS instrument in the Federal Register
- *December 2003* – The Three State Pilot Final Report is issued

## 2004

- *January 2004* – AHRQ begins additional HCAHPS testing at five sites
- *February 2004* – AHRQ announces Pre-National Implementation Testing in the Federal Register
- *March 2004* – Additional consumer focus groups are held in Arizona and Florida to address issues raised in comments to the initial National Implementation of HCAHPS Federal Register Notice
- *June 2004* – AHRQ Pre-National Implementation Testing begins
- *November 2004* – CMS issues second 60-day Federal Register Notice announcing the National Implementation of HCAHPS (25-item HCAHPS instrument)
- *November 2004* – CMS submits HCAHPS to the NQF’s Consensus Development process for its endorsement
- *December 2004* – The NQF Review Committee recommends adding the “doctors and nurses showing courtesy and respect” items back into the HCAHPS Survey, which increases the number of survey items from 25 to 27

## 2005

- *January 2005* – The second Federal Register Notice closes; CMS proceeds to respond to the public comments received through the Federal Register
- *March 2005* – NQF public comment period
- *May 2005* – The four NQF Member Councils and Executive Board formally endorse HCAHPS
- *November 2005* – The final Federal Register Notice, a 30-day notice, is published
- *December 2005* – HCAHPS receives final clearance from OMB

## 2006

- *February 2006* – The first HCAHPS *Quality Assurance Guidelines* manual is released
- *February 2006* – The first *HCAHPS Survey Vendor/Hospital Training* sessions are held at the CMS Central Office in Baltimore, and also via Webinar
- *Spring 2006* – The first HCAHPS Mode Experiment was conducted to test mode effects
- *April - June 2006* – The first HCAHPS dry run is conducted, which allows hospitals to test the survey and data submission process without public reporting
- *April 2006* – The second *HCAHPS Survey Vendor/Hospital Training* is conducted via Webinar
- *October 2006* – Data collection for the National Implementation of HCAHPS for Public Reporting commences

## 2007

- *January 2007* – The HCAHPS *Quality Assurance Guidelines V2.0* is released
- *January 2007* – The third *HCAHPS Survey Vendor/Hospital Training (Introduction to HCAHPS Training)* is conducted via Webinar

- *March 2007* – A second HCAHPS dry run is conducted, for survey vendors/hospitals that did not participate in 2006
- *May 2007* – A Chinese translation of the survey instrument is made available for Mail Only mode of survey administration
- *May 2007* – The first *HCAHPS Update Training* sessions are conducted via Webinar
- *July 1, 2007* – HCAHPS Data Collection and Public Reporting for Annual Payment Update purposes (APU era) begins
- *August 22, 2007* – The IPPS Final Rule is published, which stipulates that IPPS hospitals must participate in and publicly report HCAHPS in order to qualify for their full APU for FY 2008 (“pay for reporting”)

## 2008

- *January 2008* – The HCAHPS *Quality Assurance Guidelines V3.0* is released
- *January 2008* – The fourth *Introduction to HCAHPS Training* and second *HCAHPS Update Training* sessions are conducted via Webinar
- *January 17 – February 15, 2008* – First preview period for HCAHPS public reporting
- *February 2008* – OMB re-approved HCAHPS
- *March 28, 2008* – The First Public Reporting of HCAHPS results (Patients discharged October 2006 – June 2007) on the Hospital Compare Website
- *July 2008* – Data collection begins for Mode Experiment II
- *August 2008* – Second Public Reporting of HCAHPS results (Patients discharged October 2006 – September 2007)
- *August 19, 2008* – The IPPS Final Rule is published, which stipulates that IPPS hospitals must continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (<https://www.hcahpsonline.org>)
- *September 2008* – Third Public Reporting of HCAHPS results (Patients discharged January 2007 – December 2007)
- *October 2008* – CMS releases *HCAHPS Bulletin 2008-01*, “Application of the HCAHPS Lag Time Variable”
- *December 2008* – Fourth Public Reporting of HCAHPS results (Patients discharged April 2007 – March 2008)

## 2009

- *February 2009* – The HCAHPS *Quality Assurance Guidelines V4.0* is released
- *February 2009* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *February 2009* – Russian and Vietnamese translations of the survey instrument are made available for Mail Only mode of survey administration
- *February 2009* – CMS releases *HCAHPS Bulletin 2009-01*, “The Use of HCAHPS in Connection with Other Hospital Inpatient Surveys,” which is posted on the HCAHPS Website (<https://www.hcahpsonline.org>)
- *March 2009* – Fifth Public Reporting of HCAHPS results (Patients discharged July 2007 – June 2008). IPPS hospitals must report their HCAHPS results, and can no longer suppress public reporting.

- *May 2009* – CMS releases *HCAHPS Bulletin 2009-01 Revised*, “The Use of HCAHPS in Conjunction with Other Hospital Inpatient Surveys,” which is posted on the HCAHPS Website (<https://www.hcahpsonline.org>)
- *July 2009* – Sixth Public Reporting of HCAHPS results (Patients discharged October 2007 – September 2008)
- *August 27, 2009* – The IPPS Final Rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (<https://www.hcahpsonline.org>)
- *September 2009* – Seventh Public Reporting of HCAHPS results (Patients discharged January 2008 – December 2008)
- *December 2009* – Eighth Public Reporting of HCAHPS results (Patients discharged April 2008 – March 2009)

## 2010

- *March 2010* – The HCAHPS *Quality Assurance Guidelines V5.0* is released
- *March 2010* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *March 2010* – Ninth Public Reporting of HCAHPS results (Patients discharged July 2008 – June 2009)
- *April 2010* – HCAHPS is named in Section 3001 of the Patient Protection and Affordable Care Act of 2010
- *May 2010* – The NQF renewed its endorsement of the HCAHPS Survey
- *June 2010* – Tenth Public Reporting of HCAHPS results (Patients discharged October 2008 – September 2009)
- *August 16, 2010* – The IPPS Final Rule is published, which stipulates the continued requirement for IPPS hospitals to continuously collect and submit HCAHPS data to the QIO Clinical Warehouse by the data submission deadlines which are posted on the HCAHPS Website (<https://www.hcahpsonline.org>)
- *September 2010* – Eleventh Public Reporting of HCAHPS results (Patients discharged January 2009 – December 2009)
- *December 2010* – Twelfth Public Reporting of HCAHPS results (Patients discharged April 2009 – March 2010)
- *December 2010* – CMS releases the *HCAHPS Bulletin 2010-01* “HCAHPS and Hospital Value-Based Purchasing”

## 2011

- *March 2011* – The HCAHPS *Quality Assurance Guidelines V6.0* is released
- *March 2011* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *April 2011* – Thirteenth Public Reporting of HCAHPS results (Patients discharged July 2009 – June 2010)
- *May 6, 2011* – The final Hospital Value-Based Purchasing rule is published (*Federal Register / Vol. 76, No. 88 / Friday, May 6, 2011 / Rules and Regulations*)
- *July 2011* – Fourteenth Public Reporting of HCAHPS results (Patients discharged October 2009 – September 2010)

- *August 18, 2011* – The IPPS Final Rule is published (*Federal Register / Vol. 76, No. 160 / Thursday, August 18, 2011 / Rules and Regulations*)
- *October 2011* – Fifteenth Public Reporting of HCAHPS results (Patients discharged January 2010 – December 2010)

## 2012

- *January 2012* – Sixteenth Public Reporting of HCAHPS results (Patients discharged April 2010 – March 2011)
- *March 2012* – The HCAHPS *Quality Assurance Guidelines V7.0* is released
- *March 2012* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *Spring 2012* – Seventeenth Public Reporting of HCAHPS results (Patients discharged July 2010 – June 2011)
- *July 2012* – Eighteenth Public Reporting of HCAHPS results (Patients discharged October 2010 - September 2011)
- *July 1, 2012* – Voluntary use of the HCAHPS 32-item Expanded survey begins with July 1, 2012 discharges
- *August 31, 2012* – The IPPS Final Rule is published (*Federal Register / Vol. 77, No. 170 / Friday, August 31, 2012 / Rules and Regulations*)
- *October 1, 2012* – Hospital Value-Based Purchasing program begins; HCAHPS “top-box” scores used to create the Patient Experience of Care Domain score
- *October 2012* – Nineteenth Public Reporting of HCAHPS results (Patients discharged January 2011 – December 2011)
- *December 2012* – Twentieth Public Reporting of HCAHPS results (Patients discharged April 2011 – March 2012)

## 2013

- *January 2013* – Required use of the 32-item HCAHPS Survey, which includes the Care Transition Measure
- *March 2013* – The HCAHPS *Quality Assurance Guidelines V8.0* is released
- *March 2013* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted via Webinar
- *April 2013* – Twenty-first Public Reporting of HCAHPS results (Patients discharged July 2011 – June 2012)
- *July 2013* – Twenty-second Public Reporting of HCAHPS results (Patients discharged October 2011 – September 2012)
- *August 19, 2013* – The IPPS Final Rule is published (*Federal Register / Vol. 78, No. 160 / Friday, August 19, 2013 / Rules and Regulations*)
- *September 2013* – CMS releases the Portuguese translation of the HCAHPS Survey for Mail Only mode of survey administration
- *October 2013* – Language spoken at home patient-mix adjustment applied to October 1, 2013 and forward discharges
- *December 2013* – Twenty-third Public Reporting of HCAHPS results (Patients discharged January 2012 – December 2012)



**2014**

- *January 2014* – Twenty-fourth Public Reporting of HCAHPS results (Patients discharged April 2012 – March 2013)
- *March 2014* – The HCAHPS *Quality Assurance Guidelines V9.0* is released
- *March 2014* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *April 2014* – Twenty-fifth Public Reporting of HCAHPS results (Patients discharged July 2012 – June 2013)
- *July 2014* – Twenty-sixth Public Reporting of HCAHPS results (Patients discharged October 2012 – September 2013)
- *August 22, 2014* – The IPPS Final Rule is published (*Federal Register / Vol. 79, No. 163 / Friday, August 22, 2014 / Rules and Regulations*)
- *December 2014* – Twenty-seventh Public Reporting of HCAHPS results (Patients discharged January 2013 – December 2013)
  - First public reporting of Care Transition Measure composite

**2015**

- *January 2015* – The NQF renewed its endorsement of the HCAHPS Survey
- *March 2015* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *March 2015* – The HCAHPS *Quality Assurance Guidelines V10.0* is released
- *April 2015* – Twenty-eighth Public Reporting of HCAHPS results (Patients discharged July 2013 – June 2014)
  - First public reporting of HCAHPS Star Ratings
- *July 2015* – Twenty-ninth Public Reporting of HCAHPS results (Patients discharged October 2013 – September 2014)
- *August 17, 2015* – The IPPS Final Rule is published (*Federal Register / Vol. 80, No. 158 / Friday, August 17, 2015 / Rules and Regulations*)
- *October 2015* – Thirtieth Public Reporting of HCAHPS results (Patients discharged January 2014 – December 2014)
- *December 2015* – Thirty-first Public Reporting of HCAHPS results (Patients discharged April 2014 – March 2015)

**2016**

- *March 2016* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *March 2016* – The HCAHPS *Quality Assurance Guidelines V11.0* is released
- *April 2016* – Thirty-second Public Reporting of HCAHPS results (Patients discharged July 2014 – June 2015)
- *July 2016* – Thirty-third Public Reporting of HCAHPS results (Patients discharged October 2014 – September 2015)
- *August 22, 2016* – The IPPS Final Rule is published (*Federal Register / Vol. 81, No. 162 / Friday, August 22, 2016 / Rules and Regulations*)
- *October 2016* – Thirty-fourth Public Reporting of HCAHPS results (Patients discharged January 2015 – December 2015)

- *November 2016* – The OPPS Final Rule is published (*Federal Register / Vol. 81, No. 219 / Monday, November 14, 2016*), which stipulates that beginning in FY 2018, the HCAHPS Pain Management dimension will be removed from the Hospital VBP program. In addition, the HCAHPS Care Transition Dimension will be added to the Hospital VBP Program. (<https://federalregister.gov/d/2016-26515>)
- *December 2016* – Thirty-fifth Public Reporting of HCAHPS results (Patients discharged April 2015 – March 2016). Public reporting of HCAHPS scores restricted to hospitals with 25 or more completed surveys.

## 2017

- *February - March 2017* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted via Webinar
- *March 2017* – The HCAHPS *Quality Assurance Guidelines V12.0* is released and CMS releases the Chinese and Russian translations of the HCAHPS Telephone Scripts
- *April 2017* – Thirty-sixth Public Reporting of HCAHPS results (Patients discharged July 2015 – June 2016)
- *July 2017* – Thirty-seventh Public Reporting of HCAHPS results (Patients discharged October 2015 – September 2016)
- *August 2017* – The FY 2018 IPPS Final Rule is published (*Federal Register / Vol. 82, No. 155 / Monday, August 14, 2017*), in which CMS announced plans to replace the pain management questions with three new questions that focus on Communication About Pain
- *October 2017* – Thirty-eighth Public Reporting of HCAHPS results (Patients discharged January 2016 – December 2016)
- *November 2017* – Release of the first HCAHPS Podcast entitled “Successfully Transitioning to the New *Communication About Pain* Items on the HCAHPS Survey”
- *December 2017* – Thirty-ninth Public Reporting of HCAHPS results (Patients discharged April 2016 – March 2017)

## 2018

- *January 2018* – The new HCAHPS pain items are required to be used for all patient discharges January 2018 and forward. These items comprise a new composite measure Communication About Pain and replace the original pain items 12, 13 and 14.
- *February - March 2018* – *Introduction to HCAHPS Training and HCAHPS Update Training* are conducted
- *March 2018* – The HCAHPS *Quality Assurance Guidelines V13.0* is released
- *April 2018* – Fortieth Public Reporting of HCAHPS results (Patients discharged July 2016 – June 2017)
- *May 2018* – CMS removed the Pain Management composite from the April 2018 Hospital Compare Refresh
- *July 2018* – Forty-first Public Reporting of HCAHPS results (Patients discharged October 2016 – September 2017)
- *August 2018* – The FY 2019 IPPS Final Rule is published (*Federal Register / Vol. 83, No. 160 / August 17, 2018*)
- *October 2018* – Forty-second Public Reporting of HCAHPS results (Patients discharged January 2017 – December 2017)
- *November 2018* – The CY 2019 OPPS Final Rule is published (*Federal Register / Vol. 83, No. 225 / November 21, 2018*), in which CMS announced the removal of the

Communication About Pain composite measure effective with October 1, 2019 patient discharges for the FY 2021 payment determination and subsequent years

- *November 2018* – OMB re-approved HCAHPS with addition of the Expiration Date of November 30, 2021 displayed on the front page of the questionnaire and in the OMB Paperwork Reduction Action Language statement

## 2019

- *January 2019* – Forty-third Public Reporting of HCAHPS results (Patients discharged April 2017 – March 2018). Refreshed in February 2019.
- *February 2019* – The HCAHPS *Quality Assurance Guidelines V14.0* is released
- *February 2019* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- *April 2019* – Forty-fourth Public Reporting of HCAHPS results (Patients discharged July 2017 – June 2018)
- *June 2019* – Release of the HCAHPS Podcast entitled “HCAHPS Linear Mean Scores and Star Ratings Calculations”
- *July 2019* – Forty-fifth Public Reporting of HCAHPS results (Patients discharged October 2017 – September 2018)
- *July 2019* – Release of three HCAHPS Podcasts entitled “Updated Patient-Mix Adjustment: Self-Rated Mental Health,” “Recommended HCAHPS Data Quality Checks” and “Advanced HCAHPS Data Quality Checks”
- *August 2019* – The FY 2020 IPPS Final Rule is published (Federal Register / Vol. 84, No. 159 / August 16, 2019)
- *October 2019* – CMS releases the German translation of the HCAHPS Survey for Mail Only mode of survey administration
- *October 2019* – The removal of the Communication About Pain composite from the HCAHPS Survey effective with October 1, 2019 patient discharges
- *October 2019* – The NQF renewed its endorsement of the HCAHPS Survey
- *October 2019* – Forty-sixth Public Reporting of HCAHPS results (Patients discharged January 2018 – December 2018)
- *December 2019* – Focus Groups were conducted in the initial stage of a multi-faceted review of HCAHPS Survey content and design

## 2020

- *January 2020* – Forty-seventh Public Reporting of HCAHPS results (Patients discharged April 2018 – March 2019)
- *February 2020* – The HCAHPS *Quality Assurance Guidelines V15.0* is released
- *February 2020* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- *March 2020* – CMS grants exceptions for hospitals participating in quality reporting programs in response to COVID-19. Survey vendors and self-administering hospitals could request approval to conduct survey operations from a remote location (other than their place of business), via the HCAHPS Exception Request process.
- *April 2020* – Forty-eighth Public Reporting of HCAHPS results (Patients discharged July 2018 – June 2019)

- *July 2020* – Forty-ninth Public Reporting of HCAHPS results (Patients discharged October 2018 – September 2019)
- *July 2020* – Release of two HCAHPS Podcasts entitled “Total Inpatient Discharges” and “Changes to QualityNet Data File Submission”
- *September 2020* – CMS launched Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/> [previously Hospital Compare]), which contains HCAHPS Survey results and many other measures, and is a streamlined redesign of eight existing CMS healthcare compare tools available on <https://www.medicare.gov>
- *September 2020* – The FY 2021 IPPS Final Rule is published (Federal Register / Vol. 85, No. 182 / September 18, 2020)
- *October 2020* – Fiftieth Public Reporting of HCAHPS results (Patients discharged January 2019 – December 2019)

## 2021

- *February 2021* – The HCAHPS *Quality Assurance Guidelines V16.0* is released
- *March 2021* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- *April 2021* – Data collection begins for Mode Experiment V
- *July 2021* – Release of HCAHPS Podcast entitled “HCAHPS Service Line Benchmarks for Top-Box Scores”
- *July 2021* – CMS releases the Tagalog translation of the HCAHPS Survey for Mail Only mode of survey administration
- *August 2021* – The FY 2022 IPPS Final Rule is published (Federal Register / Vol. 86, No. 154 / August 13, 2021)
- *September 2021* – OMB re-approved HCAHPS with the Expiration Date of September 30, 2024
- *October 2021* – Fifty-first Public Reporting displays HCAHPS results for patients discharged July 2020 – December 2020 (due to the COVID-19 Public Health Emergency)

## 2022

- *January 2022* – Fifty-second Public Reporting displays HCAHPS results for patients discharged July 2020 – March 2021 (due to the COVID-19 Public Health Emergency)
- *February 2022* – The HCAHPS *Quality Assurance Guidelines V17.0* is released, including Arabic translation of the survey instrument for Mail Only mode of survey administration
- *March 2022* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- *July 2022* – Fifty-third Public Reporting of HCAHPS results (Patients discharged October 2020 – September 2021)
- *July 2022* - Release of HCAHPS Podcast entitled “Improving Representativeness of the HCAHPS Survey”
- *August 2022* – The FY 2023 IPPS Final Rule is published (Federal Register / Vol. 87, No. 153 / August 10, 2022)
- *October 2022* – Fifty-fourth Public Reporting of HCAHPS results (Patients discharged January 2021 – December 2021)

**2023**

- *January 2023* – Updated survey mode adjustments applied to January 1, 2023 and forward patient discharges
- *January 2023* – Fifty-fifth Public Reporting of HCAHPS results (Patients discharged April 2021 – March 2022)
- *February 2023* – The HCAHPS *Quality Assurance Guidelines V18.0* is released
- *March 2023* – *Introduction to HCAHPS Training* and *HCAHPS Update Training* are conducted
- *April 2023* – Fifty-sixth Public Reporting of HCAHPS results (Patients discharged July 2021 – June 2022)
- *July 2023* – Fifty-seventh Public Reporting of HCAHPS results (Patients discharged October 2021 – September 2022)
- *July 2023* – Release of HCAHPS Podcast entitled “Updates to HCAHPS Survey Mode Adjustments”
- *August 2023* – The FY 2024 IPPS Final Rule is published (Federal Register / Vol. 88, No. 165 / August 28, 2023)
- *October 2023* – Fifty-eighth Public Reporting of HCAHPS results (Patients discharged January 2022 – December 2022)

**2024**

- *January 2024* – Fifty-ninth Public Reporting of HCAHPS results (Patients discharged April 2022 – March 2023)
- *April 2024* – Sixtieth Public Reporting of HCAHPS results (Patients discharged July 2022 – June 2023)
- *May 2024* – The HCAHPS *Quality Assurance Guidelines V19.0* is released
- *May 2024* – *HCAHPS Training* is conducted
- *July 2024* – Sixty-first Public Reporting of HCAHPS results (Patients discharged October 2022 – September 2023)
- *October 2024* – Sixty-second Public Reporting of HCAHPS results (Patients discharged January 2023 – December 2023)



# **Program Requirements**

## **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

## **Overview**

This chapter describes the Program Requirements, which include the purpose of the CAHPS Hospital Survey (HCAHPS), use of HCAHPS with other hospital inpatient surveys, communicating with patients about the HCAHPS Survey, roles and responsibilities for participating organizations, the Rules of Participation, and Minimum Business Requirements to administer HCAHPS. The HCAHPS Rules of Participation listed below apply to survey vendors and hospitals self-administering the HCAHPS Survey. In addition, there are two different sets of Minimum Business Requirements: one for survey vendors and one for self-administering hospitals. Survey Vendors must meet the *Survey Vendor* Minimum Business Requirements. A hospital self-administering the HCAHPS Survey (without using a survey vendor) must meet the *Self-administering Hospital* Minimum Business Requirements.

## **Purpose of the HCAHPS Survey**

The HCAHPS Survey and its administration protocols are designed to produce standardized information about patients' perspectives of care that allows objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve the quality of care while enhancing accountability in healthcare by increasing transparency.

In order to fulfill these goals, it is essential that, to the fullest extent possible:

1. Patients respond to the HCAHPS Survey, and
2. Patients' responses are informed only by the care they receive during the hospital stay

CMS carefully developed the HCAHPS Survey and its administration protocols to achieve the following outcomes:

- To increase the likelihood that patients will respond to the survey, CMS strongly recommends that HCAHPS be the first inpatient survey patients receive about their

experience of hospital care (for more information, see *Use of HCAHPS with Other Hospital Inpatient Surveys* below and Appendix HH)

- To ensure that the patient’s responses are unbiased and reflect only their experience of care, survey vendors and hospitals (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS Survey items (for more information, see *Communicating with Patients about the HCAHPS Survey* below)

Official HCAHPS Survey scores are published on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>). CMS emphasizes that HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals (designated by their CMS Certification Number) to each other. **CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others.** Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual hospital staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

Only the HCAHPS scores published on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>) are the “official” scores. Scores derived from any other source are “unofficial” and should be labeled as such. HCAHPS Survey results are intended to be used for quality improvement purposes, not for marketing or promotional activities.

### **Use of HCAHPS Outside of Official HCAHPS Purposes**

The HCAHPS Survey and the questions that comprise it are in the public domain and thus can be used outside of official HCAHPS purposes (e.g., for non-HCAHPS eligible patients, etc.). When used in an unofficial capacity, the HCAHPS OMB language, HCAHPS OMB number and expiration date must not be used, and all references to HCAHPS and the “United States Department of Health and Human Services” sponsorship must be removed; however, the copyright statement must be used.

### **Use of HCAHPS with Other Hospital Inpatient Surveys**

In this section, CMS provides guidelines to employ when asking patients questions regarding their hospital stay. CMS’ intent is to minimize the burden on patients, prevent the introduction of bias to HCAHPS Survey responses and not deteriorate the likelihood that patients will complete the HCAHPS Survey.

In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how patients, or which patients, respond to HCAHPS Survey items must be avoided. If patients are asked survey questions during their inpatient stay, we strongly suggest that such questions be worded in a neutral tone and are not tilted toward a particular response. In addition, CMS strongly recommends survey questions do not resemble HCAHPS items or their response categories. Hospitals are strongly encouraged to focus on overall quality of care rather than the HCAHPS measures reported to CMS.



To increase the likelihood that patients will respond to the HCAHPS Survey, CMS strongly recommends that HCAHPS be the first inpatient survey patients receive about their experience of hospital care. The word “survey” in this instance refers to a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital’s patient population.

- When asking non-HCAHPS Survey questions, do not use HCAHPS-like response categories (for instance, “Always,” “Usually,” “Sometimes,” “Never”)
- It is permissible for patients to be asked about their hospital experience during their hospital stay or during discharge calls where this is a normal part of clinical rounds, leadership rounds, or patient treatment/care activities
- Patient-initiated or hospital-initiated (including the hospital’s agents) contact, comment, response, or communication, whether before, during or after the hospital stay, must not influence the likelihood of a patient receiving the HCAHPS Survey
- The following are examples of the types of questions that are **NOT** permissible:
  - “Did the nurses always answer your questions?”
  - “On a scale of 0 to 10, how would you rate your hospital stay?”
  - “Is there a way we could always....?”
  - “Did your doctor/nurse explain things in a way you could understand?”
  - “Overall, how would you rate the care you received from your doctors/nurses?”
- Alternative questions that would not violate HCAHPS protocols include:
  - “Are the nurses answering your questions?”
  - “Please share with us how we could improve your hospital stay.”
  - “Tell us about your stay.”
  - “Did your doctor/nurse address any communication barriers regarding information about your healthcare?”
  - “Was our staff attentive to your needs?”

CMS strongly recommends that the HCAHPS Survey be administered prior to any other inpatient survey. As noted above, it is permissible for patients to be asked about their hospital experience during their hospital stay when the focus is on the clinical care of the individual patient. The hospital or its agents must not seek to influence which patients receive the HCAHPS Survey or how patients answer HCAHPS Survey items. For additional guidance in the use of HCAHPS in conjunction with other inpatient surveys, refer to Appendix HH.

While the over-riding goal of CMS is to minimize survey burden and prevent introducing potential bias to the HCAHPS Survey responses, on occasion CMS may initiate and implement projects or studies to investigate and improve the healthcare of patients. If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS protocols, the survey vendor/hospital should complete and submit an Exception Request to alert and inform the HCAHPS Project Team of participation (see the *Exception Request/Discrepancy Report Processes* chapter).

## Communicating with Patients about the HCAHPS Survey

HCAHPS guidelines allow survey vendors/hospitals to communicate about the HCAHPS Survey before or at discharge; for example, hospitals may inform patients that they may receive a survey

after discharge asking about their stay in the hospital. Patients should be encouraged to complete the survey and share their experiences. Hospitals may use posters or other written communications to notify patients that they may receive a survey and to promote participation in the survey. However, certain types of communications (oral, written or in the HCAHPS Survey materials, e.g., mail cover letters, phone scripts and web survey email invitations) are not permitted because they may introduce bias in the survey results. For instance, survey vendors/hospitals or their agents are not allowed to:

- ask any HCAHPS or HCAHPS-like questions of patients prior to administration of the survey after discharge
- attempt to influence or encourage patients to answer HCAHPS questions in a particular way
- wear buttons or display signage denoting “Always” or “10”
- imply that the hospital, its personnel or agents will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses, or indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- ask patients to explain why he or she chose their specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family
- indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes,” or an “Always”
- offer incentives of any kind for participation in the survey
- show or provide the HCAHPS Survey or cover letters to patients while they are in the hospital or at any time prior to the administration of the survey
- send any pre-notification letters or postcards informing patients about the HCAHPS Survey; however, it is permissible to notify the patient while in the hospital or at discharge that they may receive the survey after discharge

### Other Communications with Patients

When communicating with patients while in the hospital regarding their healthcare, survey vendors/hospitals should take care to avoid introducing bias in the way a patient may answer questions on the HCAHPS Survey. Many of the guidelines above in the *Use of HCAHPS with Other Hospital Inpatient Surveys* and *Communicating with Patients about the HCAHPS Survey* sections apply to general communications with patients.

- Examples of statements that **comply** with HCAHPS protocols include:
  - “We are looking for ways to improve your stay. Please share your comments with us.”
  - “What can we do to improve your care?”
  - “We want to hear from you, please share your experience with us.”
  - “Please let us know if you have any questions about your treatment plan.”
  - “Let us know if your room is not comfortable.”
- Survey vendors/Hospitals or their agents should **not**:
  - Wear buttons, stickers, etc. that state “Always” or “10.”
  - Emphasize HCAHPS response options in posters, white boards, rounding questions, in room television, or other media accessible to patients:
    - “We expect to be the best hospital possible.”
    - “Our goal is to always address your needs.”
    - “Let us know if we are not listening carefully to you.”

- “We treat our patients with courtesy and respect.”
- “In order to provide the best possible care, please tell us how we can always...”
- “Our doctors and nurses always listen carefully to you.”
- “We want to always explain things to you in a way you can understand.”
- “We want you to recommend us to family and friends.”

## Roles and Responsibilities

The following content clarifies the roles and responsibilities of participating organizations.

### CMS Roles and Responsibilities

CMS supports the standardization of the survey administration and data collection methodologies for measuring and publicly reporting patients’ perspectives on hospital care as follows:

- Provide HCAHPS Survey administration protocols through the *Quality Assurance Guidelines*
- Train survey vendors/hospitals to administer the HCAHPS Survey
- Provide technical assistance via HCAHPS Information and Technical Support and distribute information about survey administration procedures and policy updates on the HCAHPS Website (<https://www.hcahpsonline.org>)
- Process data files submitted by survey vendors/hospitals
- Calculate and adjust HCAHPS data for mode and patient-mix effects prior to public reporting
- Generate preview reports containing HCAHPS Survey results for participating hospitals prior to public reporting
- Report HCAHPS Survey results publicly on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>)
- Provide quality oversight to ensure that the HCAHPS Survey is credible, useful and practical to allow for valid comparisons to be made across hospitals

### Hospital Roles and Responsibilities

Since FY 2008, as part of the Hospital Inpatient Quality Reporting Program (formerly known as Reporting Hospital Quality Data Annual Payment Update [RHQDAPU] program), hospitals that are subject to IPPS payment provisions must collect and submit HCAHPS data in order to receive their full APU. IPPS hospitals that fail to report the required quality measures, which include the HCAHPS Survey, may receive an APU that is reduced. Short-term, acute care hospitals that are not IPPS hospitals, such as Critical Access Hospitals, Veterans Affairs hospitals or Department of Defense hospitals, may voluntarily participate in HCAHPS.

*Note: IPPS Hospitals with zero eligible HCAHPS patient discharges (“zero cases”) must submit monthly or quarterly, an HCAHPS Header Record (Survey Month Data) online via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal. Please visit the HCAHPS Website for more details or contact HCAHPS Information and Technical Support for more information.*

*Note: IPPS Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that given month. If patients are not surveyed, an HCAHPS Header Record (Survey Month Data) will still need to be submitted online via the HQR system*

[\(https://hqr.cms.gov/\)](https://hqr.cms.gov/). Please visit the HCAHPS Website for more details or contact HCAHPS Information and Technical Support for more information.

*Note: The zero cases and five or fewer eligible HCAHPS patient discharges submission protocols must not be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit discharge lists for the month to their survey vendor in a timely manner. In instances such as this, a Discrepancy Report must be completed and submitted.*

Hospitals should monitor the HCAHPS Website (<https://www.hcahpsonline.org>), as well as the Hospital IQR Program Website (<https://qualitynet.cms.gov/inpatient/iqr/participation>), for program updates, information and announcements regarding the completion/submission of required Notice of Participation and/or pledge forms.

Hospitals must ensure that their communications with patients do not violate HCAHPS requirements with regard to attempting to influence the way a patient might respond to the HCAHPS Survey. In particular, hospitals must not use HCAHPS wording and/or response categories in their communication with patients.

**In addition, hospitals are responsible for ensuring the confidentiality of patients responding to the survey.** While the data from HCAHPS may be used for quality improvement purposes, the patient's identity should not be shared with direct care staff.

CMS provides the HCAHPS Survey in several languages. In the FY 2024 IPPS Final Rule, CMS requires survey vendors/hospitals to collect information about the language the patient speaks while in the hospital. Survey vendors/Hospitals are required to administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, CMS strongly encourages hospitals with significant patient populations that speak any of the other official HCAHPS languages (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and/or Arabic) to offer the HCAHPS Survey in these languages. Only the official translations of the HCAHPS Survey instrument are permitted for HCAHPS Survey administration.

Hospitals participating in HCAHPS have the following options for conducting the survey: (1) contract with an approved HCAHPS Survey vendor or (2) self-administer their own HCAHPS Survey, provided they meet the Program Requirements (Rules of Participation and Minimum Business Requirements).

#### ***Hospital Contracting with a Survey Vendor to Conduct HCAHPS***

- Contract with an HCAHPS-approved Survey vendor to conduct the HCAHPS Survey
- Provide a primary and secondary (backup) HCAHPS contact person to HCAHPS-approved Survey vendor
- Ascertain from the survey vendor the date the patient discharge list must be received. Survey vendors set deadlines independently based on many factors, including survey administration timelines, due date for data file submission, and time they need to draw the random sample and generate the data file.
- Submit the entire patient discharge list (strongly encouraged) to the survey vendor, excluding patients who had requested “no publicity” status or who are excluded because of State regulations. If a hospital excludes patients from the discharge list, then they must

submit the total number of inpatient discharges in the month and a count of patients by exclusion category to the survey vendor, at a minimum on a monthly basis.

- Deliver the patient discharge list to the survey vendor by their specified date and according to the specified file layout, which allows the survey vendor to administer the survey and submit data files to the HQR system (<https://hqr.cms.gov/>) by the data submission deadline
  - As noted in the FY 2014 IPPS Final Rule, hospitals must provide the administrative data that is required for HCAHPS in a timely manner to their survey vendor. This includes the patient MS-DRG code at discharge, or alternative information that can be used to determine the patient's service line.
  - If a hospital is unable to provide the patient discharge list by the survey vendor's specified date, the survey vendor may not be able to proceed with survey administration for that hospital according to the HCAHPS timeline. As a result, the hospital's HCAHPS scores may not be publicly reported (which could affect the hospital's APU for the fiscal year), or may be publicly reported with a footnote.
- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital
  - In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible patient discharges is the only acceptable reason for submitting fewer than 300 completed surveys.
- Authorize the survey vendor to submit data via the HQR system (<https://hqr.cms.gov/>) on the hospital's behalf
- Review the HCAHPS Warehouse Feedback Reports to verify that the survey vendor has submitted the data accurately and on time. These reports include: HCAHPS Warehouse Provider Survey Status Summary Report, HCAHPS Warehouse Data Submission Detail Report and Hospital IQR Reporting – Provider Participation Report.
- Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)
- Preview HCAHPS results prior to public reporting

### ***Hospital Self-administering HCAHPS***

The FY 2014 IPPS Final Rule codified HCAHPS Self-administering Hospital compliance with CMS oversight activities:

- “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 addition, hospitals self-administering HCAHPS are subject to the following requirements:

- Complete the Participation Form for Hospitals Self-administering Survey and become approved to administer the HCAHPS Survey
- Follow the Rules of Participation to administer the HCAHPS Survey
- Comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security and Privacy Rules in conducting all survey administration and data collection processes

- <https://www.hhs.gov/HIPAA/>
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Have appropriate organizational back-up staff for coverage of key staff to administer the HCAHPS Survey
- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V19.0*
- Strive to obtain 300 completed surveys in a 12-month period when there are sufficient eligible discharges from the hospital
  - In the FY 2014 IPPS Final Rule, CMS stated that hospitals paid under the IPPS system must submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period. The absence of a sufficient number of HCAHPS-eligible patient discharges is the only acceptable reason for submitting fewer than 300 completed surveys.
- When updated patient information is received, prior to data submission, the hospital should update all patient administrative information available. In addition, the hospital must perform quality checks to review and verify changes from the original list.
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V19.0*
- Submit data files to the HQR system (<https://hqr.cms.gov/>) in accordance with the required survey file layouts by the data submission deadline
- Review HCAHPS Data Submission Reports and HCAHPS Warehouse Feedback Reports and confirm successful upload of the hospital's data files to the HQR system (<https://hqr.cms.gov/>)
- Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)
- Preview HCAHPS results prior to public reporting
- Perform quality checks of all survey administration processes
- Hospitals conducting a survey administration mode which includes a phone phase should use phone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during HCAHPS training and posted on the HCAHPS Website (<https://www.hcahponline.org>)

*Note: If a hospital self-administering the HCAHPS Survey is non-compliant with program requirements, the hospital's HCAHPS results may not be publicly reported, which could affect the hospital's APU for the fiscal year. In addition, the hospital may lose their approved HCAHPS Survey administration status.*

### **Survey Vendor Roles and Responsibilities**

In the FY 2014 IPPS Final Rule, CMS codified requirements for HCAHPS Survey vendors. These requirements are listed below:

- “CMS approves an application for an entity to administer the HCAHPS Survey as an approved HCAHPS Survey vendor on behalf of one or more hospitals when an applicant has met the Minimum Survey Requirements and Rules of Participation that can be found on the official HCAHPS Online Website, and agrees to comply with the current survey administration protocols that can be found on the official HCAHPS Online Website. An

entity must be an approved HCAHPS Survey vendor in order to administer and submit HCAHPS data to CMS on behalf of one or more hospitals.” *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*

The FY 2014 IPPS Final Rule also codified HCAHPS Survey vendor compliance with CMS oversight activities:

- “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 addition, HCAHPS Survey vendors are subject to the following requirements:

- Complete the Participation Form for Survey Vendor and become approved to administer the HCAHPS Survey
- Follow the Rules of Participation to administer the HCAHPS Survey
- Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - <https://www.hhs.gov/HIPAA/>
- Meet all HCAHPS due dates (including submission of Quality Assurance Plans and survey materials for review) or risk revocation of approval to administer the HCAHPS Survey
- Have appropriate organizational back-up staff for coverage of key staff to administer the HCAHPS Survey
- Receive and perform checks of the patient discharge list and create the sample frame to verify that it includes the entire eligible population and all required data elements
- When updated discharge lists are received, prior to data submission, the survey vendor should update all patient administrative information available. In addition, the survey vendor must perform quality checks to review and verify changes from the original discharge lists. If a hospital client excludes patients from the discharge list, then the hospital must submit a count of patients by each exclusion category to the survey vendor at a minimum on a monthly basis.
- Sample patients according to the sampling protocols contained in the *Quality Assurance Guidelines V19.0*
- Administer the HCAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the *Quality Assurance Guidelines V19.0*
- Obtain a primary and secondary (backup) HCAHPS contact person from each client hospital
- Verify that each hospital client has authorized the survey vendor to submit data on the hospital’s behalf
- Request that client hospitals grant their survey vendor access to the HCAHPS Warehouse Feedback Reports
- Submit data files to the HQR system (<https://hqr.cms.gov/>) in accordance with the survey file layouts by the data submission deadline
- Review HCAHPS Data Submission Reports for client hospital(s) and confirm successful upload of client hospitals’ data files to the HQR system (<https://hqr.cms.gov/>)

- Review the HCAHPS Submission Results Report (formerly the Review and Correction Report)
- Perform quality checks of all survey administration processes
- Maintain active contract(s) with client hospital(s) in order to retain approval status (see Minimum Business Requirements)
- Survey vendors conducting a survey administration mode which includes a phone phase should use phone interviewers who do not know patients either professionally or personally
- Complete and submit an annual Attestation Statement by the due date specified during HCAHPS training and posted on the HCAHPS Website (<https://www.hcahpsonline.org>)

*Note: If a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the contracted hospital's HCAHPS results may not be publicly reported, which could affect the hospital's Annual Payment Update (APU) for that fiscal year. In addition, approved survey vendors that are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.*

## Survey Vendor/Hospital HCAHPS Rules of Participation

Survey vendors/Hospitals must agree to the following Rules of Participation as found in the HCAHPS Participation Forms:

- **Submit Participation Form**

New survey vendors/hospitals must complete and submit a Participation Form online within the designated open participation time period. Participation Forms are available on the HCAHPS Website (<https://www.hcahpsonline.org>).

*Note: Approval of the survey vendors'/hospitals' participation status to administer the HCAHPS Survey is contingent upon successful completion of teleconference call(s) with the HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures; in addition to attendance at HCAHPS training and acceptance of a Quality Assurance Plan (QAP). Approved survey vendors/hospitals who are non-compliant with HCAHPS protocols may lose their approved HCAHPS Survey administration status.*

- **Changes to Participation Form (Adding a Mode)**

Currently approved HCAHPS Survey vendors/hospitals that seek to administer a mode they are not currently approved for must submit a Participation Form online within the designated open participation time period.

- **Change in Participation Status (Hospitals Only)**

- **Contract with Survey Vendor**

A self-administering hospital may elect to change its participation status to contract with an approved HCAHPS Survey vendor. This change can only take effect at the beginning of a quarter. Both the hospital and survey vendor must notify the HCAHPS Project Team of the change via HCAHPS Technical Assistance email at [hcahps@hsag.com](mailto:hcahps@hsag.com). The hospital must authorize the survey vendor, via the Hospital Quality Reporting (HQR) system, to submit data on the hospital's behalf; see the HQR system Website (<https://hqr.cms.gov/>) for details.



- **Elect to Self-administer**

A hospital that previously contracted with a survey vendor may elect to change its participation status to self-administer the HCAHPS Survey. This change can only take effect at the beginning of a quarter. In order to be eligible to self-administer the HCAHPS Survey, a hospital must take the following steps:

1. Meet the HCAHPS Minimum Business Requirements for Self-administering Hospitals
2. Submit a Participation Form for Self-administering Hospitals and be approved to administer the HCAHPS Survey
3. Participate in the HCAHPS Training sessions sponsored by CMS
4. De-authorize the survey vendor from submitting data in the HQR system (<https://hqr.cms.gov/>)

*Note: A survey vendor/hospital must immediately notify the HCAHPS Project Team of changes in its contact person or key staff and organizational structure (i.e., changes in ownership, name, and address) via email at [hcahps@hsag.com](mailto:hcahps@hsag.com).*

- **Participate in HCAHPS Trainings**

Approved survey vendors/hospitals must participate in the HCAHPS Training sessions sponsored by CMS. At a minimum, the survey vendor's/hospital's Project Manager must participate in the HCAHPS training sessions. **Subcontractor(s)/partner(s) and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web, XML file preparation) must participate in HCAHPS training.** Hospitals contracting with a survey vendor do not need to participate in training.

- **Review and Follow the HCAHPS *Quality Assurance Guidelines V19.0* and Policy Updates**

The *Quality Assurance Guidelines V19.0* manual has been developed to assure the continued standardization of the survey data collection process and the comparability of reported data. Survey vendors/Hospitals must review and follow the HCAHPS *Quality Assurance Guidelines V19.0*. In addition, survey vendors/hospitals must follow all policy updates, including *HCAHPS Bulletins*, posted on the HCAHPS Website (<https://www.hcahpsonline.org>).

- **Attest to the Accuracy of the Organization's Data Collection Process**

The survey vendor/hospital must review and attest (as determined by CMS) to the accuracy of the organization's data collection process and its conformance with the HCAHPS *Quality Assurance Guidelines V19.0*. Any variations from the survey administration protocols (except those that have been pre-approved by CMS through the Exception Request process) will be reviewed by CMS. CMS may determine that data collected in a non-approved manner may not be publicly reported.

- **Develop and maintain Survey Vendor/Hospital HCAHPS Quality Assurance Plan (QAP) and Survey Materials**

Survey vendors/Hospitals must develop and maintain a QAP for survey administration in accordance with the HCAHPS *Quality Assurance Guidelines V19.0* and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of

retaining their participation status. The QAP Outline document (included in Appendix BB) provides guidelines for developing the QAP.

The QAP must include the following:

- Organizational background and structure for the project
- Work plan for survey administration
- Role of subcontractor(s)/partner(s) and any other organization(s) that are responsible for major HCAHPS Survey administration functions (e.g., mail/phone/web operations, XML file preparation), if applicable
- Survey and data management system
- Quality controls for survey administration activities
- Confidentiality, privacy and security procedures in accordance with HIPAA
- Annual reporting of the results from quality control activities

Upon request, each survey vendor/hospital must submit their QAP and materials relevant to that year's HCAHPS Survey administration (as determined by CMS) to [hcahps@hsag.com](mailto:hcahps@hsag.com) for review by the HCAHPS Project Team. Documents include mailing materials (questionnaires, cover letters and outgoing/return envelopes), phone scripts (including screen shots and skip pattern logic, if applicable), and/or web materials (email invitations, web survey screen shots and a web survey testing link(s)). Documents may be submitted via the HCAHPS Secure Access File Exchange (SAFE) application.

*Note: The HCAHPS Project Team's acceptance of a submitted QAP and/or survey materials **does not** constitute or imply approval or endorsement of the survey vendor's/hospital's HCAHPS Survey processes. Additionally, any materials submitted (e.g., questionnaires, cover letters, email invitations, tracking forms, etc.) must be templates and **must not** contain any patient protected health information (PHI).*

➤ **Become a Hospital Quality Reporting (HQR) System Registered User**

Survey vendors/Hospitals must submit HCAHPS Survey data electronically via the HQR system (<https://hqr.cms.gov/>) using the prescribed file specifications. All survey vendors/hospitals participating in HCAHPS must be registered users of the HQR system. In addition, hospitals contracting with a survey vendor must be registered users of the HQR system and must authorize the survey vendor to submit data on their behalf via the HQR system.

➤ **Participate in an HCAHPS Dry Run (Voluntary)**

A short “dry run” of the survey is strongly recommended for newly approved survey vendors and self-administering hospitals to become familiar with the survey and its implementation protocols prior to the official start of HCAHPS Survey administration. Dry runs are planned for the last month of each quarter (i.e., March, June, September, and January). The dry run will give survey vendors/hospitals the opportunity to gain first-hand experience collecting and transmitting “real” HCAHPS data without the public reporting of HCAHPS results. Using the official survey instrument and the approved modes of administration and data collection protocols, survey vendors/hospitals will collect “real” HCAHPS data and submit the data to the HQR system (<https://hqr.cms.gov/>). Data submitted for the dry run will not be publicly reported. The survey vendor/hospital must

notify the HCAHPS Project Team via email at [hcahps@hsag.com](mailto:hcahps@hsag.com) of their intent to submit data as a dry run.

- **Participate in Oversight Activities Conducted by the HCAHPS Project Team**  
Survey vendors/Hospitals, including subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as on-site visits and/or teleconference calls, as requested by the HCAHPS Project Team, to confirm that correct survey protocols are followed. *Failure to comply with oversight activities may result in the revocation of approval to administer the HCAHPS Survey.* All materials relevant to survey administration are subject to review. Non-compliance with HCAHPS program requirements (including, but not limited to, participation and cooperation in oversight activities), may result in the hospital's HCAHPS scores not being publicly reported, which could affect the hospital's APU, and/or other sanctions (see the *Oversight Activities* chapter for more information on non-compliance and sanctions).
  - All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. All files must be made available for review during HCAHPS oversight activities such as on-site visits and/or teleconference calls. The process to review these files must be transparent and easily reproducible.
- **Review and Acknowledge Agreement with the Rules of Participation**  
Survey vendors/Hospitals must review, agree and follow the Rules of Participation in order to submit data to the Hospital Quality Reporting (HQR) system.

## HCAHPS Minimum Business Requirements

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 Minimum Business Requirements in order to administer the HCAHPS Survey:

- Survey vendors and their subcontractor(s) must meet **all** of the Survey Vendor Minimum Business Requirements
  - 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 Minimum Business Requirements that pertain to that role
- Hospitals that self-administer the HCAHPS Survey must meet **all** of the Self-administering Hospital Minimum Business Requirements

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 of meeting survey experience requirements).

The HCAHPS Minimum Business Requirements 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 the adequate number of resources (e.g., staffing, system

resources, etc.) in order 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 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 Minimum Business Requirements (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. 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

The minimum business requirements for survey vendors/self-administering hospitals are as follows:

**1. Relevant Survey Experience**

Demonstrated **recent** (e.g., 2021 – 2023) 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 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]).*

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<b>Patient-Specific Survey Experience</b>	<ul style="list-style-type: none"> <li>➤ Minimum of three continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent three-year time period</li> <li>➤ Minimum of two continuous years web patient-specific survey experience for the most recent two-year time period</li> </ul>	<ul style="list-style-type: none"> <li>➤ Minimum of two continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent two-year time period</li> <li>➤ Minimum of one-year continuous web patient-specific survey experience for the most recent one-year time period</li> </ul>
<b>Multiple Survey Languages</b>	<ul style="list-style-type: none"> <li>➤ Capacity to conduct surveys in both English and Spanish</li> </ul>	<ul style="list-style-type: none"> <li>➤ Capacity to conduct surveys in both English and Spanish</li> </ul>
<b>Number of Years in Business</b>	<ul style="list-style-type: none"> <li>➤ Minimum four years</li> </ul>	<ul style="list-style-type: none"> <li>➤ Minimum three years</li> </ul>
<b>Sampling Experience</b> <i>Note: Survey vendors/hospitals are responsible for conducting the sampling process and must not subcontract this activity.</i>	<ul style="list-style-type: none"> <li>➤ Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period</li> <li>➤ Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes</li> <li>➤ Adequately document sampling process</li> </ul>	<ul style="list-style-type: none"> <li>➤ One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period</li> <li>➤ Adequately document sampling process</li> </ul>

**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.

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

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<p><b>Personnel</b>  <i>Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.</i></p>	<ul style="list-style-type: none"> <li>➤ Designated HCAHPS personnel:                             <ul style="list-style-type: none"> <li>• Project Manager with minimum two years prior experience conducting patient-specific mail and/or phone surveys</li> <li>• Staff with minimum one year prior experience in sample frame development and sample selection</li> <li>• Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files</li> <li>• Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role</li> <li>• Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys</li> <li>• Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Designated HCAHPS personnel:                             <ul style="list-style-type: none"> <li>• Project Manager with minimum one year prior experience conducting patient-specific mail and/or phone surveys</li> <li>• Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of one-year prior experience for web surveys</li> <li>• Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments</li> </ul> </li> <li>➤ Have appropriate organizational back-up staff for coverage of key staff</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
	<ul style="list-style-type: none"> <li>• Have appropriate organizational back-up staff for coverage of key staff</li> </ul>	
<p><b>System Resources</b>  <i>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.</i></p>	<ul style="list-style-type: none"> <li>➤ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment</li> <li>➤ Electronic or alternative survey management system to:                             <ul style="list-style-type: none"> <li>• track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents</li> <li>• assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>➤ 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)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Physical plant resources available to handle the volume of surveys being administered</li> <li>➤ A systematic process to:                             <ul style="list-style-type: none"> <li>• track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents</li> <li>• assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>➤ 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)</li> </ul>
<p><b>Sample Frame Creation</b>  <i>Note: Survey vendors/hospitals are responsible for conducting the sampling process and must not subcontract this activity.</i></p>	<ul style="list-style-type: none"> <li>➤ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria</li> <li>➤ Draw sample of discharges for the survey, who meet the eligible population criteria</li> </ul>	<ul style="list-style-type: none"> <li>➤ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria</li> <li>➤ Draw sample of discharges for the survey, who meet the eligible population criteria</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<p><b>Mail Administration</b>  <i>Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.</i></p>	<ul style="list-style-type: none"> <li>➤ Obtain and update addresses</li> <li>➤ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review</li> <li>➤ Mail out of survey materials</li> <li>➤ Process survey data (including key-entry or scanning)</li> <li>➤ Identify non-respondents for follow-up mailing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Obtain and update addresses</li> <li>➤ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review</li> <li>➤ Mail out of survey materials</li> <li>➤ Process survey data (including key-entry or scanning)</li> <li>➤ Identify non-respondents for follow-up mailing</li> </ul>
<p><b>Phone Administration</b>  <i>Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.</i></p>	<ul style="list-style-type: none"> <li>➤ Obtain and update all phone numbers</li> <li>➤ 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</li> <li>➤ Identify non-respondents for follow-up phone calls</li> <li>➤ Schedule and conduct callback appointments</li> </ul>	<ul style="list-style-type: none"> <li>➤ Obtain and update all phone numbers</li> <li>➤ Collect phone interview data for the survey; a sample of the phone script and interviewer screen shots must be submitted for review</li> <li>➤ Identify non-respondents for follow-up phone calls</li> <li>➤ Schedule and conduct callback appointments</li> </ul>
<p><b>Mail-Phone Administration</b>  <i>Note: Mail survey administration activities and phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.</i></p>	<ul style="list-style-type: none"> <li>➤ See above referenced Mail Administration requirements</li> <li>➤ See above referenced Phone Administration requirements</li> </ul>	<ul style="list-style-type: none"> <li>➤ See above referenced Mail Administration requirements</li> <li>➤ See above referenced Phone Administration requirements</li> </ul>



Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<p><b>Web Administration</b>  <i>Note: Web survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.</i></p>	<ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Obtain and update patient email addresses provided by client hospital(s)</li> <li>➤ Collect web survey data</li> <li>➤ Identify non-respondents for follow-up mail and/or phone administration:                             <ul style="list-style-type: none"> <li>• See above referenced Mail Administration requirements</li> <li>• See above referenced Phone Administration requirements</li> </ul> </li> <li>➤ Submit a sample of survey materials for review (as applicable):                             <ul style="list-style-type: none"> <li>• Initial and Reminder Email Invitations</li> <li>• 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</li> <li>• Hard copy letter(s) and questionnaire</li> <li>• Phone script and interviewer screen shots</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Obtain and update patient email addresses</li> <li>➤ Collect web survey data</li> <li>➤ Identify non-respondents for follow-up mail and/or phone administration                             <ul style="list-style-type: none"> <li>• See above referenced Mail Administration requirements</li> <li>• See above referenced Phone Administration requirements</li> </ul> </li> <li>➤ Submit a sample of survey materials for review (as applicable):                             <ul style="list-style-type: none"> <li>• Initial and Reminder Email Invitations</li> <li>• 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</li> <li>• Hard copy letter(s) and questionnaire</li> <li>• Phone script and interviewer screen shots</li> </ul> </li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<p><b>Data Submission</b>  <i>Note: Survey vendors/hospitals are responsible for conducting data submission and must not subcontract this process.</i></p>	<ul style="list-style-type: none"> <li>➤ Two years prior experience transmitting data via secure methods (HIPAA-compliant)</li> <li>➤ Registered user of the Hospital Quality Reporting (HQR) system (<a href="https://hqr.cms.gov/">https://hqr.cms.gov/</a>)</li> <li>➤ Obtain the HQR system survey vendor authorization from contracted hospitals</li> <li>➤ Prepare final patient-level data files for submission</li> <li>➤ Access and submit data electronically via the HQR system</li> </ul>	<ul style="list-style-type: none"> <li>➤ One year prior experience transmitting data via secure methods (HIPAA-compliant)</li> <li>➤ Registered user of the Hospital Quality Reporting (HQR) system (<a href="https://hqr.cms.gov/">https://hqr.cms.gov/</a>)</li> <li>➤ Prepare final patient-level data files for submission</li> <li>➤ Access and submit data electronically via the HQR system</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<b>Data Security</b>	<p>➤ Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files</li> <li>• Implement access levels and security passwords so that only authorized users have access to sensitive data</li> <li>• Implement daily data backup procedures that adequately safeguard system data</li> <li>• Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working</li> <li>• Perform frequent saves to media to minimize data losses in the event of power interruption</li> <li>• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster</li> </ul>	<p>➤ Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files</li> <li>• Implement access levels and security passwords so that only authorized users have access to sensitive data</li> <li>• Implement daily data backup procedures that adequately safeguard system data</li> <li>• Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working</li> <li>• Perform frequent saves to media to minimize data losses in the event of power interruption</li> <li>• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<b>Data Retention and Storage</b>	<ul style="list-style-type: none"> <li>➤ Take the following actions to securely store all survey administration related data for all survey modes:                             <ul style="list-style-type: none"> <li>• 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.</li> <li>• Store returned mail questionnaires in a secure and environmentally safe 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.</li> <li>• Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Take the following actions to securely store all survey administration related data for all survey modes:                             <ul style="list-style-type: none"> <li>• 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.</li> <li>• Store returned mail questionnaires in a secure and environmentally safe 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.</li> <li>• Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.</li> </ul> </li> </ul>
<b>Technical Assistance/ Customer Support</b>	<ul style="list-style-type: none"> <li>➤ Two years prior experience providing phone customer support</li> <li>➤ Provide toll-free customer support line in all languages administered</li> </ul>	<ul style="list-style-type: none"> <li>➤ One year prior experience providing phone customer support</li> <li>➤ Provide customer support line in all languages administered</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<b>Organizational Confidentiality Requirements</b>	<ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Execute Business Associate Agreement(s) in accordance with HIPAA regulations</li> <li>➤ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)</li> <li>➤ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ Execute Business Associate Agreement(s) in accordance with HIPAA regulations</li> <li>➤ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)</li> <li>➤ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.</li> </ul>

**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
<b>Demonstrated Quality Control Procedures</b>	<p>➤ Established systems for conducting and documenting quality control activities including:</p> <ul style="list-style-type: none"> <li>• In-house training for staff and subcontractors involved in survey operations</li> <li>• Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone)</li> <li>• Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions</li> <li>• Printing, mailing and recording receipt of survey information, if applicable</li> <li>• Phone administration of survey, if applicable</li> <li>• Web administration of survey, if applicable</li> <li>• Coding and editing or keying in survey data</li> <li>• Preparing final patient-level data files for submission</li> <li>• All other functions and processes that affect the administration of the HCAHPS Survey</li> <li>• Compliance with the HCAHPS Project Team’s oversight activities</li> </ul>	<p>➤ Established systems for conducting and documenting quality control activities including:</p> <ul style="list-style-type: none"> <li>• In-house training for staff and subcontractors involved in survey operations</li> <li>• Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone)</li> <li>• Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions</li> <li>• Printing, mailing and recording receipt of survey information, if applicable</li> <li>• Phone administration of survey, if applicable</li> <li>• Web administration of survey, if applicable</li> <li>• Coding and editing or keying in survey data</li> <li>• Preparing final patient-level data files for submission</li> <li>• All other functions and processes that affect the administration of the HCAHPS Survey</li> <li>• Compliance with the HCAHPS Project Team’s oversight activities</li> </ul>

Criteria	Requirement	
	Survey Vendor	Self-administering Hospital
<p><b>Quality Assurance Plan (QAP) Documentation Requirements</b></p>	<p>➤ Develop and maintain a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> 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</p>	<p>➤ Develop and maintain a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> 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</p>
<p><b>Past Performance</b>  <i>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.</i></p>	<p>➤ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including:</p> <ul style="list-style-type: none"> <li>• Occurrence of substantive errors within or across projects</li> <li>• Compliance with required protocols</li> <li>• Receipt of a corrective action memo from CMS</li> <li>• CMS requests for quality improvement plans</li> <li>• Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)</li> </ul>	<p>➤ HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including:</p> <ul style="list-style-type: none"> <li>• Occurrence of substantive errors within or across projects</li> <li>• Compliance with required protocols</li> <li>• Receipt of a corrective action memo from CMS</li> <li>• CMS requests for quality improvement plans</li> <li>• Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)</li> </ul>





# **Communications and Technical Support**

## **Overview**

Survey vendors/Hospitals have access to a number of sources of information regarding HCAHPS. These sources are listed below.

## **HCAHPS Information and Technical Assistance**

For information and technical assistance, contact HCAHPS Information and Technical Support.

- Via email at [hcahps@hsag.com](mailto:hcahps@hsag.com)
- Via phone at 1-888-884-4007

When contacting the HCAHPS Project Team regarding a specific hospital, **be sure to provide** the following information in your email or phone voice mail:

- Hospital six-digit CMS Certification Number (CCN)
- Hospital name

## **QualityNet Help Desk**

For data submission upload issues via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal, and navigating the HQR system, please contact the QualityNet Help Desk.

- Via email at [qnetssupport@cms.hhs.gov](mailto:qnetssupport@cms.hhs.gov)
- Via phone at 1-866-288-8912

When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email ([hcahps@hsag.com](mailto:hcahps@hsag.com)) for tracking purposes.

## **Hospital Value-Based Purchasing (Hospital VBP)**

For information pertaining to Hospital Value-Based Purchasing, please visit the CMS Website.

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing.html>

For questions related to your hospital's Hospital Value-Based Purchasing Percentage Payment Report, please contact the QualityNet Help Desk.

- Via email at [qnetssupport@cms.hhs.gov](mailto:qnetssupport@cms.hhs.gov)
- Via phone at 1-866-288-8912

## **General Information, Announcements and Updates**

To learn more about HCAHPS and to view important new updates and announcements, please visit the HCAHPS Website (<https://www.hcahpsonline.org>).



# Survey Management

## Overview

Survey vendors/Hospitals must establish a survey management process to administer the CAHPS Hospital Survey (HCAHPS). This chapter reviews content pertaining to system resources, location of survey operations, customer support lines, personnel training, monitoring and quality oversight, safeguarding patient confidentiality, data security, and data retention.

## System Resources

Survey vendors/Hospitals must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled patients' progress through the data collection protocol and patients' responses to the survey. All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. System resources are subject to oversight activities including on-site visits to physical locations.

At a minimum, survey vendors/hospitals must have the following features/functionality in their survey system (see *Program Requirements* chapter):

<b>Survey Vendor</b>	<b>Self-administering Hospital</b>
<ul style="list-style-type: none"> <li>➤ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment</li> <li>➤ Electronic or alternative survey management system to:               <ul style="list-style-type: none"> <li>• track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents</li> <li>• assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>➤ 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)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Physical plant resources available to handle the volume of surveys being administered</li> <li>➤ A systematic process to:               <ul style="list-style-type: none"> <li>• track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents</li> <li>• assign a random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>➤ 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)</li> </ul>

Survey vendors/Hospitals must thoroughly test all system resources prior to survey implementation and on an ongoing basis thereafter.

## Location of Survey Operations

Survey vendors/Hospitals and their subcontractor(s), if applicable, must perform work at their formal business address unless an approved Exception Request is in place. Business locations must comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes. For more information, please visit: <https://www.hhs.gov/HIPAA/>.

## Customer Support Lines

Self-administering hospitals must establish customer support phone lines, and survey vendors must establish toll-free customer support phone lines, for callers who have questions about the HCAHPS Survey. Survey vendors/Hospitals conducting the Mail Only, Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) of survey administration must include contact information for customer support phone lines in the cover letters and in the web survey and email invitations. Survey vendors/Hospitals must provide customer support in each language in which they are administering the HCAHPS Survey. Survey vendors/Hospitals conducting Phone Only survey administration must have a process in place to address patients' requests to verify the legitimacy of the survey and/or answer questions about the survey.

The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in Appendix X. Customer support personnel must use the FAQs as a guide when answering patients' questions about the survey.

## Survey Vendors

Survey vendors who administer the survey via Mail Only, Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) must provide toll-free customer support phone lines on behalf of contracted hospitals to answer questions about the HCAHPS Survey. Survey vendors must staff phone lines during business hours (see guidelines below), and have sufficient capacity to handle incoming calls. Voice mail is acceptable during and after core business hours, but must be regularly monitored and replied to within one business day. The voice mail recording must specify that the caller can leave a message about the HCAHPS Survey or hospital survey. Survey vendors must document questions and responses via a database or tracking log.

In addition to the above requirements, the following guidelines are recommended for customer support lines:

- Staff phone lines from 9 AM to 9 PM (survey vendor/hospital local time), Monday through Friday
- Maintain sufficient capacity so that 90 percent of incoming calls are answered "live" and the average speed of answer is 30 seconds or less
- Establish a "return call" standard of two business days for caller questions that cannot be answered at the time of the initial call

A hospital may establish a separate customer support phone line in lieu of the survey vendor; however, the survey vendor is responsible for ensuring the hospital's customer support phone line adheres to HCAHPS protocols and is operational prior to survey administration. In addition, during survey administration, the survey vendor is responsible for monitoring the hospital's customer support phone line at a minimum, on a quarterly basis. For example, blind calls are placed to each hospital client's customer support phone line to confirm that the phone number is operational and

to assess hospital compliance with HCAHPS customer support guidelines. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire. On an ongoing basis, survey vendors must verify that the hospital answers patient questions accurately and keeps a record of customer support inquiries about HCAHPS. Survey vendors must use multiple questions from Appendix X, Section I during the quarterly monitoring/assessment activity.

### **Self-administering Hospitals**

Self-administering hospitals must provide customer support phone lines to answer questions about the survey. There is flexibility in the hours of operation and in who will staff the line. In particular, the customer support phone line does not need to be dedicated only to the HCAHPS Survey, but must be staffed by hospital personnel who are able to answer questions about the survey. Self-administering hospitals are encouraged to use a live operator for the customer support phone line. Voice mail is acceptable during and after core business hours, but must be regularly monitored and voice mail messages must be replied to within one business day. The voice mail recording must specify that the caller can leave a message regarding the HCAHPS Survey or hospital survey. Self-administering hospitals must document questions and responses via a database or tracking log.

### **Providing Customer Support via the Internet (Optional)**

In addition to customer support phone lines, survey vendors/hospitals may also choose to implement systems to support electronic queries from surveyed patients. For example, survey vendors/hospitals may establish an email address for sampled patients to use to submit questions about the survey. Survey vendors/Hospitals must respond to email inquiries within one business day. Survey vendors/Hospitals must document questions and responses via a database or tracking log.

### **Personnel Training**

Training of personnel in the HCAHPS Survey data collection protocols is key to successful survey administration. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Mail data entry personnel
- Phone interviewers
- Subcontractors

### **Training of Project Staff**

At a minimum, the survey vendor's/hospital's Project Manager and any subcontractor(s)/partner(s) and any other organization(s) with responsibility for major survey administration functions must participate in the HCAHPS Training sessions sponsored by CMS. Individuals who are involved and work on any aspect of HCAHPS Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers and information technology staff, etc.) must be thoroughly trained by the survey vendor/hospital on HCAHPS Survey specifications and methodology to guarantee standardization of survey administration. Survey vendors should also provide training to their hospital clients on preparation of the patient discharge files.

Survey vendors/Hospitals must establish a process for training new project team members on HCAHPS Survey administration in a timely fashion. It is strongly recommended that staff members are cross-trained in all aspects of the HCAHPS Survey administration process in case of unforeseen staffing turnover or absence. Back-up staff for HCAHPS Survey administration responsibilities must be assigned to staff employed by the survey vendor/hospital.

*Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.*

### **Training of Customer Support Personnel**

Survey vendors/Hospitals must train customer support personnel (or contracted hospitals, if applicable) in HCAHPS Survey specifications and methodology to answer questions appropriately. Survey vendors/Hospitals must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed patients should be reviewed regularly to determine if there is a need to develop additional FAQs.

### **Training of Mail Data Entry Personnel**

Survey vendors/Hospitals will address the following items when training data entry personnel:

- Use of data entry equipment and programs
- Survey specifications and protocols
- Survey instrument, question flow, and skip patterns
- Data key-entry procedures
- Validation programs
- Decision rules/ambiguous responses

### **Training of Phone Interviewers**

Survey vendors/Hospitals are provided with standardized phone scripts that include scripted introductions and probes for standardization of interviews. Survey vendors/Hospitals will address the following items when training phone interviewers. Interviewers must:

- use the standardized phone scripts and follow the interviewing guidelines when conducting interviews
- attempt to complete the entire survey
- understand the purpose of the survey so they can encourage patients to participate
- use and understand the FAQ document in order to answer questions in a uniform manner
- be familiar with the operations of the survey vendor's/ hospital's phone program
- be able to navigate back and forth easily through the survey, without disrupting the flow of the interview
- be familiar with the process for redirecting calls to another interviewer when the patient is personally known

### **Training of Subcontractors**

Survey vendors/Hospitals are responsible for the training and performance of any subcontractor(s) they use. In addition, during survey administration, survey vendors/hospitals are responsible for providing quality oversight and monitoring of their subcontractor's work to confirm that they are in compliance with HCAHPS guidelines.

Subcontractor(s)/partner(s) and any other organization(s) that are responsible for major HCAHPS Survey administration functions (e.g., mail/phone/web operations, XML file preparation) must participate in HCAHPS training.

*Note: Survey vendors/Hospitals are responsible for sampling and data submission; and therefore, must not subcontract these processes.*

## Monitoring and Quality Oversight

Survey vendors/Hospitals must establish a system for providing and documenting quality oversight and monitoring of the HCAHPS Survey administration and HCAHPS project staff, including subcontractors. Quality checking activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, survey vendors/hospitals must:

- perform and document quality checks of all key events in survey administration on an ongoing and continuous basis including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; backup systems; etc.
- perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from receipt and handling of returned surveys, through data entry, validation, and edit checking) on an ongoing and continuous basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
- ensure that staff and subcontractors are compliant with HIPAA regulations
- monitor the performance of all subcontractor(s), including conducting on-site verification of subcontractor processes (strongly recommended on an annual basis, at a minimum)
- provide performance feedback to all staff and subcontractor(s), through regular assessments, to include special emphasis placed on the detection and correction of identified performance problems

The HCAHPS Project Team will conduct on-site visits to survey vendors/hospitals and to their subcontractors, if applicable, to review survey vendors'/hospitals' operations, monitoring and quality oversight practices. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the hospital's data may not be publicly reported and/or result in a footnote.

## Safeguarding Patient Confidentiality

Safeguarding the confidentiality of patients who participate in the HCAHPS Survey is essential. Survey vendors/Hospitals must take the following actions to further protect the confidentiality of patients:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets and areas where confidential data are stored)
- 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. Confidentiality agreements must be reviewed and periodically re-signed at a minimum of every three years.

- 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 to ensure that the identity of patients who respond to the HCAHPS Survey is not shared with hospital direct care staff. Direct care staff should not be able to identify the individual patients who provided survey responses.
- Establish protocols to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose
- Social Security numbers must not be used to identify patients and must not be included in HCAHPS discharge lists
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions
- Establish protocols for identifying patients who are excluded from the HCAHPS Survey. For a list of exclusions, please refer to the *Sampling Protocol* chapter in this *Quality Assurance Guidelines V19.0* manual. Excluded patients are removed from the eligible patient list by the survey vendor/hospital before the HCAHPS sample is drawn. Patients found to be ineligible after sampling must not be removed or replaced in the sample.
- Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location

*Note: It is strongly recommended that the method used by contracted hospitals to transmit information (e.g., patient discharge files) to the survey vendor be reviewed by the hospitals' HIPAA/privacy officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor/hospital to the HCAHPS Project Team must be blank templates and **must not** contain any patient PHI.*

## Data Security

Survey vendors/Hospitals must securely store patient identifying electronic data and responses to the survey. Survey vendors/Hospitals must take the following actions to secure the data. Survey vendors/Hospitals who are approved for remote operations must ensure that these actions apply to all remote activities.

- Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files
  - Survey vendors/Hospitals must notify the HCAHPS Project Team within 24 hours upon discovery of a data breach that potentially affects HCAHPS Survey administration within their organization or at a client hospital
- Implement access levels and security passwords so that only authorized users have access to sensitive 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
- 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 saves to media 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. The plan or a detailed description of the plan, must be made available to the HCAHPS Project Team upon request.

### **Data Retention and Storage**

Survey vendors/Hospitals must take the following actions to store files and all survey administration related data in accordance with HIPAA:

- Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable.
- Store returned mail questionnaires in a secure and environmentally safe 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 safe location. Obtain a certificate of the destruction of data



# Sampling Protocol

## **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Extend the data collection period from 42 calendar days to 49 calendar days for all modes

## **Overview**

This chapter describes the process and requirements for selecting a random sample of patients to respond to the CAHPS Hospital Survey (HCAHPS). The HCAHPS sampling protocol is designed to ensure that the patients who participate in the survey are representative of all the eligible patients who received care within general acute care hospitals. Several HCAHPS sampling protocol illustrations have been included in this chapter.

*Note: The HCAHPS Survey is intended to reflect the care received by patients of all payer types, not just Medicare. Therefore, patients of all payer types are eligible for sampling.*

The HCAHPS Survey sampling protocol promotes the following:

- Standardized administration of the HCAHPS Survey by survey vendors/hospitals
- Comparability of resulting data across all participating hospitals

The basic sampling procedure for HCAHPS requires the drawing of a random sample of eligible monthly discharges. Data will be collected from patients in each monthly sample over the 12-month reporting period, and will be aggregated on a quarterly basis to create a rolling four-quarter data file for each hospital. The most current four quarters of data are used for public reporting. Hospitals may not switch the type of sampling, mode of survey administration, or survey vendor used within a calendar quarter. These types of changes can only be made at the beginning of a calendar quarter.

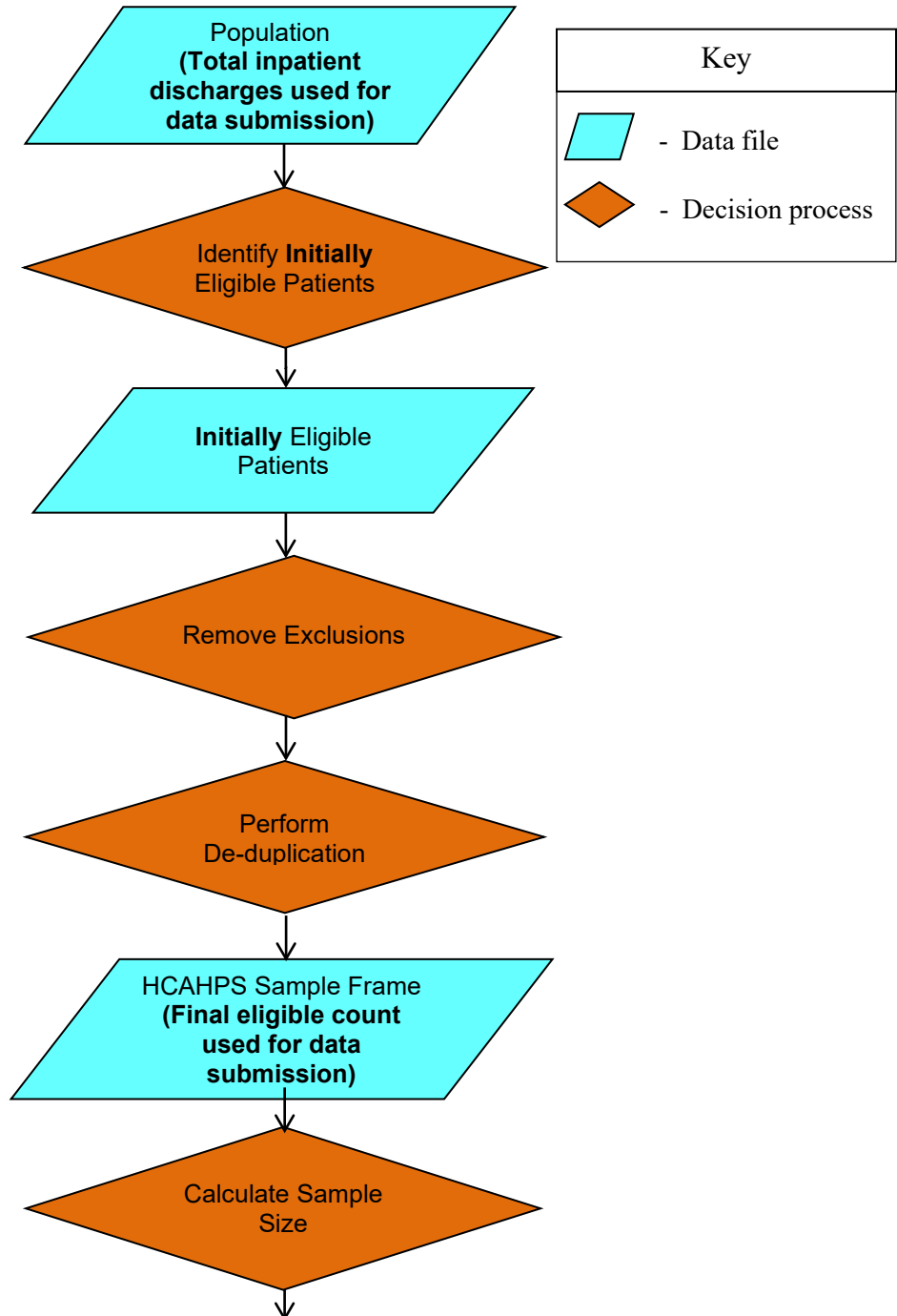
The HCAHPS sampling protocol employs the patient's principal diagnosis at discharge to determine whether they fall into one of the three Service Line categories **eligible** for HCAHPS: Maternity Care, Medical, or Surgical. While Medicare Severity Diagnosis Related Group (MS-DRG) codes (V.41 effective October 1, 2023, V.42 effective October 1, 2024 and V.43 effective October 1, 2025) are the preferred methods for determining the patient's service line, CMS also allows the following methodologies to be used: V.40 MS-DRG codes; V.39 MS-DRG codes; V.38 MS-DRG codes; V.37 MS-DRG codes; V.36 MS-DRG codes; V.35 MS-DRG codes; V.34 MS-DRG codes; V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 codes based on payer source; ICD-10 codes; ICD-9 codes; hospital unit; All Patient Refined DRG (APR-DRG) codes; a mix of MS-DRG, APR-DRG codes and determination of service line based on Single Service Line (i.e., Maternity Care only, Medical only or Surgical only).

**Regardless of the methodology used, the survey vendor/hospital must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS Service Lines.** The method for determining service line must be identified in the XML file or the HCAHPS Data Form, formerly the Online Data Entry Tool. (For more information, see the *Data Specifications and Coding* chapter.)

In order to use a service line methodology other than those identified above, a survey vendor/hospital must first submit an Exception Request Form for approval. (For more information, see the *Exception Request/Discrepancy Report Processes* chapter.)

A flowchart illustrating the steps of the HCAHPS sampling protocol is provided for reference below. A more detailed illustration can be found later in this chapter.

**Flowchart of HCAHPS Sampling Protocol**



Select a **random sample** of patients to be surveyed and code using one of the following approved sample types:

“1 – Simple Random Sample (SRS)”

“2 – Proportionate Stratified Random Sample (PSRS)”

“3 – Disproportionate Stratified Random Sample (DSRS)”

Note: Selecting all patients in the sample frame is a census, which must be coded “1 – Simple Random Sample.”

## Eligibility for the HCAHPS Survey

The HCAHPS Survey is broadly intended for patients of all payer types who meet the following criteria:

- Eighteen (18) years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
  - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if they were admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).

*Note:*

- *“Hospital at home” inpatients are **eligible** for the HCAHPS Survey if the hospitalization included an overnight stay in the actual hospital, and the patient meets HCAHPS eligibility requirements and do not belong to any of the categories that are excluded from the survey. Survey vendors/Hospitals should submit an Exception Request Form for these patients. See the Exception Request/Discrepancy Report Processes chapter.*
- *Observation patients who do **not** have an inpatient admission are **not** eligible for the HCAHPS Survey, even if they have an overnight stay*

- Non-psychiatric MS-DRG/principal diagnosis at discharge

*Note:*

- *Patients whose principal diagnosis falls within the Maternity Care, Medical or Surgical service lines and who also have a secondary psychiatric diagnosis are still **eligible** for the survey*
- *MS-DRG codes in the **Ineligible** category include patients with MS-DRG codes for newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRG codes with no assigned type*

- Alive at the time of discharge

*Note:*

- *Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric or substance abuse diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients*
- *Patients identified with “Discharge Status” (UB-04 field location 17) of “30 – Still a Patient” are **not** eligible for the HCAHPS Survey*

## Exclusions from the HCAHPS Survey

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS Sample Frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria is applied: Exclusions from the HCAHPS Survey.

Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS Sample Frame. However, there are a few categories of otherwise eligible patients who are excluded from the sample frame. These are:

- “No-Publicity” patients – Patients who request that they not be contacted (see below)
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses; and therefore, are not excluded)
- Patients discharged to hospice care (hospice-home or hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients discharged to nursing homes and skilled nursing facilities

“**No-Publicity**” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a survey vendor or hospital not to contact them (“Do Not Call List”). These patients should be excluded from the HCAHPS Survey. However, documentation of patients’ “no-publicity” status must be retained for a minimum of three years.

**Court/Law enforcement patients (i.e., prisoners)** are excluded from HCAHPS because of both the logistical difficulties in administering the survey to them in a timely manner and regulations governing surveys of this population. These individuals can be identified by the “Admission Source” (UB-04 field location 15) of “8 – Court/Law Enforcement” or by “Discharge Status” (UB-04 field location 17) of “21 – Discharged/Transferred to Court/Law Enforcement” or “87 – Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission.” This does not include patients residing in halfway houses.

Patients with a **foreign home address** are excluded from HCAHPS because of the logistical difficulty and added expense of calling or mailing outside of the United States (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses; and therefore, are not excluded).

Patients **discharged to hospice care** are excluded from HCAHPS because of the heightened likelihood that they will expire before the survey process can be completed. Patients with a “Discharge Status” (UB-04 field location 17) of “50 – Hospice-Home” or “51 – Hospice-Certified Medical Facility” would not be included in the sample frame.

Some **state regulations** place further restrictions on patients who may be contacted after discharge. It is the responsibility of the survey vendor/hospital to identify any applicable regulations and to exclude those patients as required by law or regulation in the state in which the hospital operates.

Patients *discharged to nursing homes and skilled nursing facilities* are excluded from HCAHPS. This applies to patients with a “Discharge Status” (UB-04 field location 17) of:

- “03 – Medicare Certified Skilled Nursing Facility”
- “61 – Medicare Approved Swing Bed Within Hospital”
- “64 – Medicaid Certified Nursing Facility”
- “83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission”
- “92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission”

Survey vendors/Hospitals must retain documentation that verifies all exclusions and ineligible patients for a minimum of three years. This documentation is subject to review.

*Note: Patients must be included in the HCAHPS Sample Frame unless the survey vendor/ hospital has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on **any** variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.*

### Patients Discharged to Health Care Facilities

Patients discharged to health care facilities other than nursing homes (e.g., long-term care facilities, assisted living facilities and group homes), who are deemed eligible based on the above criteria, must be included in the HCAHPS Sample Frame. Patients residing in halfway homes, who are deemed eligible, must be included in the HCAHPS Sample Frame. CMS is aware that contacting patients residing in these facilities may be difficult. Nevertheless, survey vendors/hospitals must attempt to contact all patients in the sample in accordance with HCAHPS protocols.

*Note: Patients discharged to nursing homes and skilled nursing facilities are excluded from HCAHPS Survey administration. This applies to patients with a “Discharge Status” (UB-04 field location 17) of: “03 – Medicare Certified Skilled Nursing Facility,” “61 – Medicare Approved Swing Bed Within Hospital,” “64 – Medicaid Certified Nursing Facility,” “83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission,” and “92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission.”*

### De-duplication

To reduce respondent burden, the survey vendor/hospital is required to de-duplicate **eligible** patients based on household and multiple discharges within the **same calendar month**. De-duplication must be performed using the **sample frame** within each calendar month, utilizing address information (or phone number for Phone Only mode) and the patient’s medical record number (or other unique identifier). The de-duplication process covers the following two areas:

- De-duplication by Household: Only one adult member per household is included in the sample frame for a given calendar month
- For de-duplication purposes, halfway houses and health care facilities are not considered to be a household, and thus must not be de-duplicated. Examples of healthcare facilities include: long-term care facilities, assisted living facilities and group homes.
- De-duplication for Multiple Discharges within a Hospital: While patients are eligible to be included in the HCAHPS Survey in consecutive months, if a patient is discharged more



than once within a given calendar month, only one discharge date is included in the sample frame

The method used for de-duplicating depends on whether sampling is conducted continuously throughout the month, or is conducted only at the end of the month.

- If continuous daily sampling is used, then include only the first discharge date identified in the sample frame. As the sampling frame is created daily, subsequent discharges would not be known at the time the daily sample is drawn. Each daily discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.
- If weekly sampling is used, each weekly discharge list must be compared to the previous weekly discharge lists for the month. The first discharge encountered would be included in the sample frame and discharges encountered in subsequent weeks would be excluded from the sample frame. In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame. Each weekly discharge list must be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.
- If end-of-the-month sampling is used, then include only the last discharge date of the month in the sample frame

*Note: De-duplication performed several times a month due to the receipt of multiple discharge lists (weekly; two times a month) for a given hospital must look back at the hospital's previous **sample frame** for the month (not the hospital's previous sample).*

*Note: Hospitals with multiple locations under a single CCN must apply de-duplication processes across all locations at the same time. If a patient was discharged from different locations within the same month, only one inpatient stay should be included in the sample frame.*

### Sample Frame Creation

Survey vendors/Hospitals participating in HCAHPS are responsible for generating complete, accurate and valid sample frame data files each month that contain all administrative information on all patients who meet the eligible population criteria. Survey vendors/Hospitals should limit the use or disclosure of protected health information to the minimum necessary to accomplish the intended purpose (i.e., not using information that can trace to an individual's identity, such as Social Security number).

- It is recommended that hospitals contracting with an HCAHPS approved survey vendor submit their entire patient discharge list to their survey vendor, excluding "no-publicity" patients and patients excluded because of state regulations
- If a hospital excludes any patients from the discharge list provided to their survey vendor, they must also submit to their survey vendor the following counts by discharge month, at a minimum on a monthly basis:
  - Count of Total Inpatient Discharges, which is **required for data submission** (see the *Data Preparation and Submission* chapter for more information regarding submitting the "Total Inpatient Discharges" field)
  - Count of Ineligible patients

- Count of Excluded patients by each Exclusion Category

Survey vendors/Hospitals use the information derived from the sample frame to administer the survey. **Prior to generating the HCAHPS Sample Frame, survey vendors/hospitals must apply the eligibility criteria, remove exclusions and perform de-duplication.** The following steps must be followed when creating the sample frame:

- Patients whose eligibility status is uncertain must be included in the sample frame
- The sample frame for a particular month must include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between the 1st and 31st)
- If a hospital is conducting sampling at the end of each month, they must create the sample frame in a timely manner in order to initiate contact for all sampled patients within 42 calendar days of discharge
- The patient contact information included in the sample frame should come from the medical record
- Patients with missing or incomplete mailing/email addresses and/or phone numbers must not be removed from the sample frame. Instead, every attempt must be made to find the correct contact information. If the necessary contact information is not found, the “Final Survey Status” must be coded as “9 – Bad address” or as “10 – Bad/no phone number.” If no email address is provided, then the “Email Status” is coded as “2 – No.” (For more information, see the *Data Specifications and Coding* chapter.)

The survey vendor/hospital must retain the sample frame (i.e., the entire list of eligible HCAHPS patients from which each hospital’s sample is pulled) for a minimum of three years.

*Note: Patient-identifying information within the sample frame will not be a part of the final data submitted to CMS, nor will any other PHI.*

*Note: An example of a sample frame file layout and required patient information is included in Appendix Y. This is only an example; survey vendors/hospitals are not required to use this layout for their sample frame, but CMS **strongly recommends** that the survey vendors/hospitals collect **all of the data elements** from this layout.*

### Calculating the Sample Size

Hospitals **must** submit at least 300 completed HCAHPS Surveys in a rolling four-quarter period (unless the hospital is too small to obtain 300 completed surveys). **The absence of a sufficient number of HCAHPS eligible discharges is the only acceptable reason for submitting fewer than 300 completed HCAHPS Surveys in a rolling four-quarter period.**

Not all sampled patients who are contacted to complete the survey will actually do so. To calculate the number of monthly discharges needed to reach the required 300 completed surveys per four rolling quarters of data (a 12-month reporting period), it is necessary to take into account the proportion of sampled patients expected to complete the survey (represented by P, below). The number of discharges needed to obtain at least 300 completed surveys is calculated by using the proportion of sampled patients who turn out to be ineligible for the survey (I), and the expected survey response rate among eligible respondents (R). The calculation of the monthly discharges needed to produce at least 300 completes in a reporting period can be summarized in three steps:

*Note: Targeting exactly 300 completed surveys will not consistently result in 300 completed surveys. Thus, to better guarantee reaching the goal of at least 300 completed surveys, we **RECOMMEND** using a **target of 335 completed surveys** for the sample size calculations. In the sample size calculation below, a target of 335 completed surveys is used.*

**Step 1:** Identify the number of completed surveys needed over the four rolling quarters of data (12-month reporting period).

In order to achieve the 300 completed surveys, a survey vendor/hospital should select a target of at least 335, but may select more if a hospital wants to achieve more than 300 completed surveys.

Define C as the number of completed surveys to target for the sample size calculation.

**C = 335**

**Step 2:** Estimate the proportion of patients expected to complete the survey.  
Let:

P = proportion of discharged patients expected to complete the survey

I = the expected proportion of discharged patients who are ineligible

R = the expected survey response rate among eligible respondents

The proportion of patients expected to complete the survey (P) is:

$$P = (1 - I) \times R$$

The following is an example of how to calculate the proportion of patients expected to complete the survey. It is important to note that this is just an example. The expected proportion of discharged patients that are ineligible and the expected response rate can differ by hospital.

Based on results from the National Hospital Discharge Survey, it is estimated that, on average, 17.0 percent of a hospital's discharged patients will be ineligible for the survey. Based on results from previous studies using HCAHPS, it is estimated that, on average, 26.0 percent of eligible and sampled patients will complete the survey.

*Note: The parameters I and R used here are estimates. Participating hospitals should monitor their own experience with HCAHPS and adjust the values of I and R as necessary to determine the number of discharges needed over the 12-month reporting period. However, until such experience is gained, it is suggested that  $I = 0.170$  and  $R = 0.260$  are suitable estimates. If a survey vendor/hospital has experienced a lower response rate, the lower rate may be used at the outset to calculate the sample size needed to achieve the minimum required number of completes.*

Therefore, the proportion of discharged patients expected to complete the survey is:

$$P = (1 - I) \times R = (1 - 0.170) \times 0.260 = 0.216$$

**Step 3:** Calculate the number of discharges needed to produce at least 300 completed surveys over the reporting period:

**Example:** 12-month reporting period

N12 = Number of discharges to be sampled over the entire 12-month reporting period =

$$C / P = 335 / 0.216 = 1,551$$

N1 = Number of discharges to be sampled each month in a 12-month reporting period =

$$N12 / 12 = 1,551 / 12 = 129$$

Using our assumptions of a 26.0 percent response rate and a 17.0 percent ineligibility rate, at least 1,551 eligible discharges would need to be sampled over the entire 12-month reporting period. Some smaller hospitals will produce fewer than 1,551 eligible discharges (used in the example above) during the reporting period. In such cases, the hospital must sample all eligible discharges each month and attempt to obtain as many completes as possible.

If a hospital obtains more than 25 and fewer than 100 completed surveys, the hospital's HCAHPS scores will still be publicly reported. However, the lower precision of scores derived from less than 100 completed surveys and less than 50 completed surveys will be noted on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). Public reporting of HCAHPS scores is restricted to hospitals with 25 or more completed surveys.

If a survey vendor/hospital falls short of the monthly goal to reach at least 300 completes for the 12-month reporting period, the survey vendor/hospital should adjust the number of patients they sample in subsequent quarters. For example, to make up for a shortfall in the number of expected completes, survey vendors/hospitals may increase the number of patients sampled over the remaining quarters in the rolling four quarters (12-month reporting period). Within a given quarter, it is strongly recommended that sampling rates be fairly consistent across the months in that quarter.

*Note: If in a month, quarter, or public reporting period, a survey vendor/hospital attains at least 300 completed surveys while some surveys are yet to be administered or are in the process of being administered, the survey vendor/hospital must continue to sample and survey using the chosen protocol at the chosen rate. For example, in the case of the Mail Only mode, the second mailing must be sent to patients who did not respond to the first mailing even if the survey vendor/hospital has already attained at least 300 completed surveys for a given month, quarter or reporting period. If the number of completed surveys is greater than 300 for a reporting period, all surveys must be submitted and will be included in the publicly reported results.*

If a patient is included in the sample, but is later determined to be ineligible or excludable, the patient's Administrative Data Record is included in the data file submission and is assigned the appropriate disposition code to indicate ineligibility. In the data file submission, only “3 – Ineligible: Not in eligible population” patients are subtracted from the “Eligible Discharges” field in the Header Record. In addition, these patients will be treated as ineligible in the response rate calculations. For further information, see the *Data Specifications and Coding* chapter.

## Survey Timing

Surveying of sampled patients must be initiated between 48 hours and 42 calendar days after discharge, regardless of the mode of survey administration. Distributing surveys to patients before they are discharged is not allowed. Data collection for sampled patients must be closed out within 49 calendar days following the date the first survey is mailed (Mail Only and Mail-Phone modes), the first phone attempt is made (Phone Only mode), or the first email invitation is sent (Web-First modes). For additional details on survey timing and administration, refer to the *Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone Survey Administration* chapters.

*Note: If a patient is discharged to a swing bed (except code “61– SNF Swing Bed Within Hospital”), use the discharge date from the acute care setting, not the discharge date from the swing bed, to begin the 48 hour to six weeks (42 calendar days) window for initial contact.*

## Sampling Procedure

The basic sampling procedure for HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated from the entire month. If the survey vendor/hospital chooses to sample continuously, each sample must be drawn using the same sampling ratio (for instance, 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. For details on random sampling methods, see the *Methods of Sampling* section in this chapter.

Once a sample type is used within a quarter, it must be maintained throughout that quarter; “Sample Type” can only be changed at the beginning of a quarter. For more information, see the *Methods of Sampling* section in this chapter.

The required number of completed surveys for the statistical precision of the publicly reported hospital ratings is based on a reliability criterion. In brief, higher reliability means a higher ratio of “signal to noise” in the data. The reliability target for the HCAHPS global items and most composites is 0.8 or higher. Based on this reliability target, hospitals must obtain at least 300 completed HCAHPS Surveys (“completes”) over each 12-month reporting period.

The HCAHPS sample must be drawn according to this uninterrupted random sampling protocol and not according to any “quota” system. Survey vendors/Hospitals must sample from every month throughout the entire 12-month reporting period and not stop sampling or curtail ongoing survey administration activities even if 300 completed surveys have been attained.

*Note: Small hospitals that are unable to reach at least 300 completed surveys in a 12-month reporting period must sample ALL eligible discharges (i.e., conduct a census) and attempt to obtain as many completes as possible.*

*Note: Hospitals that share a common CCN (formerly known as the Medicare Provider Number [MPN]) must obtain at least 300 completes per CCN, not per individual hospital. If stratifying the sample by site, see the Methods of Sampling section in this chapter for additional guidance.*

### Consistent Monthly Sampling

For ease of sampling, CMS recommends that survey vendors/hospitals sample an approximate equal number of discharges each month, unless adjustments are required (at the beginning of a quarter only). Survey vendors/Hospitals have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total eligible discharges over the four rolling quarters (12-month reporting period). Survey vendors/Hospitals must sample from every month in the reporting period, even if they have already achieved 300 completed surveys. Additional information is provided in the *Data Specifications and Coding* chapter.

### Final Survey Sample

The final sample drawn each month must reflect a **random** sample of patients from the survey sample frame. If a survey vendor or hospital is conducting two separate surveys in the same month (HCAHPS and another patient survey), the random sample for the HCAHPS Survey must be drawn first.

CMS recognizes that some small hospitals may not be able to obtain at least 300 completed surveys in a 12-month reporting period. In such cases, hospitals must sample **all** eligible discharges (that is, conduct a census) and attempt to obtain as many completes as possible.

*Note: When a census sample is conducted, the “Type of Sampling” field in the Header Record must be coded “1 – Simple Random Sample.”*

### Methods of Sampling

Sampling for HCAHPS is based on the eligible discharges (HCAHPS Sample Frame) for a calendar **month**. If every eligible discharge for a given month has the same probability of being sampled, then an **equiprobable** approach is being used. Stratified sampling is where eligible discharges are divided into non-overlapping subgroups referred to as **strata**, before sampling.

There are three options for sampling patients for the HCAHPS Survey: Simple Random Sampling (SRS), Proportionate Stratified Random Sampling (PSRS) and Disproportionate Stratified Random Sampling (DSRS).

- **SRS:** Simple Random Sampling is the most basic sampling type; patients are randomly selected from all eligible discharges for a month. Strata are not used when employing SRS and each patient has equal opportunity of being selected into the sample, making SRS equiprobable.
- **PSRS:** Proportionate Stratified Random Sampling uses strata definitions and random sample selection from all strata at equal rates. Since the sampling rates of the strata are “proportionate,” PSRS is also considered equiprobable.

- **DSRS: Disproportionate Stratified Random Sampling** involves sampling within strata at different rates, and thus, DSRS requires information about the strata. By definition, DSRS is not an equiprobable sampling approach as DSRS allows for dissimilar sampling rates across strata.

*Note: Survey vendors/Hospitals must submit an Exception Request Form for approval to use DSRS. See the Exception Request/Discrepancy Report Processes chapter.*

The table below summarizes key attributes of the three available sampling methods for HCAHPS.

Sampling Method	Strata Used	Strata Information Submitted to the HCAHPS Data Warehouse*	Equiprobable
SRS	No	No	Yes
PSRS	Yes	No	Yes
DSRS	Yes	Yes	No

\*Includes strata names, eligible patients in each strata and strata sample sizes.

Whether using SRS or stratified random sampling (PSRS or DSRS), caution must be exercised. For example, if strata (PSRS or DSRS) are defined as time periods, the sampling process must account for months that begin or end in the middle of a week.

### Simple Random Sampling (SRS)

SRS is the most basic sampling technique. Here, a group of patients (a sample) is randomly selected from a larger group of eligible patients (sample frame). Each patient is chosen entirely by chance, and each eligible patient has an equal chance of being included in the sample. For HCAHPS, a census sample is also considered to be a simple random sample.

#### SRS Example 1: Daily simple random sampling

- Sampling for **Hospital A** is conducted once every day using a constant sampling rate of 40% of eligible discharges (HCAHPS Sample Frame)
  - Day 1:
    - Total eligible discharges (HCAHPS Sample Frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - Since **Hospital A** is using a 40% sampling rate, the first 4 patients are selected. [1, 2, 3, 4, 5, 6, 7, 8, 9, 10]
  - Day 2:
    - Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - For Day 2, 40% of 8 eligible discharges is equal to 3.2. Using normal rounding rules, **Hospital A** samples 3 eligible discharges for Day 2 [1, 2, 3, 4, 5, 6, 7, 8]
  - Day 3:
    - Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)

- Sampling at a 40% rate, **Hospital A** selects 3 eligible discharges (40% of 7 eligible discharges is 2.8) [1, 2, 3, 4, 5, 6, 7]

**SRS Example 2:** Daily simple random sampling using “skip patterns”

- Similar to Hospital A, **Hospital B** chooses to sample 40% of its eligible discharges for the month by sampling patients every day. This is executed by randomly sorting each day’s eligible discharges and sampling 2 out of every 5 patients.
  - Day 1:
    - Total eligible discharges (HCAHPS Sample Frame) for Day 1 (10 patients) are **randomly sorted**, then numbered 1 through 10 (1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
    - Select the first 2 patients, and then skip the next three. The cycle (select 2 and skip 3) is repeated for the eligible discharges on Day 1. Here, 4 patients would be selected [1, 2, 3, 4, 5, 6, 7, 8, 9, 10]
  - Day 2:
    - Total eligible discharges for Day 2 (8 patients) are **randomly sorted**, then numbered 1 through 8 (1, 2, 3, 4, 5, 6, 7, 8)
    - Again, using the same sampling rate of selecting 2 and skipping 3 patients, 4 patients would be selected [1, 2, 3, 4, 5, 6, 7, 8]
  - Day 3:
    - Total eligible discharges for Day 3 (7 patients) are **randomly sorted**, then numbered 1 through 7 (1, 2, 3, 4, 5, 6, 7)
    - For Day 3, 4 patients would be selected [1, 2, 3, 4, 5, 6, 7]
  - In this example, using leftover patients in the next day’s count is not needed, as the patients are listed in a random order prior to selecting the sample
  - The sample selection cycle would start all over at the beginning of the next day

**SRS Example 3:** End of month sampling

- Sampling for **Hospital C** is conducted only once for a given month at the end of the month
  - Suppose Hospital C has 150 eligible discharges for a given month and wishes to use a 50% sampling rate
    - **Randomly sort** all 150 eligible patients prior to sampling
    - Then select 50% of the 150 eligible discharges for a monthly sample size of 75 patients. Since the eligible discharge list is already randomly sorted, the first 75 patients may be selected to form the monthly random sample.

*Note: When sampling at the end of the month, please verify that the sample is drawn with enough time to begin survey administration before the 42 calendar days initial contact period expires for patients discharged early in the month.*

**SRS Example 4:** Census sampling

- **Hospital D** is a small hospital and chooses to sample all eligible discharges on a daily basis
  - A census sample is SRS because each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
  - Suppose Hospital D has 80 eligible discharges for a given month. Since this hospital is using census sampling, each of the 80 eligible patients is included in the hospital’s HCAHPS sample.



*Note: Sampling processes illustrated in SRS Examples 1, 2 and 4 could be changed to perform simple random sampling on a weekly or bi-weekly basis.*

### **Stratified Random Sampling (Proportionate or Disproportionate)**

In stratified random sampling, the entire population is divided into non-overlapping subgroups, or strata, prior to a random sample being drawn. Commonly used definitions for strata include time period (daily, weekly or bi-weekly), hospital unit or hospital campus (for multiple hospital locations sharing a CCN). It is required that all eligible monthly discharges are contained in exactly one of the chosen strata. That is, there must not be any eligible discharges that overlap strata. Each eligible discharge must be a member of one of the defined strata. For HCAHPS, there are two methods for stratified random sampling:

- **PSRS** – Each subgroup, or stratum, will have the same sampling ratio. That is, the percentage of eligible discharges sampled is the same across all strata.
  - PSRS is similar to SRS in that each eligible patient has the same probability of being selected for inclusion in the monthly sample
- **DSRS** – Each subgroup, or stratum, will have dissimilar sampling ratios. With DSRS, the percentage of eligible discharges sampled is not the same across all strata.
  - Unlike SRS and PSRS, using DSRS means that all eligible discharges do not have an equal chance of being selected for inclusion in the monthly sample. To account for this, CMS requires additional information from survey vendors/hospitals who choose to use DSRS as a sampling type.
  - Survey vendors/Hospitals must submit an Exception Request Form and then be approved to use DSRS. See the *Exception Request/Discrepancy Report Processes* chapter.

*Note: When using two types of strata definitions (see PSRS Example 3 and DSRS Example 3), it is important to make sure that every eligible discharge for the month is contained within exactly one of the strata.*

### **Proportionate Stratified Random Sampling (PSRS)**

In order for sampling to be proportionate, the same sampling ratio (or proportion or percentage) must be applied regardless of the number of eligible discharges in each defined stratum. In addition, the same strata names and definitions should be used each month throughout the quarter.

The following are examples of situations that warrant the use of PSRS:

- The monthly sample is drawn at different scheduled times (e.g., each week) throughout the month. The same percentage of discharges is sampled each week.
- Distinct units within a hospital (e.g., wards, floors, etc.) are sampled separately. The same percentage of discharges is sampled in each unit.
- Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before all of the hospital's data are combined. (Hospitals that share a CCN must obtain a combined total of at least 300 completes per reporting period.) The same percentage of patients is drawn for each hospital each month.

*Note: Hospitals that share a CCN are not required to use PSRS.*

**PSRS Example 1:** Weeks (Strata are defined as weeks within a month)

- A sample is pulled each week for **Hospital A**, creating five strata: Week 1, Week 2, Week 3, Week 4, and Week 5
  - Even though the number of eligible discharges differs across the five weeks, **Hospital A** takes the same proportion (or percentage) of “sampled” discharges each week
    - A 5th week is used to capture the remaining days in the month
  - Twenty percent of the eligible discharges are randomly pulled for each week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 20% or 0.20.) The table below summarizes this sampling process.

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.20	$20 * 0.20 = 4$
2	2	25	0.20	$25 * 0.20 = 5$
3	3	30	0.20	$30 * 0.20 = 6$
4	4	15	0.20	$15 * 0.20 = 3$
5	5	10	0.20	$10 * 0.20 = 2$

- PSRS sampling usually results in a different number of sampled patients from each week, but the same proportion (percentage) of eligible discharges each week. Thus, each eligible discharge had an equal chance of being selected for the sample.
- This Example 1 scenario could also be changed to perform the same sampling process on a daily or twice a month basis. For example, if performing PSRS twice a month, there would only be two strata from which to select eligible patients for inclusion in the monthly sample. The same sampling rate (sample size divided by eligible discharge size) must be used for both time periods in the month.

**PSRS Example 2:** Hospital Units (Strata are defined as units within a hospital)

- A sample is pulled each month for each of 3 units within **Hospital B**, creating three strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, **Hospital B** uses the same sampling ratio for each unit
  - As seen in the following table, the chosen sampling rate is 30%, meaning that 30% of each unit’s eligible monthly discharges will be sampled

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	150	0.30	$150 * 0.30 = 45$
2	2	50	0.30	$50 * 0.30 = 15$
3	3	400	0.30	$400 * 0.30 = 120$

- In this example, PSRS sampling results in a different number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is the same (30%). Thus, each eligible discharge had an equal chance of being chosen, regardless of unit membership.

**PSRS Example 3:** Combinations of Location and Time Period (Strata are defined as all combinations of hospital location [sharing the same CCN] and week within a month)

- A sample is pulled each week from each of 2 locations for **Hospital C**, creating 10 (2x5) strata as follows: Week 1: East campus, Week 1: West campus; Week 2: East campus, Week 2: West campus; Week 3: East campus, Week 3: West campus; Week 4: East campus, Week 4: West campus; Week 5: East campus, Week 5: West campus
  - Even though the number of eligible discharges differs across the 2 hospital locations and 5 weeks within the month, **Hospital C** takes the same proportion (or percentage) of eligible discharges for each of the 10 defined strata
  - Fifty percent of the eligible discharges are randomly pulled from each hospital location per week. (In order to calculate the sample size, the number of eligible discharges is multiplied by 50% or 0.50.) The strata are summarized in the following table.

Stratum	Week	Location	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	East	100	0.50	$100 * 0.50 = 50$
2	1	West	60	0.50	$60 * 0.50 = 30$
3	2	East	110	0.50	$110 * 0.50 = 55$
4	2	West	72	0.50	$72 * 0.50 = 36$
5	3	East	130	0.50	$130 * 0.50 = 65$
6	3	West	54	0.50	$54 * 0.50 = 27$
7	4	East	96	0.50	$96 * 0.50 = 48$
8	4	West	64	0.50	$64 * 0.50 = 32$
9	5	East	106	0.50	$106 * 0.50 = 53$
10	5	West	70	0.50	$70 * 0.50 = 35$

- The number of sampled patients differs noticeably in the two hospital campuses and among the five weeks. However, since **Hospital C** employed the same sampling ratio (50%) for each campus and each week, each eligible discharge had an equal chance of being selected for sampling, regardless of location or week.
- Care must be exercised when combining two types of strata (Location and Time Period). If a hospital or survey vendor encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
- A similar sampling scenario would be to use hospital unit and time as strata definitions, rather than hospital location and time, as in this Example 3

### Disproportionate Stratified Random Sampling (DSRS)

DSRS occurs when dissimilar sampling ratios are used in drawing samples from different strata. If the survey vendor/hospital elects to use DSRS, there are several additional requirements that must be met:

- Survey vendors/Hospitals that elect to use DSRS must complete and submit an Exception Request Form. The process for identifying the strata and the number of discharges that will be sampled must be clearly stated in the request. After submitting an Exception Request Form, CMS decides whether to approve the use of DSRS by survey vendors/hospitals. See the *Exception Request/Discrepancy Report Processes* chapter.

- If a survey vendor or hospital uses DSRS, additional data must be submitted. These data include: the total number of inpatient discharges within a stratum; the total number of patients within a stratum who were eligible for surveying in the month; the total number of patients within a stratum who were sampled in the month; and the name of each stratum from which a sample was drawn.
  - Survey vendors/Hospitals must submit an Exception Request Form. The same strata names should be used in each month throughout the quarter.
- Survey vendors/Hospitals using DSRS are required to sample a minimum of ten eligible discharges in each stratum in each month. **Hospitals that are uncertain about their ability to meet this requirement should re-evaluate their strata definitions or choose not to use DSRS.**

When DSRS is used, CMS creates and employs inverse probability strata weights (using total eligible discharges and completed surveys by strata) so that responding patients are representative of all eligible patients with respect to the strata used in DSRS.

**DSRS Example 1:** Hospital Units (Strata are defined as units within a hospital)

- A sample is pulled for each of three units within **Hospital A** in each month of a quarter, creating three strata: Unit 1, Unit 2 and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges (10) is randomly selected from each unit
  - As the following table shows, the number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.50	20 * 0.50 = <b>10</b>
2	2	40	0.25	40 * 0.25 = <b>10</b>
3	3	100	0.10	100 * 0.10 = <b>10</b>

- In this Example 1, DSRS sampling results in the same number of sampled patients from each unit, but the proportion (percentage) of the eligible discharges selected from each unit is different. Thus, each eligible discharge did not have an equal chance of being chosen.

**DSRS Example 2:** Weeks (Strata are defined as weekly time periods)

- A sample is pulled for **Hospital B** in each week of the month
  - In particular, **Hospital B** uses sampling rates equal to 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively
    - A fifth week is used to capture the remaining days in the month
  - The following table summarizes Hospital B’s sampling

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	100	0.10	100 * 0.10 = <b>10</b>
2	2	108	0.50	108 * 0.50 = <b>54</b>
3	3	102	0.50	102 * 0.50 = <b>51</b>
4	4	110	0.10	110 * 0.10 = <b>11</b>
5	5	30	0.50	30 * 0.50 = <b>15</b>

**DSRS Example 3:** All Combinations of Hospital Unit and Time Period (Strata are defined as all combinations of hospital unit and week within a month)

- A random sample is pulled once per week (Week 1, Week 2, Week 3, Week 4, and Week 5) from each of three hospital units (Unit 1, Unit 2 and Unit 3) within **Hospital C**
  - Since there are 5 weeks within the time period (month) and 3 units within **Hospital C**, this sampling scenario uses 15 strata (5 x 3)
  - **Hospital C** chooses to sample 25% of eligible discharges from Unit 1, 50% from Unit 2, and 100% from Unit 3 across all 5 weeks. The following table summarizes the strata.

Stratum	Week	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	1	100	0.25	100 * 0.25 = <b>25</b>
2	1	2	60	0.50	60 * 0.50 = <b>30</b>
3	1	3	18	1.00	18 * 1.00 = <b>18</b>
4	2	1	80	0.25	80 * 0.25 = <b>20</b>
5	2	2	50	0.50	50 * 0.50 = <b>25</b>
6	2	3	12	1.00	12 * 1.00 = <b>12</b>
7	3	1	88	0.25	88 * 0.25 = <b>22</b>
8	3	2	60	0.50	60 * 0.50 = <b>30</b>
9	3	3	14	1.00	14 * 1.00 = <b>14</b>
10	4	1	96	0.25	96 * 0.25 = <b>24</b>
11	4	2	70	0.50	70 * 0.50 = <b>35</b>
12	4	3	16	1.00	16 * 1.00 = <b>16</b>
13	5	1	56	0.25	56 * 0.25 = <b>14</b>
14	5	2	20	0.50	20 * 0.50 = <b>10</b>
15	5	3	12	1.00	12 * 1.00 = <b>12</b>

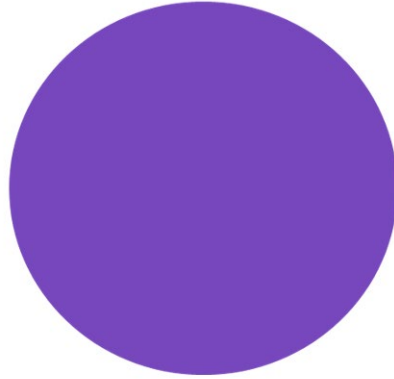
- Care must be exercised when combining two types of strata (Unit and Time Period). If a survey vendor or hospital encounters questions while implementing this sampling scenario, please contact HCAHPS Technical Assistance.
- A similar sampling scenario would be to use hospital location and time as strata definitions, rather than hospital unit and time, as in this example

*Note: Other sampling scenarios may exist and the survey vendor/hospital should contact HCAHPS Information and Technical Support with questions via email at [hcahps@hsag.com](mailto:hcahps@hsag.com) or call 1-888-884-4007.*

### HCAHPS Sampling Protocol Illustration

To summarize, the following illustration is provided.

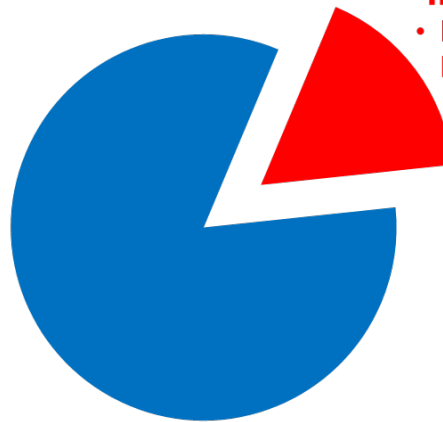
## Step A: Population (All Inpatient Discharges)



## Step B: Identify Initially Eligible Patients

### Initially Eligible Patients

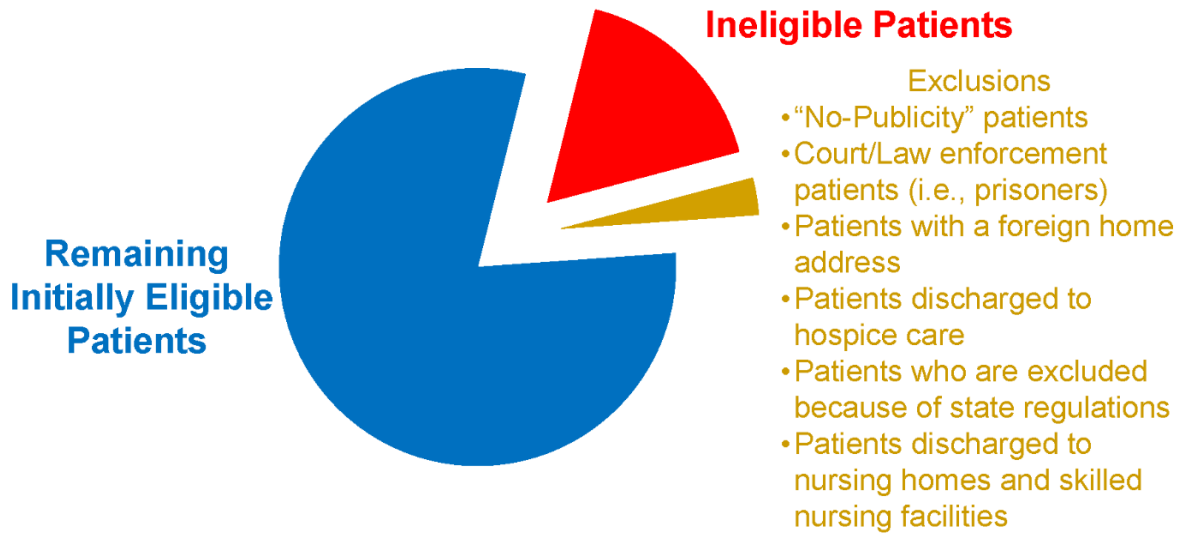
- 18 years or older at the time of admission
- Admission includes at least one overnight stay in hospital
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge



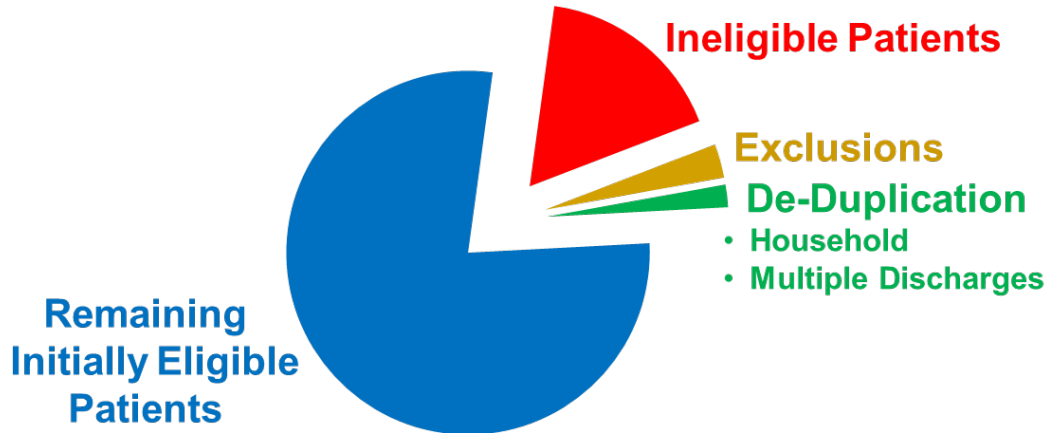
### Ineligible Patients

- Record count of Ineligible Patients

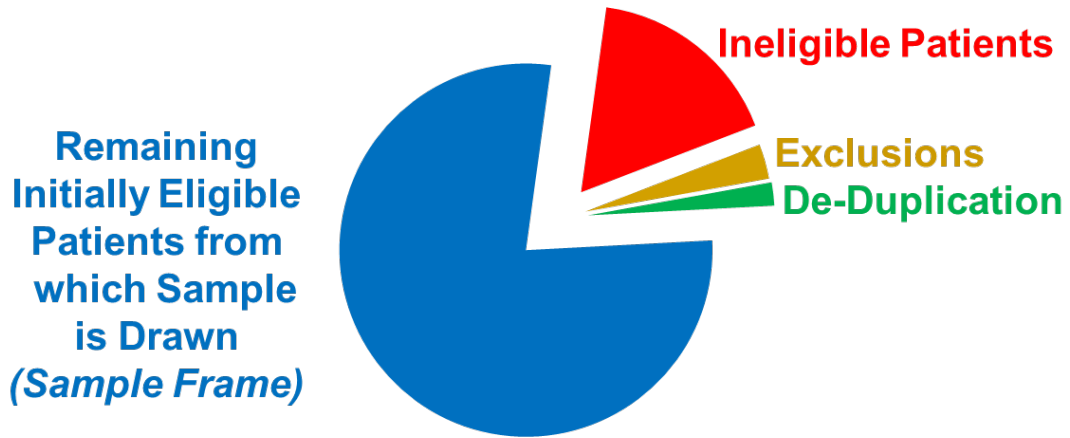
### Step C: Remove Exclusions



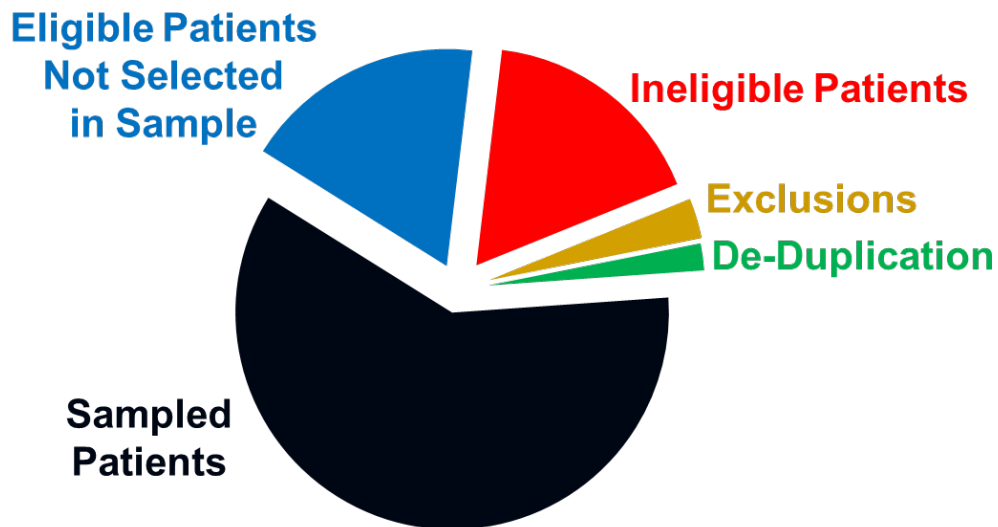
### Step D: Perform De-Duplication



## Step E: HCAHPS Sample Frame



## Step F: Draw Sample





## MS-DRG Codes and Service Line Categories

Each patient who is included in the HCAHPS Survey administration must be assigned to one of three HCAHPS Service Line (“Principal Reason Admission”) categories: (1) Maternity Care; (2) Medical; or (3) Surgical. The preferred method of assignment to the service line categories is based on the patient’s MS-DRG code (V.41 effective October 1, 2023, V.42 MS-DRG code effective October 1, 2024 and V.43 MS-DRG code effective October 1, 2025) at discharge. Alternatively, CMS allows other methods of determining service line, which include the following: V.40 MS-DRG codes; V.39 MS-DRG codes; V.38 MS-DRG codes; V.37 MS-DRG codes; V.36 MS-DRG codes; V.35 MS-DRG codes; V.34 MS-DRG codes; V.33 MS-DRG codes; V.32 MS-DRG codes; V.31 MS-DRG codes; V.30 MS-DRG codes; V.29 MS-DRG codes; V.28 MS-DRG codes; V.27 MS-DRG codes; V.26 MS-DRG codes; V.25 MS-DRG codes; V.24 CMS-DRG codes; a mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, V.24 MS-DRG codes based on payer source; ICD-10 codes/ICD-9 codes; hospital unit; APR-DRG codes; a mix of MS-DRG, APR-DRG codes and determination of service line based on Single Service Line (i.e., Maternity Care only, Medical only or Surgical only) . **Regardless of the methodology used, the survey vendor/hospital must maintain documentation that demonstrates how the codes are crosswalked to the HCAHPS Service Lines.** The HCAHPS Survey data are patient-mix adjusted by service line, though not publicly reported by service line.

A missing MS-DRG code does not exclude a patient from being drawn into the sample frame. Until the MS-DRG code is available, an interim service line designation of “Missing” should be assigned to such patients. The patient’s service line should be updated as soon as the MS-DRG code becomes available. While awaiting the determination of service line (and the patient is otherwise eligible for HCAHPS), the patient should be presumed eligible for HCAHPS sampling and survey administration.

If a patient is determined to be ineligible after the sample is drawn but prior to administration of the survey, do not survey that patient, and do not remove or replace that patient in the sample. The patient is assigned HCAHPS Service Line (“Principal Reason Admission”) “X – Ineligible” and “Final Survey Status” code “3 – Ineligible: Not in eligible population.” If a patient is surveyed and then found to be ineligible, the patient is assigned HCAHPS Service Line (“Principal Reason Admission”) “X – Ineligible” and “Final Survey Status” code “3 – Ineligible: Not in eligible population.” For additional information regarding final survey status, see the *Data Specifications and Coding* chapter.

Hospitals that do not use one of the allowed methods listed above to determine service line must submit an Exception Request Form (online) requesting approval to use other means of determining patient service line categories. Survey vendors must submit the Exception Request Form (online) on behalf of their client hospitals. For further information on the process of applying for an exception, see the *Exception Request/Discrepancy Report Processes* chapter.

The following table provides the list of V.41 MS-DRG codes implemented with discharges occurring on or after October 1, 2023 in the IPPS Final Rule (CMS-1785-F). This table can be used to classify patients into one of the three major categories (Maternity Care, Medical or Surgical). The information in this table is updated to reflect changes to MS-DRG codes as published in the Federal Register Notice approximately two times per year. The V.42 and V.43

MS-DRG codes to be implemented on or after October 1, 2024 and October 1, 2025, respectively will be available on the HCAHPS Website (<https://www.hcahpsonline.org>). Please visit the HCAHPS Website for the most current information.

*Note: It is strongly recommended that survey vendors/hospitals assign the HCAHPS Service Line based on the hospital information (e.g., patient MS-DRG code at discharge).*

- *Survey vendors: If client hospitals assign the HCAHPS Service Line, then the survey vendor must validate that the service line is assigned appropriately and is in accordance with the service line determination methodology identified in the “Determination of Service Line” field*

**Table of V.41 MS-DRG Codes and Service Line Categories<sup>10</sup>**

<b>HCAHPS Sampling Protocol Service Line – MS-DRG Crosswalk for HCAHPS</b>		
<u>MS-DRG</u>	<u>Service Line</u>	<u>Eligible for HCAHPS</u>
768, 783-788, 796-798, 805-807 <i>Note: While the Federal Register classifies these codes as medical or surgical, for HCAHPS they are to be coded as Maternity Care.</i>	1 = Maternity Care	Yes
14, 16-18, 52-103, 121-125, 146-159, 173, 175-208, 280-282, 286-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-684, 686-690, 693-700, 722-730, 754-761, 776, 779, 808-816, 831-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977	2 = Medical	Yes
1-8, 10-13, 19-42, 113-117, 135-145, 163-168, 212, 215-221, 228-229, 231-236, 239-245, 250-279, 319-337, 344-358, 397-399, 405-425, 453-483, 485-489, 492-522, 570-585, 614-630, 650-675, 707-718, 734-750, 769-770, 799-804, 817-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-983, 987-989	3 = Surgical	Yes
283-285, 789-795, 876, 880-887, 894-897, 945-946, 998-999	X = Ineligible	No
A missing MS-DRG code does not exclude a patient from being drawn into the sample frame.	M = Missing	Yes

<sup>10</sup> This table of MS-DRG codes is based on Table 5 of the FY 2024 Federal Register Notice, Vol. 88, No. 165 / Monday, August 28, 2023.

*Note:*

- *Ineligible MS-DRGs include patients with MS-DRGs for **newborn, psychiatric, substance abuse, rehabilitation, or deceased, and MS-DRGs with no assigned type***
- *Survey vendors/Hospitals are responsible for reviewing the list of MS-DRG codes at a minimum on an annual basis to check for updates. The information in this table is updated to reflect changes to MS-DRG codes as published in the Federal Register Notice approximately two times per year. Please visit the HCAHPS Website (<https://www.hcahpsonline.org>) for the most current information.*
- *If a patient with an ineligible MS-DRG code from the above table is drawn into the sample, code the Service Line (“Principal Reason Admission”) as “X – Ineligible” and “Final Survey Status” as “3 – Ineligible: Not in eligible population”*
- *If a patient has an invalid MS-DRG code that is not listed in the above table, then the survey vendor must confirm the accuracy of the MS-DRG code with the client hospital. If the client hospital does not provide an updated valid MS-DRG code, then the survey vendor must ask for a description or additional information about the MS-DRG code in question. If the patient still has an invalid MS-DRG code at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame.*
- *Verify that the hospital is not using any of the ineligible MS-DRG codes as a “filler” code (e.g., 999) prior to obtaining the final billing MS-DRG code*
- *If the patient’s service line is unknown at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame*



## **Mail Only Survey Administration**

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

### **Overview**

This chapter describes guidelines for the **Mail Only mode** of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection using the Mail Only mode of survey administration are highlighted below.

### Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	Begin phone calls	Mail survey	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation
3				Email 2 <sup>nd</sup> invitation		
4					Email 2 <sup>nd</sup> invitation	Email 2 <sup>nd</sup> invitation
6				Email 3 <sup>rd</sup> invitation		Mail survey
7					Email 3 <sup>rd</sup> invitation	
8				Mail 1 <sup>st</sup> survey		
10					Begin phone calls	
21	Mail 2 <sup>nd</sup> survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 <sup>nd</sup> survey		
49	End data collection	End data collection	End data collection	End data collection	End data collection	End data collection

The Mail Only mode protocol includes the following contacts to sampled patients:

- A first questionnaire with the Initial Cover Letter
- A second questionnaire with the Follow-up Cover Letter to all non-respondents

*Note: If after the first mailing the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, the survey vendor/hospital must not send the patient the second questionnaire. After the sample has been drawn, any patients who are found to be ineligible **must not** be removed or replaced in the sample. Instead, these patients are assigned a “Final Survey Status” code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.*

Data collection must be **closed out** for a sampled patient within **49 calendar days** following the mailing of the first questionnaire. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contacts with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

## Production of Questionnaire and Related Materials

The Mail Only mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through I). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letters or questionnaires.

### HCAHPS Survey Languages by Mode

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

\* *These translations will be made available after FY 2025 IPPS Final Rule is posted.*

Survey vendors/hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire. (See Appendices A through I for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaires, cover letters, and outgoing/return envelopes) with all applicable HCAHPS *Quality*

*Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Mail Questionnaire**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mail materials:

#### **Questions and Answer Categories**

- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response categories must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

#### **Formatting (see Appendices A through I)**

- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

#### **Other Requirements**

- The mandatory title of "Hospital Experience Survey" must be printed at the top of the first page of the questionnaire
- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier ("*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.*") must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both



- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes on the questionnaire for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient's discharge date (including the month and year), doctor or unit. The patient's name must not be printed on the questionnaire.
- The copyright statement must be included on the questionnaire on the last page, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text)
- The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
- The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text ); however, the OMB language cannot be printed on a separate piece of paper
- The survey vendor's/hospital's return address must be printed on the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
  - If the survey vendor's/hospital's name is included in the return address, then the survey vendor's/hospital's business name must be used, not an alias or tag line

### **Optional for the Mail Questionnaire**

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below.

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/ phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See Use of Supplemental Questions section below for more detail.
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase "Use only blue or black ink" may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
  - "Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers."
- Page numbers may be included on the questionnaire
  - This is encouraged as a guide to assist patients in responding to all pages of the questionnaire

Color may be incorporated in the questionnaire

The phrase "There are only a few remaining items left" before the "About You" questions may be eliminated

Language such as one of the following may be added in the footer of the survey:

- Continue on next page
- Continue on reverse side
- Turn over to continue

- ➔ to continue
- Continue on back
- Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey, following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through I for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *“Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”*
  - *“The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
  - *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey

- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Cover Letters**

Survey vendors/hospitals may adapt the sample HCAHPS Cover Letters provided (see Appendices A through I) or compose their own cover letters. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Cover Letters**

Cover letters must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

- Cover letters must be printed on the hospital’s (preferred) or survey vendor’s letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director
  - The signature must correspond with the organization on the letterhead
  - An electronic signature is permissible
- The following items must be included in the body of the cover letter:
  - First and last name and address of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the cover letters.
  - A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital’s customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital’s customer support phone number is operational. The survey vendor must also verify that the

- hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
- It is optional to include a customer support email address
  - The following language must be included verbatim:
    - “The survey is sponsored by the United States Department of Health and Human Services and should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
    - “Your participation is voluntary and your answers will be kept private.”
    - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).”
    - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
    - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
      - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
  - The OMB language (Appendices A through I) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point
  - Cover letters **must not**:
    - be attached to the survey; doing so could compromise confidentiality
    - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
    - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
    - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
    - indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
    - offer incentives of any kind for participation in the survey
    - include any content that attempts to advertise or market the hospital’s mission or services
    - offer patients the opportunity to complete the survey over the phone
    - include any promotional or marketing text

### **Optional for the Cover Letters**

- Use of the Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic cover letters is allowed if the survey vendor/hospital is sending a Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic questionnaire to the patient
  - Information may be added to the English cover letters that indicates that the patient may request a mail survey in these languages
- Any instructions that appear on the survey may be repeated in the cover letter
- The wording indicating the purpose of the unique identifier (“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.”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
- Survey vendor’s/Hospital’s return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### **Required for the Envelopes**

- The outgoing envelope **must** be printed with the survey vendor’s/hospital’s address as the return address
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
- All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

### **Optional for the Envelopes**

- The outgoing envelope may be printed with the banner, “Important - Open Immediately.”
  - Other messages, marketing or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) is **not** permitted
- The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
- The outgoing envelope may include, “[SURVEY VENDOR NAME] on behalf of [CLIENT HOSPITAL NAME]”

*Note: The return envelope may not include marketing or promotional text.*

- Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient’s survey package is mailed to the address of record for that patient

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

## Mailing of Materials

Survey vendors/Hospitals must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded “9 – Non-response: Bad address” as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
- Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient’s address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient’s address must be documented.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients’ contact information prior to survey fielding.*

- The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings must be sent to each patient by name, and to the patient’s most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire (either after the first or second mailing) survey vendors/hospitals must follow the guidelines below:
  - It is acceptable to mail a replacement survey at the patient’s request or due to an address correction/update within the 49 calendar day data collection period. However, the survey administration timeline does not restart and must still be closed out within 49 calendar days following the original first mailing.

Survey vendors/Hospitals are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

*Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaires), send a second survey to the patient if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the “Final Survey Status” as “7 – Non-response: Refusal.” If the second mailing is not returned, then code the “Final Survey Status” as “8 – Non-response: Non-response after maximum attempts.”*

*Note: When the first survey is not returned, the second survey is mailed and subsequently the second mailed survey is returned with all missing responses, then code the “Final Survey Status” as “7 – Non-response: Refusal.”*

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

## Data Receipt and Retention

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt as well as key-entered or scanned in a timely manner. If a patient returns two survey questionnaires, the survey vendor/hospital must use only the first HCAHPS Survey received.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS Final Survey Status codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for all HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Mail" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "1 – Mail Only." Survey vendors/Hospitals must document the "Number Survey Attempts – Mail" for the mail wave in which the "Final Survey Status" is determined. For example, if a survey is returned from the first mailing then the "Number of Survey Attempts – Mail" would be coded "1 – First wave mailing." When a survey is returned from the second mailing, then the "Number Survey Attempts – Mail" would be coded "2 – Second wave mailing." Please see the *Data Specifications and Coding* chapter for more information regarding the calculation of lag time and coding the "Number Survey Attempts – Mail" field.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

### Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

## Scanning

Survey vendors'/Hospitals' scanning software must accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

## Decision Rules

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"
- If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32, "*What is your race? Please choose one or more.*")

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

## Data Storage

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*



To avoid mail administration errors and to make certain that questionnaires are delivered as required, survey vendors/hospitals must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and the quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - Commercial software
    - Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed on an ongoing and continuous basis throughout the survey administration period. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*



## Phone Only Survey Administration

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

### **Overview**

This chapter describes guidelines for the **Phone Only mode** of the CAHPS Hospital Survey (HCAHPS) administration.

Data collection for sampled patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. The HCAHPS Survey must **not** be administered while the patient is still in the hospital.

The basic tasks and timing for conducting data collection using the Phone Only mode of survey administration are highlighted below.

## Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	<b>Begin phone calls</b>	Mail survey	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation
3				Email 2 <sup>nd</sup> invitation		
4					Email 2 <sup>nd</sup> invitation	Email 2 <sup>nd</sup> invitation
6				Email 3 <sup>rd</sup> invitation		Mail survey
7					Email 3 <sup>rd</sup> invitation	
8				Mail 1 <sup>st</sup> survey		
10					Begin phone calls	
21	Mail 2 <sup>nd</sup> survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 <sup>nd</sup> survey		
49	End data collection	<b>End data collection</b>	End data collection	End data collection	End data collection	End data collection

The Phone Only mode protocol includes the following contacts to sampled patients:

- Up to five phone attempts

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, the survey vendor/hospital must not make further attempts to contact that patient. After the sample has been drawn, any patients who are found to be ineligible **must not** be removed or replaced in the sample. Instead, these patients are assigned the “Final Survey Status” code of ineligible (2, 3, 4, or 5; as applicable). An Administrative Data Record must be submitted for these patients.*

Data collection must be **closed out** for a sampled patient within **49 calendar days** following the first call attempt. If it is known that the patient may be available in the latter part of the 49 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 49 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Patients who receive the HCAHPS Survey must not be

offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal phone response rates by thoroughly familiarizing interviewers with the study purpose; carefully supervising interviewers; retraining those interviewers having difficulty enlisting cooperation; and re-contacting reluctant respondents with different interviewers at different times until the final data collection protocol is completed.

## Phone Interviewing Systems

### Phone Script

The Phone Only mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). These phone scripts must be read verbatim without adding any other scripting or tag questions, such as “How are you?” Survey vendors/hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

### HCAHPS Survey Languages by Mode

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

\* *These translations will be made available after FY 2025 IPSS Final Rule is posted.*

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Phone Script**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the script.

Programming of the phone scripts must follow the guidelines described below:

- Question and response category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the response categories for the HCAHPS questions
- All underlined content must be emphasized
- No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
- The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 10 (Q10\_Intro): “The next questions are about your care in this hospital.”
- Do not program a specific response category as the default option
- Survey vendors that subcontract call center services must instruct interviewers, if asked who is calling, to state the survey vendor name in the CATI script introduction for the data collection contractor: “...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]....”

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients’ requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X “Frequently Asked Questions for Customer Support.”

### **Use of Supplemental Questions**

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey, following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *“Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”*
  - *“The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *“If you wish to be contacted by the hospital, please provide your contact information. This information is not required.”*
  - *“By providing your contact information, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

## Interviewing Systems

Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone

interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.

- Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
    - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
    - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
  - Survey vendors may program the caller ID to display “on behalf of [HOSPITAL NAME],” with the permission and compliance of the hospital’s HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only “[HOSPITAL NAME].”
2. Manual data collection is permitted only for hospitals that are self-administrating the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

### Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, “This call may be monitored (and/or recorded) for quality improvement purposes.” This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

### Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every patient in the sample. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors’/hospitals’ discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

- The phone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
- The interviewer reaches the patient and is asked to call back at a more convenient time



- The callback must be scheduled at the patient’s convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient’s request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- The interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as “8 – Non-response: Non-response after maximum attempts”

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must not receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:

- Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

*Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).*

- Patients who call back after an initial contact can be scheduled for interviews or forwarded to an available HCAHPS interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient’s privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as “5 – Fifth Phone attempt” for data submission.

Survey vendors/Hospitals must take the following steps to contact **difficult to reach patients**:

- If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
- It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
- If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the 49 calendar day data collection time period (e.g., patient is on vacation the first 2 or 3 weeks of the 49 calendar day data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
- If the patient is temporarily ill or readmitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

### Proxy Respondents

- In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
  - The interviewer obtains permission from the patient to interview the proxy
  - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - either during the current call attempt
    - or at another time as designated by the proxy
      - The patient need not be present when the interview with the proxy is conducted
- If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
- A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

*Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.*

## Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every eligible patient drawn into the sample, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

## Data Receipt and Retention

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS "Final Survey Status" codes and include the crosswalk in the survey vendor's/hospital's QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS "Final Survey Status" codes. Additionally, survey vendors/hospitals must include the "Number Survey Attempts – Phone" field in the Administrative Data Record. This field is required when "Survey Mode" in the Header Record is "2 – Phone Only." Survey vendors/Hospitals must document the "Number Survey Attempts – Phone" for the phone attempt in which the "Final Survey Status" is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the "Number Survey Attempts – Phone" would be coded as "4 – Fourth Phone attempt." Please see the *Data Specifications and Coding* chapter for more information regarding the calculation of lag time and coding the "Number Survey Attempts – Phone" field.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

## Electronic Telephone Interviewing System

The electronic telephone interviewing system employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

## Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system:* The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  - *Valid range checks:* The data entry system identifies responses/entries that are invalid or out-of-range
  - *Validation:* The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.
- Scanning
  - *Unique record verification system:* The survey management system performs a check to confirm that the survey responses have not already been entered in the survey management system
  - *Valid range checks:* The software identifies invalid or out-of-range responses
  - *Validation:* The hospital must perform checks to verify that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

## Data Storage

The following data storage guidelines must be followed for HCAHPS phone surveys:

- Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
- Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper

interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

### Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

- Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  - During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
- Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
- In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
- Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
- Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

**If a survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).**

### Phone Monitoring and Oversight

Each survey vendor/hospital employing the Phone Only mode of survey administration must institute a phone monitoring and evaluation program. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is

administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

*Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.*

- For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews and call attempts in their entirety when silent monitoring is not an option
- Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

*Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.*

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic

telephone interviewing system competently, must be identified and retrained or, if necessary, replaced

- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*





## **Mail-Phone Survey Administration**

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories
- Require hospitals to provide to their survey vendor information about the language the patient prefers to speak while hospitalized
- Require use of the official Spanish translation of the HCAHPS Survey for Spanish language-preferring patients
- Extend the data collection period from 42 calendar days to 49 calendar days for all modes
- Allow response by patient's proxy
- Limit supplemental items to a maximum of 12 added to the end of the HCAHPS Survey

### **Overview**

This chapter describes guidelines for the **Mail-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which is a combination of an initial mailing of the questionnaire with phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for conducting data collection, using the Mail-Phone of survey administration, are highlighted below.

## Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	Begin phone calls	<b>Mail survey</b>	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation
3				Email 2 <sup>nd</sup> invitation		
4					Email 2 <sup>nd</sup> invitation	Email 2 <sup>nd</sup> invitation
6				Email 3 <sup>rd</sup> invitation		Mail survey
7					Email 3 <sup>rd</sup> invitation	
8				Mail 1 <sup>st</sup> survey		
10					Begin phone calls	
21	Mail 2 <sup>nd</sup> survey					
28			<b>Begin phone calls</b>			Begin phone calls
30				Mail 2 <sup>nd</sup> survey		
49	End data collection	End data collection	<b>End data collection</b>	End data collection	End data collection	End data collection

The Mail-Phone protocol includes the following contacts to sampled patients:

- A questionnaire with the Initial Cover Letter
- Up to five phone attempts to non-respondents

*Note: Reversing the protocol (phone attempts followed by mail attempt) is **not** allowed.*

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned the “Final Survey Status” code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient within **49 calendar days** following the mailing of the questionnaire. If the patient did not return a mail survey and it is known that the patient may be available in the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the phone phase of the data collection time period, then survey vendors/hospitals must use the entire phone phase data collection time period

to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

## Mail Protocol

This section describes guidelines for the mail phase of the Mail-Phone mode of survey administration.

### Production of Questionnaire and Related Materials

The mail phase of the Mail-Phone mode of survey administration can be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through D). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

### HCAHPS Survey Languages by Mode

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

\* *These translations will be made available after FY 2025 IPSS Final Rule is posted.*

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve

patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through D for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letter and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Mail Questionnaire**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

#### **Questions and Answer Categories**

- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response categories must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

#### **Formatting (see Appendices A through D)**

- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)

- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

### Other Requirements

- The mandatory title of “Hospital Experience Survey” must be printed at the top of the first page of the questionnaire
- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier (“*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.*”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient’s discharge date (including the month and year), doctor or unit. The patient’s name must not be printed on the questionnaire.
- The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text)
- The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
- The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text ); however, the OMB language cannot be printed on a separate piece of paper
- The survey vendor’s/hospital’s return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
  - If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See Use of Supplemental Questions section below for more detail.
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase “Use only blue or black ink” may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24

- “Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers.”
- Page numbers may be included on the questionnaire
  - This is encouraged as a guide to assist patients in responding to all pages of the questionnaire
- Color may be incorporated in the questionnaire
- The phrase “There are only a few remaining items left” before the “About You” questions may be eliminated
- Language such as one of the following may be added in the footer of the survey:
  - Continue on next page
  - Continue on reverse side
  - Turn over to continue
  - ➔ to continue
  - Continue on back
  - Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through D for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - “Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
  - “The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other

contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
- *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length, and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Cover Letter**

Survey vendors/Hospitals may adapt the sample HCAHPS Initial Cover Letter provided (see Appendices A through D) or compose their own cover letter. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Cover Letter**

- Cover letter must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Cover letter must be printed on the hospital’s (preferred) or survey vendor’s letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director
- The signature must correspond with the organization on the letterhead
- An electronic signature is permissible
- The following items must be included in the body of the cover letter:

- First and last name and address of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the cover letter.
- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital’s customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital’s customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - It is optional to include a customer support email address
- The following items must be included verbatim:
  - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
  - “Your participation is voluntary and your answers will be kept private.”
  - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).”
  - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
  - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
- The OMB language (Appendices A through D) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point
- Cover letter **must not**:
  - be attached to the survey; doing so could compromise confidentiality



- attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital’s mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

### **Optional for the Cover Letter**

- Use of the Chinese or Russian cover letter is allowed if the survey vendor/hospital is sending a Chinese or Russian questionnaire to the patient
  - Information may be added to the English cover letter that indicates that the patient may request a mail survey in these languages
- Any instructions that appear on the survey may be repeated in the cover letter
- The wording indicating the purpose of the unique identifier (“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.”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both.
- Survey vendor’s/Hospital’s return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### **Required for the Envelopes**

- The outgoing envelope **must** be printed with the survey vendor’s/hospital’s address as the return address
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
- All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

### **Optional for the Envelopes**

- The outgoing envelope may be printed with the banner, “Important - Open Immediately.”
  - Other messages, marketing or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) is **not** permitted
- The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both

- The outgoing envelope may include, "[SURVEY VENDOR NAME] on behalf of [CLIENT HOSPITAL NAME]"

*Note: The return envelope may not include marketing or promotional text.*

- Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

### **Mailing of Materials**

Survey vendors/Hospitals must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
  - Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

- The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
  - It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update within the first 28 calendar days of the 49 calendar day survey administration period. However, the survey administration timeline does not restart and must still be closed out within 49 calendar days following the original first mailing.

Survey vendors/Hospitals are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

*Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), initiate phone phase on day 28.*

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

## **Data Receipt and Retention of Mailed Questionnaires**

Survey vendors/Hospitals utilizing the Mail-Phone of survey administration must keep track of the mode in which each survey was completed (i.e., Mail or Phone). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must: 1) retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Mail-Phone Mode of survey administration; and, 2) assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information).

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. If a patient completes the HCAHPS Survey via the phone and a questionnaire is subsequently returned by the same patient, the survey vendor/hospital must use the phone HCAHPS Survey responses since they were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

### **Key-entry**

Survey vendors’/Hospitals’ key-entry processes must incorporate the following features:

- *Unique record verification system:* The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks:* The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation:* Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to

the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

## Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

## Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response categories but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response categories, then code the value for the item as "M – Missing/Don't Know"
- If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 "*What is your race? Please choose one or more.*")

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

## Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - Commercial software
    - Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

## Phone Protocol

This section describes guidelines for the phone phase of the Mail-Phone mode of survey administration. The phone phase of the Mail-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Mail Protocol* section).

If the mail questionnaire has not been returned within 28 calendar days following its mail-out to sampled patients, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents from the questionnaire mailing.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

## Phone Interviewing Systems

### Phone Script

The phone phase of the Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Mail Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). These phone scripts must be read verbatim without adding any other scripting or tag questions, such as “How are you?” Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.**

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### Required for the Phone Script

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:

- Question and response category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the response categories for the HCAHPS questions
- All underlined content must be emphasized
- No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
- The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10\_Intro): “The next questions are about your care in this hospital.”
- Do not program a specific response category as the default option
- Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: “...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]...”

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

### **Use of Supplemental Questions**

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)

- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

## Interviewing Systems

Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.
  - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
    - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
    - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
  - Survey vendors may program the caller ID to display “on behalf of [HOSPITAL NAME],” with the permission and compliance of the hospital’s HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only “[HOSPITAL NAME].”
2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

## Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, “*This call may be monitored (and/or recorded) for quality improvement purposes.*” This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.



## Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the mail survey. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

- The phone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
- The interviewer reaches the patient and is asked to call back at a more convenient time
  - The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or permitted proxy (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must not receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:

- Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

*Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).*

- Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult-to-reach patients**:

- If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
- It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
- If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
- If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

### Proxy Respondents

- In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer

- determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
- The interviewer obtains permission from the patient to interview the proxy
  - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - either during the current call attempt
    - or at another time as designated by the proxy
      - The patient need not be present when the interview with the proxy is conducted
- If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
- A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

*Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.*

### **Obtaining and Updating Phone Numbers**

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the mail survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

### **Receipt and Retention of Phone Data**

Survey vendors/Hospitals utilizing the Mail-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Mail or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Mail-Phone mode of survey administration

- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the phone attempt “Number Survey Attempts – Phone” in which the “Final Survey Status” is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the “Number Survey Attempts – Phone” as “4 – Fourth Phone attempt.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Phone” field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Phone” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “3 – Mail-Phone” and “Survey Completion Mode” is “2 – Mail-Phone-phone.” If the survey is completed/dispositioned during the phone phase of the Mail-Phone Mode, the “Number Survey Attempts – Phone” captures the phone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Phone” field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

## Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

## Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  - *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range

- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.
- Scanning
  - *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
  - *Valid range checks*: The software identifies invalid or out-of-range responses
  - *Validation*: The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

### Storage of Phone Data

The following data storage guidelines must be followed for HCAHPS phone surveys:

- Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
- Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

### Quality Control Guidelines for Phone Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

### Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

- Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  - During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:

- Thank you
  - Alright
  - Okay
  - I understand, or I see
  - Yes, Ma'am
  - Yes, Sir
- Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
  - Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
  - Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
  - In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
  - Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
  - Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

**If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).**

### **Phone Monitoring and Oversight**

Each survey vendor/hospital employing the Mail-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the phone interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

*Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.*

- For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option
- Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

*Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.*

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*





## **Web-Mail Survey Administration**

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

### **Overview**

This chapter describes guidelines for the **Web-Mail mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes up to three web survey invitations and up to two survey mailings to non-respondents.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection, using the Web-Mail mode of survey administration, are highlighted below.

## Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	Begin phone calls	Mail survey	<b>Email 1<sup>st</sup> invitation</b>	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation
3				<b>Email 2<sup>nd</sup> invitation</b>		
4					Email 2 <sup>nd</sup> invitation	Email 2 <sup>nd</sup> invitation
6				<b>Email 3<sup>rd</sup> invitation</b>		Mail survey
7					Email 3 <sup>rd</sup> invitation	
8				<b>Mail 1<sup>st</sup> survey</b>		
10					Begin phone calls	
21	Mail 2 <sup>nd</sup> survey					
28			Begin phone calls			Begin phone calls
30				<b>Mail 2<sup>nd</sup> survey</b>		
49	End data collection	End data collection	End data collection	<b>End data collection</b>	End data collection	End data collection

The Web-Mail mode protocol includes the following contacts:

- Sampled patients *with an email address*:
  - Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
  - Up to two mailings of the questionnaire to non-respondents (two Follow-up Cover Letters)
- Sampled patients *without an email address*:
  - Up to two mailings of the questionnaire (one Initial Cover Letter and one Follow-up Cover letter)
    - Sampled patients without an email address receive their first contact by mail

*Note: Reversing the protocol (mail attempts followed by web attempt) is **not** allowed.*

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned the “Final Survey Status” code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***

Data collection must be **closed out** for a sampled patient within **49 calendar days** following the first email contact attempt. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

## Web Protocol

This section describes guidelines for the web phase of the Web-Mail mode of survey administration.

### Web Survey System

Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by mail following submission of a web survey.

The web survey system should:

- support capture of data from web surveys that are initiated and suspended without submission of a completed survey
- allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
- allow for the respondent to back up and change a previously selected response
- allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient’s screen (whether phone, tablet, computer).
- allow a web survey to be programmed to be 508 compliant
- support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:

- NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
- NOT allow respondent to access the web survey after submission or after the data collection window has closed

## Obtaining and Updating Email Addresses

Survey vendors/Hospitals normally obtain email addresses from the hospital's patient discharge records. Attempts must be made to contact every eligible patient drawn into the sample. Sampled patients without an email address receive their first contact in the mail phase. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address including re-contacting the hospital to inquire about an email address update.

Survey vendors/Hospitals may use commercial software, email validation service provider or other means to validate email addresses provided by the hospital. Only matches on name, address, city, and state should be used to append an email address to a sampled patient record. Validation is an option, but is not required. Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

## Web Survey and Related Materials

The web phase of the Web-Mail mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through V). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

### HCAHPS Survey Languages by Mode

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

*\* These translations will be made available after FY 2025 IPPS Final Rule is posted.*

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Initial and Reminder Email Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Web Survey**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

#### **HCAHPS Questions**

- Display only one survey item per web screen
- When displayed, “BACK” button appears in the lower left of each web screen
- When displayed, “NEXT” button appears in the lower right of each web screen
- No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
- All response categories must be listed vertically. Matrix format is not permitted.
- All questions can be paged through without requiring a response
- All questions are programmed to accept only one response, with the exception of Question 32

#### **Formatting**

- Use computer programs 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)
- [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Every web screen has a shaded header
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- No changes are permitted to the formatting or wording of the web screens
- Wording that is underlined must be emphasized in the same manner
- Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

#### **Welcome Web Screen**

- Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
- The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
  - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
  - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
  - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”

- Display customer support phone number (optional to provide customer support email address)

### Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey “START” button
  - The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button
  - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
- Skip patterns should be programmed into the web survey system
- Survey vendors/Hospitals **must not**:
  - program a specific response category as the default option
  - use a progress bar or other progress indicator on web screens

### **Use of Supplemental Questions**

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions
- The mandatory transition statement and header must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through V for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Only one supplemental item may be displayed per web screen, with a limit of 12 total items
- Each supplemental item must display a header. It is optional to repeat the mandatory header or use text that aligns with the subject of the item(s).
- Each supplemental item must display a “BACK” button in the lower left of each web screen
- Each supplemental item must display a “NEXT” button in the lower right of each web screen
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is

NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
- *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Email Invitations**

Survey vendors/Hospitals may adapt the sample HCAHPS Initial and Reminder Email Invitations provided (see Appendices N through V) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Email Invitations**

- Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
- The following items must be included in the body of the invitations:
  - First and last name of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the invitations.

- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital’s customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital’s customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - It is optional to include a customer support email address
- The following language must be included verbatim:
  - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
  - “Your participation is voluntary and your answers will be kept private.”
  - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).”
  - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
  - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
- Email invitations **must not**:
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
  - indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
  - offer incentives of any kind for participation in the survey



- include any content that attempts to advertise or market the hospital’s mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

*Note: In instances where submitted web surveys have all missing responses (i.e., without any questions answered), initiate mail phase on day 8.*

## Data Receipt and Retention of Web Surveys

Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey by *web*, then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Mail mode of survey administration
- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the web attempt “Number Survey Attempts – Web” in which the “Final Survey Status” is determined. For example, if the survey was submitted using the second email invitation link (second of three invitations) then the survey vendor/hospital must document the “Number Survey Attempts – Web” as “2 – Second Email invitation.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Web” field.

*Note: At the end of the data collection period, if the patient answered any of the web survey questions, but did not “submit” the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via mail and submit the above fields.*

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Web” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “4 – Web-Mail mode” and “Survey Completion Mode” is “3 – Web-Mail mode-web.” If the survey is completed/dispositioned during the web phase of the Web-Mail mode, the “Number Survey Attempts – Web” captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Web” field is presented in the *Data Specifications and Coding* chapter.

## Storage of Web Survey Data

The following data storage guidelines must be followed for HCAHPS web surveys:

- Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

## Quality Control Guidelines for Web Survey Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

## Mail Protocol

This section describes guidelines for the mail phase of the Web-Mail mode of survey administration.

If the web survey has not been submitted within 8 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS mail survey protocol. Survey vendors/Hospitals must send two mailings of the questionnaire to non-respondents and sampled patients who did not provide an email address. Patients without an email address receive the Initial Cover Letter as their first mailing.

## Production of Questionnaire and Related Materials

The mail phase of the Web-Mail mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through I). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages.** We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through I for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letters and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Mail Questionnaire**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

#### **Questions and Answer Categories**

- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response options must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

#### **Formatting (see Appendices A through I)**

- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

#### **Other Requirements**

- The mandatory survey title, "Hospital Experience Survey" must be included at the top of the first page of the questionnaire
- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier ("*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.*”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both

- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient’s discharge date (including the month and year), doctor or unit. The patient’s name must not be printed on the questionnaire.
- The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text)
- The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
- The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through I for the exact text); however, the OMB language cannot be printed on a separate piece of paper
- The survey vendor’s/hospital’s return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
  - If the survey vendor’s/hospital’s/name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### **Optional for the Mail Questionnaire**

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See *Use of Supplemental Questions* below for more detail.
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase “Use only blue or black ink” may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
  - “Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers.”
- Page numbers may be included on the questionnaire
  - This is encouraged as a guide to assist patients in responding to all pages of the questionnaire
- Color may be incorporated in the questionnaire
- The phrase “There are only a few remaining items left” before the “About You” questions may be eliminated
- Language such as one of the following may be added in the footer of the survey:
  - Continue on next page

- Continue on reverse side
- Turn over to continue
- ➔ to continue
- Continue on back
- Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through I for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *“Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”*
  - *“The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
  - *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Cover Letters**

Survey vendors/Hospitals may adapt the sample HCAHPS Cover Letters provided (see Appendices A through I) or compose their own cover letters. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letters provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Cover Letters**

- Cover letters must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Cover letters must be printed on the hospital’s (preferred) or survey vendor’s letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director
- The signature must correspond with the organization on the letterhead
- An electronic signature is permissible
- The following items must be included in the body of the cover letters:
  - First and last name and address of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the cover letters.
  - A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the

- hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
- It is optional to include a customer support email address
  - The following language must be included verbatim:
    - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
      - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
        - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
        - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
        - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
    - “Your participation is voluntary and your answers will be kept private.”
    - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(https://www.medicare.gov/care-compare/\)](https://www.medicare.gov/care-compare/).”
    - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
    - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
      - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
  - The OMB language (Appendices A through I) must appear verbatim on either the questionnaire (preferred) or cover letters, and may appear on both, in a readable font at a minimum of 10-point
  - Cover letters **must not**:
    - be attached to the survey; doing so could compromise confidentiality
    - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
    - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
    - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
    - indicate that the hospital's goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
    - offer incentives of any kind for participation in the survey

- include any content that attempts to advertise or market the hospital's mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

### **Optional for the Cover Letters**

- Use of the Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic cover letters is allowed if the survey vendor/hospital is sending a Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic questionnaire to the patient
  - Information may be added to the English cover letters, that indicates that the patient may request a mail survey in these languages
- Any instructions that appear on the survey may be repeated in the cover letters
- The wording indicating the purpose of the unique identifier (“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.”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letters, and may appear on both.
- Survey vendor’s/Hospital’s return address may be included on the cover letters to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### **Required for the Envelopes**

- The outgoing envelope **must** be printed with the survey vendor’s/hospital’s address as the return address
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
- All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

### **Optional for the Envelopes**

- The outgoing envelope may be printed with the banner, “Important - Open Immediately.”
  - Other messages, marketing or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) is **not** permitted
- The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
- The outgoing envelope may include “[SURVEY VENDOR NAME] on behalf of [HOSPITAL NAME]”

*Note: The return envelope may not include marketing or promotional text.*

- Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient’s survey package is mailed to the address of record for that patient



*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

## **Mailing of Materials**

Survey vendors/Hospitals must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as “9 – Non-response: Bad address” as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
- Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient’s address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient’s address must be documented.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients’ contact information prior to survey fielding.*

- The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings are sent to each patient by name and to the patient’s most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
  - It is acceptable to mail a replacement survey at the patient’s request or due to an address correction/update between the first wave mailing (day 8) and the end of data collection (day 49). However, the survey administration timeline does not restart and must still be closed out within 49 calendar days following the first contact attempt.

Survey vendors/Hospitals are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

*Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaires), send a second survey to the patient if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the “Final Survey Status” as “7 – Non-response: Refusal.” If the second mailing is not returned, then code the “Final Survey Status” as “8 – Non-response: Non-response after maximum attempts.”*

*Note: When the first survey is not returned, the second survey is mailed and subsequently the second mailed survey is returned with all missing responses, then code the “Final Survey Status” as “7 – Non-response: Refusal.”*

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

## Data Receipt and Retention of Mailed Questionnaires

Survey vendors/Hospitals utilizing the Web-Mail mode of survey administration must keep track of the mode in which each survey was completed (i.e., Web or Mail). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Web-Mail mode of survey administration
- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the “Number Survey Attempts – Mail” for the mail wave in which the “Final Survey Status” is determined. For example, if the survey is returned from the first mailing then the “Number of Survey Attempts – Mail” would be coded “1 – First wave mailing.” When a survey is returned from the second mailing, then the “Number Survey Attempts – Mail” would be coded “2 – Second wave mailing.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Mail” field.

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. In multi-phase modes such as Web-Mail, the survey vendor/hospital must use the HCAHPS Survey responses that were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Mail” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “4 – Web-Mail” and “Survey Completion Mode” is “4 – Web-Mail mode-mail.” If the survey is completed/dispositioned during the mail phase of the Web-Mail mode, the “Number Survey Attempts – Mail” captures the mail wave in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Mail” field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

### Key-entry

Survey vendors'/Hospitals' key-entry processes must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

### Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

### Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"
- If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 "*What is your race? Please choose one or more.*")

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

## Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - Commercial software
    - Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*



## **Web-Phone Survey Administration**

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

### **Overview**

This chapter describes guidelines for the **Web-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes a web survey with phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for data collection, using the Web-Phone mode of survey administration, are highlighted below.

## Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	Begin phone calls	Mail survey	Email 1 <sup>st</sup> invitation	<b>Email 1<sup>st</sup> invitation</b>	Email 1 <sup>st</sup> invitation
3				Email 2 <sup>nd</sup> invitation		
4					<b>Email 2<sup>nd</sup> invitation</b>	Email 2 <sup>nd</sup> invitation
6				Email 3 <sup>rd</sup> invitation		Mail survey
7					<b>Email 3<sup>rd</sup> invitation</b>	
8				Mail 1 <sup>st</sup> survey		
10					<b>Begin phone calls</b>	
21	Mail 2 <sup>nd</sup> survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 <sup>nd</sup> survey		
49	End data collection	End data collection	End data collection	End data collection	<b>End data collection</b>	End data collection

The Web-Phone protocol includes the following contacts:

- Sampled patients *with an email address*:
  - Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
  - Up to five phone attempts to non-respondents
- Sampled patients *without an email address*:
  - Up to five phone attempts
    - Sampled patients without an email address receive their first contact by phone

*Note: Reversing the protocol (phone attempts followed by web attempts) is **not** allowed.*

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead, these patients are assigned the “Final Survey Status” code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.***



Data collection must be **closed out** for a sampled patient within **49 calendar days** following the first email contact attempt. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

## Web Protocol

This section describes guidelines for the web phase of the Web-Phone mode of survey administration.

### Web Survey System

Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by phone following submission of a web survey.

The web survey system should:

- support capture of data from web surveys that are initiated and suspended without submission of a completed survey
- allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
- allow for the respondent to back up and change a previously selected response
- allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient’s screen (whether phone, tablet, computer)
- allow a web survey to be programmed to be 508 compliant
- support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:

- NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
- NOT allow respondent to access the web survey after submission or after the data collection window has closed

## Obtaining and Updating Email Addresses

Survey vendors/Hospitals normally obtain email addresses from the hospital's patient discharge records. Attempts must be made to contact every eligible patient drawn into the sample. Sampled patients without an email address receive their first contact in the phone phase. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address including re-contacting the hospital to inquire about an email address update.

Survey vendors/Hospitals may use commercial software, email validation service provider or other means to validate email addresses provided by the hospital. Only matches on name, address, city, and state should be used to append an email address to a sampled patient record. Validation is an option, but is not required. Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

## Web Survey and Related Materials

The web phase of the Web-Phone mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through Q). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

### HCAHPS Survey Languages by Mode

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

*\* These translations will be made available after FY 2025 IPPS Final Rule is posted.*

Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages. We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Invitation and Reminder Emails Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Web Survey**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

#### **HCAHPS Questions**

- Display only one survey item per web screen
- When displayed, “BACK” button appears in the lower left of each web screen
- When displayed, “NEXT” button appears in the lower right of each web screen
- No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
- All response categories must be listed vertically. Matrix format is not permitted.
- All questions can be paged through without requiring a response
- All questions are programmed to accept only one response, with the exception of Question 32

#### **Formatting**

- Use computer programs 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)
- [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Every web screen has a shaded header
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- No changes are permitted to the formatting or wording of the web screens
- Wording that is underlined must be emphasized in the same manner
- Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

#### **Welcome Web Screen**

- Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
- The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
  - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
  - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
  - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”

- Display customer support phone number (optional to provide customer support email address)

#### Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey “START” button
  - The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button
  - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
- Skip patterns should be programmed into the web survey system
- Survey vendors/Hospitals **must not**:
  - program a specific response category as the default option
  - use a progress bar or other progress indicator on web screens

#### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions
- The mandatory header and mandatory transition statement must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through Q for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Only one supplemental item may be displayed per web screen, with a limit of 12 total items
- Each supplemental item must display a header. It is optional to repeat the mandatory header or use text that aligns with the subject of the item(s).
- Each supplemental item must display a “BACK” button in the lower left of each web screen
- Each supplemental item must display a “NEXT” button in the lower right of each web screen
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is

NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
- *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Email Invitations**

Survey vendors/Hospitals may adapt the sample HCAHPS Email Initial and Reminder Invitations provided (see Appendices N through Q) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Email Invitations**

- Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
- The following items must be included in the body of the invitations:
  - First and last name of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
  - The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the invitations.

- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor's number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital's customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital's customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - It is optional to include a customer support email address
- The following language must be included verbatim:
  - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
  - “Your participation is voluntary and your answers will be kept private.”
  - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(https://www.medicare.gov/care-compare/\)](https://www.medicare.gov/care-compare/).”
  - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
  - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
- Email invitations **must not**:
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
  - ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
  - indicate that the hospital's goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
  - offer incentives of any kind for participation in the survey

- include any content that attempts to advertise or market the hospital’s mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

## Data Receipt and Retention of Web Surveys

Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey by *web*, then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Phone mode of survey administration
- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the web attempt “Number Survey Attempts – Web” in which the “Final Survey Status” is determined. For example, if the survey was submitted using the second email invitation link (second of three invitations) then the survey vendor/hospital must document the “Number Survey Attempts – Web” as “2 – Second Email invitation.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Web” field.

*Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not “submit” the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via phone and submit the above fields.*

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all HCAHPS “Final Survey Status” codes**. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Web” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “5 – Web-Phone mode” and “Survey Completion Mode” is “5 – Web-Phone mode-web.” If the survey is completed/dispositioned during the web phase of the Web-Phone mode, the “Number Survey Attempts – Web” captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Web” field is presented in the *Data Specifications and Coding* chapter.

## Storage of Web Survey Data

The following data storage guidelines must be followed for HCAHPS web surveys:

- Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

## Quality Control Guidelines for Web Survey Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

## Phone Protocol

This section describes guidelines for the phone phase of the Web-Phone mode of survey administration. The phone phase of the Web-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section).

If the web survey has not been submitted within 10 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents and sampled patients who did not provide an email address.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

## Phone Interviewing Systems

### Phone Script

The phone phase of the Web-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). The phone scripts must be read verbatim without adding any other scripting or tag questions, such as “How are you?” Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.**



Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Phone Script**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:

- Question and response category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the response categories for the HCAHPS questions
- All underlined content must be emphasized
- No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
- The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10\_Intro): “The next questions are about your care in this hospital.”
- Do not program a specific response category as the default option
- Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: “...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]....”

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients’ requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X “Frequently Asked Questions for Customer Support.”

### **Use of Supplemental Questions**

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *“Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”*
  - *“The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *“If you wish to be contacted by the hospital, please provide your contact information. This information is not required.”*
  - *“By providing your contact information, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

## Interviewing Systems

Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is

responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.

- Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
    - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
    - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
  - Survey vendors may program the caller ID to display “on behalf of [HOSPITAL NAME],” with the permission and compliance of the hospital’s HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only “[HOSPITAL NAME].”
2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

### Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, “*This call may be monitored (and/or recorded) for quality improvement purposes.*” This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

### Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the web survey and those without an email address. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors’/hospitals’ discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

- The phone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.

- The interviewer reaches the patient and is asked to call back at a more convenient time
  - The callback must be scheduled at the patient’s convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient’s request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- The interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as “8 – Non-response: Non-response after maximum attempts”

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy respondent (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must not receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:

- Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

*Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).*

- Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient’s privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as “5 – Fifth Phone attempt” for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult-to-reach patients**:

- If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
- It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
- If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
- If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

### Proxy Respondents

- In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
  - The interviewer obtains permission from the patient to interview the proxy
  - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - either during the current call attempt
    - or at another time as designated by the proxy
      - The patient need not be present when the interview with the proxy is conducted
- If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
- A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

*Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.*

### Obtaining and Updating Phone Numbers

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each

patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the web survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

## Receipt and Retention of Phone Data

Survey vendors/Hospitals utilizing the Web-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Web or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Web-Phone mode of survey administration
- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the phone attempt “Number Survey Attempts –Phone” in which the “Final Survey Status” is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the “Number Survey Attempts – Phone” as “4 – Fourth Phone attempt.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts –Phone” field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Phone” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “5 – Web-Phone” and “Survey Completion Mode” is “6 – Web-Phone mode-phone.” If the survey is completed/dispositioned during the phone phase of the Web-Phone mode, the “Number Survey Attempts – Phone” captures the phone attempt in which the final disposition

of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Phone” field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

## Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

### Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  - *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
  - *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.
- Scanning
  - *Unique record verification system*: The survey management system performs a check to confirm that the patient’s survey responses have not already been entered in the survey management system
  - *Valid range checks*: The software identifies invalid or out-of-range responses
  - *Validation*: The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

### Storage of Phone Data

The following data storage guidelines must be followed for HCAHPS phone surveys:

- Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable

- Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines for Phone Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

### Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

- Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  - During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir
- Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
- Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
- In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
- Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
- Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent



**If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).**

### **Phone Monitoring and Oversight**

Each survey vendor/hospital employing the Web-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

*Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.*

- For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option
- Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

*Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that*

*a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.*

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

## Web-Mail-Phone Survey Administration

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])

### **Overview**

This chapter describes guidelines for the **Web-Mail-Phone mode** of the CAHPS Hospital Survey (HCAHPS) administration, which includes a web survey with a survey mailing and phone follow-up.

Data collection for sampled discharged patients must be **initiated** between **48 hours and 42 calendar days** after discharge. Survey vendors/Hospitals must wait 48 hours to make the first attempt to contact discharged patients. This will allow enough time to pass for the patient to return home and feel settled after their hospital stay. Patients must **not** be given the survey while they are still in the hospital.

The basic tasks and timing for conducting the HCAHPS Survey, using the Web-Mail-Phone mode of survey administration, are highlighted below.

## Schedule of HCAHPS Contact Attempts by Survey Mode

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 <sup>st</sup> survey	Begin phone calls	Mail survey	Email 1 <sup>st</sup> invitation	Email 1 <sup>st</sup> invitation	<b>Email 1<sup>st</sup> invitation</b>
3				Email 2 <sup>nd</sup> invitation		
4					Email 2 <sup>nd</sup> invitation	<b>Email 2<sup>nd</sup> invitation</b>
6				Email 3 <sup>rd</sup> invitation		<b>Mail survey</b>
7					Email 3 <sup>rd</sup> invitation	
8				Mail 1 <sup>st</sup> survey		
10					Begin phone calls	
21	Mail 2 <sup>nd</sup> survey					
28			Begin phone calls			<b>Begin phone calls</b>
30				Mail 2 <sup>nd</sup> survey		
49	End data collection	End data collection	End data collection	End data collection	End data collection	<b>End data collection</b>

The Web-Mail-Phone mode protocol includes the following contacts:

- Sampled patients *with an email address*:
  - Up to two email invitations (one Initial Email Invitation and one Reminder Email Invitation)
  - One mailing of the questionnaire to non-respondents (Follow-up Cover Letter)
  - Up to five phone attempts to non-respondents
- Sampled patients *without an email address*:
  - One mailing of the questionnaire (Initial Cover Letter)
    - Sampled patients without an email address receive their first contact by mail
  - Up to five phone attempts to non-respondents

*Note: Reversing the protocol (phone attempts and mailing of the questionnaire followed by web attempts) is **not** allowed.*

*Note: If the survey vendor/hospital learns that a sampled patient is ineligible for HCAHPS, no further attempts should be made to contact that patient. **After the sample has been drawn, any patients who are found to be ineligible must not be removed or replaced in the sample. Instead,***

*these patients are assigned the “Final Survey Status” code of ineligible (2, 3, 4, or 5, as applicable). An Administrative Data Record must be submitted for these patients.*

Data collection must be **closed** out for a sampled patient within **49 calendar days** following the first email contact attempt. If the patient did not submit a web survey or mail survey and it is known that the patient may be available in the latter part of the phone phase of the data collection time period and there would be an opportunity to reach the patient closer to the end of the phone phase of the data collection time period, then survey vendors/hospitals must use the entire phone phase data collection time period to schedule phone calls. Phone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time. Patients who receive the HCAHPS Survey must not be offered incentives of any kind. Patients who do not respond to the survey are assigned a “Final Survey Status” code of non-response.

Survey vendors/Hospitals must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed.

While sampled patients are encouraged to respond directly to the HCAHPS Survey, not all patients are able to do so. In such cases, a proxy may respond to the survey for the patient. Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient. These surveys are considered valid and acceptable and are subject to standard HCAHPS protocols.

## Web Protocol

This section describes guidelines for the web phase of the Web-Mail-Phone mode of survey administration.

### Web Survey System

Survey vendors/Hospitals may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled patients through the survey administration process and the removal of sampled patients from further attempts by mail or phone following submission of a web survey.

The web survey system should:

- support capture of data from web surveys that are initiated and suspended without submission of a completed survey
- allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question
- allow for the respondent to back up and change a previously selected response
- allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient’s screen (whether phone, tablet, computer)
- allow a web survey to be programmed to be 508 compliant
- support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey

In addition, the web survey platform should:

- NOT allow for advertisements of any kind to be embedded or displayed to the respondent. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
- NOT allow respondent to access the web survey after submission or after the data collection window has closed

### Obtaining and Updating Email Addresses

Survey vendors/Hospitals normally obtain email addresses from the hospital's patient discharge records. Attempts must be made to contact every eligible patient drawn into the sample. Sampled patients without an email address receive their first contact in the mail phase. Survey vendors/Hospitals should make reasonable attempts to obtain a patient's email address including re-contacting the hospital to inquire about an email address update.

Survey vendors/Hospitals may use commercial software, email validation service provider or other means to validate email addresses provided by the hospital. Only matches on name, address, city, and state should be used to append an email address to a sampled patient record. Validation is an option, but is not required. Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

### Web Survey and Related Materials

The web phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the table below. Survey vendors/Hospitals are provided with the HCAHPS web surveys and email invitations in these languages (Appendices N through Q). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS web materials.

### HCAHPS Survey Languages by Mode

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

\* *These translations will be made available after FY 2025 IPPS Final Rule is posted.*

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.** We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

Each survey vendor/hospital must submit a sample of their HCAHPS web materials (Initial and Reminder Email Invitations, web survey screen shots, and web survey testing links) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Web Survey**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the survey.

Survey vendors/Hospitals must adhere to the following specifications for web survey formatting:

#### HCAHPS Questions

- Display only one survey item per web screen
- When displayed, “BACK” button appears in the lower left of each web screen
- When displayed, “NEXT” button appears in the lower right of each web screen
- No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories
- All response categories must be listed vertically. Matrix format is not permitted.
- All questions can be paged through without requiring a response
- All questions are programmed to accept only one response, with the exception of Question 32

#### Formatting

- Use computer programs 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)
- [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Every web screen has a shaded header
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- No changes are permitted to the formatting or wording of the web screens
- Wording that is underlined must be emphasized in the same manner
- Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey

#### Welcome Web Screen

- Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted

- The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
  - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
  - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
  - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
- Display customer support phone number (optional to provide customer support email address)

#### Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey “START” button
  - The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button
  - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum
- Skip patterns should be programmed into the web survey system
- Survey vendors/Hospitals **must not**:
  - program a specific response category as the default option
  - use a progress bar or other progress indicator on web screens

#### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Use the Welcome web screen instructions above to adjust the [NUMBER] of minutes to answer the questions
- The mandatory header and mandatory transition statement must be placed on a separate web screen immediately before the first supplemental item web screen (see Appendices N through Q for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Only one supplemental item may be displayed per web screen, with a limit of 12 total items
- Each supplemental item must display a header. It is optional to repeat the mandatory header or use text that aligns with the subject of the item(s).
- Each supplemental item must display a “BACK” button in the lower left of each web screen
- Each supplemental item must display a “NEXT” button in the lower right of each web screen



- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
  - *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Email Invitations**

Survey vendors/Hospitals may adapt the sample HCAHPS Email Initial and Reminder Invitations provided (see Appendices N through Q) or compose their own invitations. Survey vendors/Hospitals must follow the guidelines described below when altering the sample invitations provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Email Invitations**

- Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Invitations must include the signature block of the hospital administrator or hospital/survey vendor project director
- The following items must be included in the body of the invitations:

- First and last name of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.
- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the invitations.
- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital’s customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital’s customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - It is optional to include a customer support email address
- The following language must be included verbatim:
  - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
  - “Your participation is voluntary and your answers will be kept private.”
  - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(https://www.medicare.gov/care-compare/\)](https://www.medicare.gov/care-compare/).”
  - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
  - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
- Email invitations **must not**:
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way
  - imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way

- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital’s mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

*Note: In instances where submitted web surveys have all missing responses (i.e., without any questions answered), initiate mail phase on day 6.*

## Data Receipt and Retention of Web Surveys

Survey vendors/Hospitals utilizing the Web-First modes of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient submitted the HCAHPS Survey questions by *web*, then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *web* phase of the Web-Mail-Phone mode of survey administration
- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the web attempt “Number Survey Attempts – Web” in which the “Final Survey Status” is determined. For example, if the survey was submitted using the second email invitation link then the survey vendor/hospital must document the “Number Survey Attempts – Web” as “2 – Second Email invitation.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Web” field.

*Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not “submit” the web survey, survey vendors/hospitals should include the web survey responses if no responses were obtained via mail or phone and submit the above fields.*

Survey vendors/Hospitals must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Web” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header

Record is “6 – Web-Mail-Phone mode” and “Survey Completion Mode” is “7 – Web-Mail-Phone mode-web.” If the survey is completed/dispositioned during the web phase of the Web-Mail-Phone mode, the “Number Survey Attempts – Web” captures the web attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Web” field is presented in the *Data Specifications and Coding* chapter.

### Storage of Web Survey Data

The following data storage guidelines must be followed for HCAHPS web surveys:

- Data collected through a web survey system must be retained in a secure manner for a minimum of three years and must be easily retrievable

### Quality Control Guidelines for Web Survey Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ proper guidelines for training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor’s/hospital’s QAP. All materials relevant to survey administration are subject to review.*

### Mail Protocol

This section describes guidelines for the mail phase of the Web-Mail-Phone mode of survey administration.

If the web survey has not been submitted within 6 calendar days following its email invitations to sampled patients, or if a sampled patient does not provide an email address, survey vendors/hospitals must follow the HCAHPS mail survey protocol. Survey vendors/Hospitals must send the questionnaire to non-respondents and sampled patients who did not provide an email address. Patients without an email address receive the Initial Cover Letter as their first mailing.

### Production of Questionnaire and Related Materials

The mail phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided with the HCAHPS questionnaires and cover letters in these languages (Appendices A through D). Survey vendors/Hospitals are not permitted to make or use any other translations of the HCAHPS cover letter or questionnaire.

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.** We encourage hospitals that serve patient populations that speak languages other than those noted to request CMS to create an official translation of the HCAHPS Survey in those languages.

For HCAHPS Survey administration, the OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire, in a readable font size at a minimum of 10-point. (See Appendices A through D for the exact language.) In addition, the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire.

Each survey vendor/hospital must submit a sample of their HCAHPS mailing materials (questionnaire, cover letter and outgoing/return envelopes) with all applicable HCAHPS *Quality Assurance Guidelines V19.0* updates for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### **Required for the Mail Questionnaire**

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Survey vendors/Hospitals must adhere to the following specifications for questionnaire formatting and the production of mailing materials:

#### **Questions and Answer Categories**

- Question and answer category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of answer categories for the HCAHPS questions
- Question and answer categories must remain together in the same column and on the same page
- Response options must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (Never, Sometimes, Usually, or Always) the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, because it has been shown that this format tends to produce inaccurate and incomplete responses.
- Response options must be formatted and listed vertically (see examples in Appendix A). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed.

#### **Formatting (see Appendices A through D)**

- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner in the survey vendor's/hospital's questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., YOUR CARE FROM NURSES, etc.) must be included on the questionnaire, must be capitalized and consistently formatted (all centered or all left justified)
- Survey materials must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum

### Other Requirements

- The mandatory survey title, “Hospital Experience Survey” must be included at the top of the first page of the questionnaire
- All survey instructions written at the top of the questionnaire must be printed verbatim
- The text indicating the purpose of the unique identifier (“*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.*”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors/Hospitals may add internal codes as identifiers on the survey for tracking purposes; however, the internal codes must not contain any patient identifiers such as the patient’s discharge date (including the month and year), doctor or unit. The patient’s name must not be printed on the questionnaire.
- The copyright statement must be included on the questionnaire, on the last page, in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text)
- The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire
- The OMB language must appear verbatim on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both in a readable font size at a minimum of 10-point (see Appendices A through D for the exact text); however, the OMB language cannot be printed on a separate piece of paper
- The survey vendor’s/hospital’s return address must be printed on the questionnaire in order to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
  - If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### Optional for the Mail Questionnaire

Survey vendors/Hospitals have some flexibility in formatting the HCAHPS questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- It is acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement. Explanatory text must be placed before this item to state the purpose for the patient to *optionally* provide the requested information. See *Use of Supplemental Questions* below for more detail.
- Hospital logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase “Use only blue or black ink” may be printed on the questionnaire
- The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
  - “Please answer the questions in this survey about your stay at [HOSPITAL NAME]. Do not include any other hospital stays in your answers.”
- Page numbers may be included on the questionnaire

- This is encouraged as a guide to assist patients in responding to all pages of the questionnaire
- Color may be incorporated in the questionnaire
- The phrase “There are only a few remaining items left” before the “About You” questions may be eliminated
- Language such as one of the following may be added in the footer of the survey:
  - Continue on next page
  - Continue on reverse side
  - Turn over to continue
  - ➔ to continue
  - Continue on back
  - Turn over

Survey vendors/Hospitals should consider incorporating the following recommendation in formatting the HCAHPS questionnaire to increase the likelihood of receiving a returned survey:

- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

### Use of Supplemental Questions

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- Supplemental questions must be integrated into the HCAHPS Survey and not be a separate insert
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question or questions (see Appendices A through D for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - “Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
  - “The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their name, phone number or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is

NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:

- *“If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”*
- *“By providing your name and phone number, you may be contacted by the hospital. This information is not required.”*

Survey vendors/Hospitals must avoid hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., number, length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)
- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data section for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

### **Follow-up Cover Letter**

Survey vendors/Hospitals may adapt the sample HCAHPS Cover Letter provided (see Appendices A through D) or compose their own cover letter. Survey vendors/Hospitals must follow the guidelines described below when altering the sample cover letter provided in this manual.

*Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.*

### **Required for the Follow-up Cover Letter**

- Cover letter must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Cover letter must be printed on the hospital’s (preferred) or survey vendor’s letterhead and must include the signature of the hospital administrator or hospital/survey vendor project director
- The signature must correspond with the organization on the letterhead
- An electronic signature is permissible
- The following items must be included in the body of the cover letter:
  - First and last name and address of the sampled patient. “To Whom It May Concern” is not an acceptable salutation.



- The hospital name and discharge date (it is optional to include the day of the week, e.g., Monday, with the discharge date), to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date. The term “discharged on” must be used in the cover letter.
- A customer support phone number for hospitals self-administering the survey and a toll-free customer support phone number for survey vendors. In some instances, hospitals contracting with survey vendors may want their own phone number on the survey in addition to, or in lieu of, the survey vendor’s number. In cases where the hospital has a customer support phone number in lieu of the survey vendor, it is the responsibility of the survey vendor to monitor the hospital’s customer support phone number, at a minimum on a quarterly basis, to confirm that the hospital’s customer support phone number is operational. The survey vendor must also verify that the hospital is prepared to receive questions prior to the first mailing of the questionnaire; the hospital answers patient questions accurately; and the hospital keeps a record of customer support inquiries about HCAHPS.
  - It is optional to include a customer support email address
- The following language must be included verbatim:
  - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
    - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
      - If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
      - If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
      - If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”
  - “Your participation is voluntary and your answers will be kept private.”
  - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).”
  - “We greatly appreciate your help in improving hospital care.” This sentence should be placed directly before the signature block (preferred).
  - The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English invitation only):
    - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).”
- The OMB language (Appendices A through D) must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point
- Cover letter must not:
  - be attached to the survey; doing so could compromise confidentiality
  - attempt to bias, influence or encourage patients to answer HCAHPS questions in a particular way

- imply that the hospital, its personnel or its agents will be rewarded or gain benefits if patients answer HCAHPS questions in a particular way
- ask or imply that patients should choose certain responses; indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes” or an “Always”
- offer incentives of any kind for participation in the survey
- include any content that attempts to advertise or market the hospital’s mission or services
- offer patients the opportunity to complete the survey over the phone
- include any promotional or marketing text

### **Optional for the Follow-up Cover Letter**

- Use of the Chinese or Russian, cover letter is allowed if the survey vendor/hospital is sending a Chinese or Russian questionnaire to the patient
  - Information may be added to the English cover letter, that indicates that the patient may request a mail survey in these languages
- Any instructions that appear on the survey may be repeated in the cover letter
- The wording indicating the purpose of the unique identifier (“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.”) must be printed immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both.
- Survey vendor’s/Hospital’s return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the patient
- If the survey vendor’s/hospital’s name is included in the return address, then the survey vendor’s/hospital’s business name must be used, not an alias or tag line

### **Required for the Envelopes**

- The outgoing envelope **must** be printed with the survey vendor’s/hospital’s address as the return address
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire
- All envelopes must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

### **Optional for the Envelopes**

- The outgoing envelope may be printed with the banner, “Important - Open Immediately.”
  - Other messages, marketing or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) is **not** permitted
- The outgoing envelope may be printed with the hospital (strongly recommended) or survey vendor logo, or both
- The outgoing envelope may include “[SURVEY VENDOR NAME] on behalf of [HOSPITAL NAME]”

*Note: The return envelope may not include marketing or promotional text.*

- Survey vendors/Hospitals may use window envelopes as a quality control measure to ensure that each patient's survey package is mailed to the address of record for that patient

*Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request/Discrepancy Report Processes chapter).*

## **Mailing of Materials**

Survey vendors/Hospitals must mail materials following the guidelines described below:

- Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have a complete mailing address. Survey vendors/Hospitals must use commercial software or other means to update addresses provided by the hospital for sampled patients. (Mailings returned as undeliverable and for which no updated address is available must be coded as "9 – Non-response: Bad address" as the Final Survey Status.) Survey vendors/Hospitals must retain a record of attempts made to acquire missing address data. All materials relevant to survey administration are subject to review.
  - Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Attempts to obtain the patient's address must be documented.

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

- The HCAHPS Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings are sent to each patient by name and to the patient's most current address listed in the hospital record or retrieved by other means
- For patients who request to be sent an additional questionnaire, survey vendors/hospitals must follow the guidelines below:
  - It is acceptable to mail a replacement survey at the patient's request or due to an address correction/update between the first wave mailing (day 6) and the end of data collection (day 49). However, the survey administration timeline does not restart and must still be closed out within 49 calendar days following the first contact attempt.

Survey vendors/Hospitals are **not** allowed to:

- show or provide the HCAHPS Survey or cover letters to patients prior to the administration of the survey, including while the patient is still in the hospital
- send any pre-notification letters or postcards after discharge to inform patients about the HCAHPS Survey

*Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), initiate phone phase on day 28.*

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

## Data Receipt and Retention of Mailed Questionnaires

Survey vendors/Hospitals utilizing the Web-Mail-Phone mode of survey administration must keep track of the mode in which each survey was completed (i.e., Web, Mail or Phone). If a patient returned the HCAHPS mail questionnaire with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must: 1) retain documentation in their survey management system that the patient completed the survey in the *mail* phase of the Web-Mail-Phone mode of survey administration; and, 2) assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information).

Survey vendors/Hospitals may use key-entry or scanning to record returned survey data in their data collection systems. Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner. In multi-phase modes such as Web-Mail-Phone, the survey vendor/hospital must use the HCAHPS Survey responses that were completed first.

Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for **all** HCAHPS “Final Survey Status” codes.

Survey vendors/Hospitals must follow the data entry decision rules and data storage requirements described below.

### Key-entry

Survey vendors’/Hospitals’ key-entry processes must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
- *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to verify the accuracy of the key-entered data. Survey vendors/Hospitals must confirm that key-entered data accurately capture the responses on the original survey. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original returned surveys. This validation process must be performed by someone other than the person doing data entry via the HCAHPS Data Form.

## Scanning

Survey vendors'/Hospitals' scanning software should accommodate the following:

- *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
- *Valid range checks*: The software identifies invalid or out-of-range responses
- *Validation*: Survey vendors/Hospitals must have a plan and process in place to confirm the accuracy of scanned data. Survey vendors/Hospitals must make certain that scanned data accurately capture the responses on the original survey. A staff member must reconcile any responses not recognized by the scanning software.

## Decision Rules for Mail Data

Whether employing scanning or key-entry of mail questionnaires, survey vendors/hospitals must use the following decision rules to resolve common ambiguous situations. Survey vendors/Hospitals must follow these guidelines to ensure standardization of data entry across hospitals.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"
- If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors/Hospitals must not impute a response.
- When more than one response option is marked, code the value as "M – Missing/Don't Know" (except for survey Question 32 "*What is your race? Please choose one or more.*")

*Note: In instances where there are multiple marks, **but** the patient's intent is clear, survey vendors/hospitals should code the survey with the patient's **clearly identified** intended response.*

## Storage of Mail Data

Survey vendors/Hospitals must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. Paper questionnaires or scanned images must be easily retrievable. Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

## Quality Control Guidelines for Mail Data

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s), such as printers or fulfillment houses. Survey vendors/Hospitals must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum), regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

*Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

To avoid mail administration errors and to make certain the questionnaires are delivered as required, survey vendors/hospitals must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
  - fading, smearing and misalignment of printed materials
  - appropriate survey contents, accurate address information and proper postage on the survey sample packet
  - assurance that all printed materials in a mailing envelope have the same unique identifier
  - inclusion of all eligible sampled patients in the sample mailing for that month
- include seeded mailings in mail-outs at a minimum on a quarterly basis
  - Seeded mailings are sent to designated survey vendor/hospital HCAHPS project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
  - Seeded mailings must be integrated into the hospital's batched survey mailings, not sent as a stand-alone mailing to HCAHPS project staff
- perform address updates for missing or incorrect information
  - Attempts must be made to update address information to confirm accuracy and correct formatting
  - In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
    - Commercial software
    - Internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*

## Phone Protocol

This section describes guidelines for the phone phase of the Web-Mail-Phone mode of survey administration. The phone phase of the Web-Mail-Phone mode of survey administration can be conducted in English, Spanish, Chinese, or Russian as noted in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section).

If the web survey has not been completed within 6 calendar days following its email notifications to sampled patients, or if the mail questionnaire has not been returned within 28 calendar days, survey vendors/hospitals must follow the HCAHPS phone survey protocol. Survey vendors/Hospitals must conduct a maximum of five phone attempts to non-respondents.

Survey vendors/Hospitals should make every reasonable effort to achieve optimal phone response rates, such as thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-

contacting reluctant respondents with different interviewers at different times, until the data collection protocol is completed.

## Phone Interviewing Systems

### Phone Script

The phone phase of the Web-Mail-Phone mode of survey administration may be conducted in the languages listed in the *HCAHPS Survey Languages by Mode* table above (see *Web Protocol* section). Survey vendors/Hospitals are provided standardized phone scripts in these languages (Appendices J through M). The phone scripts must be read verbatim without adding any other scripting or tag questions, such as “How are you?” Survey vendors/Hospitals are not permitted to make or use any other language translations of the HCAHPS Phone Scripts.

**Survey vendors/Hospitals must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients. In addition, we strongly encourage survey vendors/hospitals to offer the official HCAHPS Survey translations (Chinese or Russian) for hospitals with significant patient populations speaking in these languages.**

Each survey vendor/hospital must submit a copy of their HCAHPS Phone Script and interviewer screen shots (including skip pattern logic) for review by the HCAHPS Project Team. Please see the *Oversight Activities* chapter for more detail.

### Required for the Phone Script

The HCAHPS Survey (Questions 1-32) must remain together. The HCAHPS Survey questions cannot be eliminated from the questionnaire.

Programming of the phone scripts must follow the guidelines described below:

- Question and response category wording must not be changed
- No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
- No changes are permitted to the order of the response categories for the HCAHPS questions
- All underlined content must be emphasized
- No other script content is to be emphasized; in particular, response categories must be read at the same even pace without any additional emphasis on any particular response category
- Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen
- The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing system software or an alternative system
- The transitional phrases found throughout the phone script are part of the structured script and must be read. An example of a transitional phrase that should be read can be found before Question 10 (Q10\_Intro): “The next questions are about your care in this hospital.”
- Do not program a specific response category as the default option
- Survey vendors that subcontract call center services must instruct interviewers to state the survey vendor name in the CATI script introduction for the data collection contractor: “...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]...”

*Note: Survey vendors/Hospitals **must** include the copyright statement on any published materials containing the HCAHPS Phone Script, preferably at the end of the phone script (see Appendices J through M).*

Survey vendors/Hospitals must have a process in place to address patients' requests to verify the survey legitimacy or to answer questions about the survey. See Appendix X "Frequently Asked Questions for Customer Support."

### **Use of Supplemental Questions**

Survey vendors/Hospitals may add hospital-specific supplemental questions, limit of 12, to the HCAHPS Survey following the guidelines described below:

- Hospital-specific supplemental question(s) may be added to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-32). This approach ensures that the survey is conducted consistently across participating hospitals.
- The mandatory transition statement must be placed in the survey immediately before the supplemental questions to indicate a transition from the HCAHPS questions to the hospital-specific supplemental question(s) (see Appendices J through M for the exact text)

*Note: The mandatory transition statement must be submitted for review by the HCAHPS Project Team.*

- Hospitals may include additional transition statements following the mandatory transition statement. Examples of allowable additional transition statements are as follows:
  - *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
  - *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
- If a client hospital requests that a survey vendor include supplemental questions as part of the HCAHPS Survey asking the patient to provide their address or other contact information, the survey vendor is required to include explanatory text that describes the purpose for the information. This text must be placed before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional. The following are examples of permissible explanatory text:
  - *"If you wish to be contacted by the hospital, please provide your contact information. This information is not required."*
  - *"By providing your contact information, you may be contacted by the hospital. This information is not required."*

Survey vendors/Hospitals must avoid the following types of hospital-specific supplemental questions that:

- pose a burden to the patient (e.g., length and complexity of supplemental questions, etc.)
- may affect responses to the HCAHPS Survey
- may cause the patient to terminate the survey (e.g., items that ask about sensitive medical, health or personal topics, etc.)



- jeopardize patient confidentiality (e.g., items that ask for the patient’s Social Security number, etc.)
- ask the patient to explain why they chose a specific response; for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family

The number of supplemental questions added, limit of 12, is left to the discretion of the survey vendor/hospital. The survey vendor/hospital must submit the maximum number of supplemental survey items in the Administrative Data Record for each survey (see Appendix AA).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

## Interviewing Systems

Two methods exist for phone interviewing:

1. An electronic telephone interviewing system **is required for survey vendors**; it is optional for hospitals that are self-administering the survey. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor/hospital is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of patient response, the interviewer must record all responses in the phone interview.
  - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
    - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
    - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
  - Survey vendors may program the caller ID to display “on behalf of [HOSPITAL NAME],” with the permission and compliance of the hospital’s HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only “[HOSPITAL NAME].”
2. Manual data collection is permitted only for hospitals that are self-administering the survey. Manual data collection involves an interviewer who conducts the interview using the standardized script over the phone and records answers on paper.

## Monitoring/Recording Phone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording phone calls, including those that permit monitoring/recording of phone calls only after the interviewer states, “*This call may be monitored (and/or recorded) for quality improvement purposes.*” This statement is found at the end of the INTRO section of the HCAHPS Phone Script located in Appendices J through M.

## Phone Attempts

Survey vendors/Hospitals must attempt to reach each and every non-respondent to the web survey and those without an email address. It is strongly recommended that survey vendors/hospitals use both the primary (Patient Phone Number 1) and secondary (Patient Phone Number 2) numbers provided by the hospital. If the first phone number is found to be bad/non-working, then the second phone number should be used. It is up to the survey vendors'/hospitals' discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient.

Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made. After five attempts to contact the patient have been made, no further attempts are to be made. A phone attempt is defined as one of the following:

- The phone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voice mail is reached. In this case, the interviewer must not leave a message.
- The interviewer reaches a household member and is told that the patient is not available to come to the phone or has a new phone number. The interviewer must not leave a message.
- The interviewer reaches the patient and is asked to call back at a more convenient time
  - The callback must be scheduled at the patient's convenience. When requested, survey vendors/hospitals must schedule a phone callback that accommodates a patient's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day data collection period).
- The interviewer reaches a busy signal
  - At the discretion of the survey vendor/hospital, a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals
- The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  - Survey vendors/Hospitals count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response: Non-response after maximum attempts"

Sampled patients are to be called up to five times unless the sampled patient or a permitted proxy respondent (see *Proxy Respondents* below) completes the survey, is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient).

- If the survey vendor/hospital learns that a patient is ineligible for HCAHPS, that patient must not receive any further phone attempts

Survey vendors/Hospitals must adhere to the following guidelines in their attempts to contact patients:

- Phone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor/hospital will contact the patient
- Phone attempts must span eight or more days, and it is strongly recommended that call attempts also include weekends

*Note: More than one phone attempt may be made in a week (seven calendar days). However, the five phone attempts cannot be made in only one week (seven calendar days).*

- Patients who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must not leave messages on answering machines or with household members, since this could violate a patient's privacy. Survey vendors/Hospitals must instead attempt to re-contact the patient to complete the HCAHPS Survey.
- When a patient requests to complete at a later date a phone survey already in progress, a callback should be scheduled. At the time of the callback, the interview should resume with the next question where the patient left off from the previous call.
- If on the fifth attempt, the patient requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the patient back provided that the appointment is within the 49 calendar day data collection time period. If on the callback at the scheduled time, no connection is made with the patient, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Phone attempt" for data submission.

Survey vendors/Hospitals take the following steps to contact **difficult-to-reach patients**:

- If the patient's phone number is incorrect, make every effort to find the correct phone number. If the person answering the phone knows how to reach the patient, the new information must be used.
- It is strongly recommended that the secondary phone number be contacted if there is more than one phone number available for the patient
- If the patient is away temporarily, the patient must be contacted upon return, provided that it is within the data collection time period. If it is known that the patient may be available in the latter part of the phone phase of the data collection time period (e.g., patient is on vacation the first 2 weeks phone phase of the data collection time period, and there would be an opportunity to reach the patient closer to the end of the data collection time period), then survey vendors/hospitals must use the entire data collection time period to schedule phone calls.
- If the patient does not speak the language in which the survey is being administered, the interviewer must thank the patient for their time and terminate the interview
- If the patient is temporarily ill or re-admitted to the hospital, the interviewer must re-contact the patient before the end of the data collection period to see if there has been a recovery and the patient can now complete the survey
- If the call is inadvertently dropped and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.

### Proxy Respondents

- In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer

- determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
- The interviewer obtains permission from the patient to interview the proxy
  - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - either during the current call attempt
    - or at another time as designated by the proxy
      - The patient need not be present when the interview with the proxy is conducted
- If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient's permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview
- A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

*Note: Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.*

### **Obtaining and Updating Phone Numbers**

Survey vendors/Hospitals normally obtain phone numbers from the hospital's patient discharge records. It is strongly recommended that two phone numbers are collected and used for each patient, if available. Survey vendors/Hospitals must use commercial software or other means to update phone numbers provided by the hospital for **all** sampled patients. Requisite attempts must be made to contact every non-respondent to the web and mail survey, whether or not there is a complete and correct phone number for the patient when the sample is created. Survey vendors/Hospitals must retain a record of attempts to acquire missing contact information. All materials relevant to survey administration are subject to review.

In addition to working with client hospitals to obtain the most current patient contact information, survey vendors/hospitals must employ various methods for updating phone numbers:

- Running update program software against the sample file just before or after uploading data to survey management systems
- Utilizing commercial software, Internet directories and/or directory assistance

*Note: It is strongly recommended that survey vendors/hospitals check the accuracy of sampled patients' contact information prior to survey fielding.*

### **Receipt and Retention of Phone Data**

Survey vendors/Hospitals utilizing the Web-Mail-Phone mode of survey administration must keep track of the mode in which the survey was completed (i.e., Web, Mail or Phone). If a patient completed the HCAHPS Survey by *phone* with enough of the questions applicable to all patients answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Specifications and Coding* chapter), then the survey vendor/hospital must:

- retain documentation in their survey management system that the patient completed the survey in the *phone* phase of the Web-Mail-Phone mode of survey administration

- assign the appropriate “Survey Completion Mode” in the administrative record for this patient (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
- document the phone attempt “Number Survey Attempts – Phone” in which the “Final Survey Status” is determined. For example, if the interview was conducted and finished with the patient on the fourth phone attempt then the survey vendor/hospital must document the “Number Survey Attempts – Phone” as “4 – Fourth Phone attempt.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number Survey Attempts – Phone” field.

Survey vendors/Hospitals must record the date of the phone interview and must link survey responses from the phone interview to their survey management system, regardless of the interviewing system employed. Survey vendors/Hospitals must maintain a crosswalk of their interim disposition codes to the HCAHPS “Final Survey Status” codes and include the crosswalk in the survey vendor’s/hospital’s QAP.

Survey vendors/Hospitals must record and submit lag time for all HCAHPS “Final Survey Status” codes. Additionally, survey vendors/hospitals must include the “Number Survey Attempts – Phone” field in the Administrative Data Record. This field is required when “Survey Mode” in the Header Record is “6 – Web-Mail-Phone” and “Survey Completion Mode” is “9 – Web-Mail-Phone mode-phone.” If the survey is completed/dispositioned during the phone phase of the Web-Mail-Phone mode, the “Number Survey Attempts – Phone” captures the phone attempt in which the final disposition of the survey is determined. More information regarding the calculation of lag time and coding the “Number Survey Attempts – Phone” field is presented in the *Data Specifications and Coding* chapter.

Survey vendors/Hospitals must follow the interviewing guidelines in Appendix W and data storage requirements described below.

## Electronic Telephone Interviewing System

The electronic telephone interviewing systems employed by survey vendors/hospitals must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system.

## Manual Data Collection

Only hospitals self-administering the survey are permitted to use manual data collection methods. Hospitals using manual data entry (paper questionnaires) to collect survey data over the phone must follow the guidelines below for linking survey responses to the survey management system. Either key-entry or scanning may be used.

- Key-entry
  - *Unique record verification system*: The survey management system performs a check to verify that the patient response data have not already been entered in the survey management system
  - *Valid range checks*: The data entry system identifies responses/entries that are invalid or out-of-range

- *Validation*: The hospital must perform checks to confirm that key-entered data accurately capture the responses of the phone interview. A different staff member (preferably the data entry supervisor) must reconcile any discrepancies. It is strongly suggested that hospitals using the HCAHPS Data Form, formerly the Online Data Entry Tool, download Excel spreadsheets containing entered data and compare entered data to the original survey completed by the interviewer. This validation process must be done by someone other than the person doing data entry via the HCAHPS Data Form.
- Scanning
  - *Unique record verification system*: The survey management system performs a check to confirm that the patient's survey responses have not already been entered in the survey management system
  - *Valid range checks*: The software identifies invalid or out-of-range responses
  - *Validation*: The hospital must perform checks to confirm that scanned data accurately capture the responses on the original survey completed by the interviewer. A staff member must reconcile any responses not recognized by the scanning software.

### Storage of Phone Data

The following data storage guidelines must be followed for HCAHPS phone surveys:

- Data collected through an electronic telephone interviewing system must be retained in a secure manner for a minimum of three years and must be easily retrievable
- Data collected manually by phone with paper questionnaires and then key-entered must be de-identified and stored in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Optically scanned questionnaire images of phone interviews collected with paper questionnaires also must be de-identified and retained in a secure and environmentally controlled location for a minimum of three years and must be easily retrievable
- Survey vendors/Hospitals must destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

### Quality Control Guidelines for Phone Data Collection

Survey vendors/Hospitals are responsible for the quality of work performed by any staff members and subcontractor(s). Survey vendors/Hospitals must employ the following guidelines for proper interviewer training, monitoring and oversight regardless of whether they are using organizational staff or subcontractor(s) to perform this work.

### Interviewer Training

Consistent monitoring of interviewers' work is essential to achieve standardized and accurate results. Properly trained and supervised interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the phone survey must be trained prior to interviewing. (See Appendix W for more information on interviewing guidelines.)

- Training must direct interviewers to read questions exactly as worded in the script, use non-directive probes and maintain a neutral and professional relationship with the respondent
  - During the course of the survey, the use of neutral acknowledgment words such as the following is permitted:

- Thank you
- Alright
- Okay
- I understand, or I see
- Yes, Ma'am
- Yes, Sir
- Interviewers must be trained to read the script from the phone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- Interviewers must be trained to read response categories exactly as worded and at an even pace without emphasis on any particular response category
- Interviewers must be trained to record responses to survey questions only after the patient has responded to the questions; that is, interviewers must not pre-code response choices
- In organizations where interviewers assign interim or final call disposition codes, they must be trained in the definition of each disposition code
- Interviewers must be trained in a process for redirecting calls to another interviewer when the patient is personally known to the initial interviewer
- Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent

**If the survey vendor/hospital uses a subcontractor to conduct phone interviewing, then the survey vendor/hospital is responsible for attending/participating in the subcontractor's phone interviewer training to confirm compliance with HCAHPS protocols and guidelines. Survey vendors/Hospitals must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).**

### **Phone Monitoring and Oversight**

Each survey vendor/hospital employing the Web-Mail-Phone mode of survey administration must institute a phone monitoring and evaluation program, during the phone phase of the protocol. The phone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors/Hospitals must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all HCAHPS interviews, dispositions and call attempts in their entirety through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Survey vendors/Hospitals must monitor interviews across all translations in which the survey is administered. Supervisory staff monitoring the interviewers must be fluent in the language of the interviews that they are monitoring. Silent monitoring capability must include the ability to monitor calls live, both on-site at the survey vendors'/hospitals' or their subcontractors' business locations and from remote locations. All staff conducting HCAHPS interviews must be included in the monitoring. Survey vendors'/Hospitals' supervisory staff monitoring the interviewers should use the electronic telephone interviewing system to listen to the audio of the call and simultaneously observe that the correct responses are entered by the interviewer. Additionally, it is required that survey vendors/hospitals provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the interviewers.

*Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place.*

*Note: Beginning with January 2025 discharges, survey vendors and self-administering hospitals must have the capability to monitor interviews conducted in Spanish.*

- For hospitals using manual data collection, supervisors must observe at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all interviews and call attempts in their entirety where silent monitoring is not an option
- Survey vendors/Hospitals using a subcontractor must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's HCAHPS phone interviews and call attempts in their entirety, provide feedback to the subcontractor's interviewers about their performance and confirm that the subcontractor's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

*Note: HCAHPS protocols currently require that approved HCAHPS Survey vendors who subcontract the task of HCAHPS phone interviewing monitor at least 10 percent of all HCAHPS calls/attempts/completed surveys (on an ongoing and continuous basis throughout the survey administration period). The HCAHPS Project Team also expects that a survey vendor's subcontractor will conduct internal monitoring of their interviewers as a matter of good business practice that incorporates quality checks. While it is preferred that each organization continue to monitor 10 percent of HCAHPS interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that HCAHPS interviews monitored concurrently by the survey vendor and its subcontractor do not contribute separately to each organization's monitoring time.*

- Staff who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor
- Organizations must monitor interviewer survey response coding by, at a minimum, reviewing the frequency of missing responses in the surveys administered by interviewers

*Note: Survey vendors/Hospitals **must** retain a record of all quality control activities and document these activities in the survey vendor's/hospital's QAP. All materials relevant to survey administration are subject to review.*



## Data Specifications and Coding

### **New for 2025**

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Add three new Web-First modes of survey administration (Web-Mail [web followed by mail], Web-Phone [web followed by phone], Web-Mail-Phone [web followed by mail followed by phone])
- Update the HCAHPS Survey to include new and updated questions and response categories

### **Overview**

The CAHPS Hospital Survey (HCAHPS) uses standardized protocols for file specifications, coding and submission of data. Consistent and uniform coding of all data elements by all survey vendors/hospitals is necessary in order to produce publicly reported HCAHPS scores that are comparable across all providers and time periods. This chapter provides an overview and key details on the requirements for assigning the random, unique, de-identified patient identification number; coding and interpreting ambiguous or missing data elements in returned surveys; preparing data files for submission to the HCAHPS Data Warehouse via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal; and determining the rate of response.

### **Random, Unique, De-identified Patient Identification Number**

The survey vendor/hospital must assign each patient in the sample a random, unique, de-identified patient identification number (Patient ID). This Patient ID is used to track and report whether the patient has responded to the survey or needs a repeat email, mail or phone follow-up. Any de-identified alphanumeric combination of up to 16 letters and numbers may be used. Do not use symbols or special characters (^\*#@#&) of any kind as they are not valid for data submission. **The Patient ID must not include any combination of letters, numbers or dates that can otherwise identify the patient.** For example, the discharge date (month, date and/or year), the birth date (month, date and/or year) and hospital ID number (i.e., patient's hospital medical record number) must not be combined in any manner to generate the Patient ID. Each month, sampled patients must be assigned a new Patient ID; numbers must not be repeated from month to month, or used in a sequential numbering order unless the patient discharge list is **randomized** prior to the assignment of the Patient ID.

### **File Specifications**

The survey vendor/hospital must organize survey data into monthly files and then submit the files to the HCAHPS Data Warehouse via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) on either a monthly or quarterly basis. Data must be submitted for all three months of the quarter. There are two methods for submitting surveys to the HCAHPS Data Warehouse via the HQR system: the XML file format or the HCAHPS Data Form, formerly the Online Data Entry Tool.

Survey vendors are required to submit data files to the HQR system in the XML file format. The HCAHPS Data Form was designed expressly for self-administering hospitals with low monthly survey volume. With the HCAHPS Data Form, data are submitted one survey at a time.

Hospitals with zero eligible HCAHPS patient discharges (zero cases) should submit a Header Record (Survey Month Data) information online via the HQR system. Hospitals with five or fewer eligible HCAHPS patient discharges in a month may choose not to survey those patients for that month. If patients are not surveyed, a Header Record (Survey Month Data) still must be submitted online via the HQR system.

*Note: “Zero cases” and “five or fewer eligible HCAHPS patient discharges” submissions should not be used when hospitals or survey vendors missed surveying eligible patients, such as when hospitals do not submit any discharge lists for the month to their survey vendor in a timely manner. In situations such as these, a Discrepancy Report must be completed and submitted.*

### **XML File Specifications**

The XML format allows a hospital’s sampled patient records for a given month to be submitted in one file. If a hospital’s monthly data file is submitted more than once, the most recent submission will completely overwrite the previous file for that month, and only the most recent submission will be stored in the data warehouse. Therefore, the final file submission must contain all of a hospital’s sampled discharge cases for that month. No substitutions for valid data element values are acceptable. See Appendix Z for the listing of valid values.

Each XML file consists of three parts:

1. Header Record
2. Administrative Data Record
3. Patient Response/Survey Results Record

#### **1. Header Record**

Each monthly data file submitted by a survey vendor/hospital begins with the Header Record. The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital’s name; CCN; National Provider Identifier (NPI), which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the total number of inpatient discharges in the month; the number of eligible discharges; the number of sampled discharges; and the type of sampling used.

*Note: Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.*

A critical component in the Header Record is the “Type of Sampling” used. See the *Sampling Protocol* chapter for information on sampling options. If a survey vendor/hospital elects to employ Disproportionate Stratified Random Sampling (DSRS), which requires an Exception Request, additional information is required in the Header Record.

For DSRS, three additional data elements of information about each stratum must be included in the Header Record in the XML file:

- “DSRS Strata Name” – The name of each stratum (at least two unique strata names should be defined and cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system)
- “DSRS Inpatient” – The total number of inpatient discharges in each stratum
- “DSRS Eligible” – The number of eligible patients in each stratum
- “DSRS Sample Size” – The number of sampled patients in each stratum (must be a minimum of 10 sampled patients per stratum)

Survey vendors/Hospitals using DSRS are required to have a minimum of 10 sampled discharges in every stratum in every month. *Survey vendors/Hospitals that are uncertain about their ability to meet this requirement should **not** use DSRS.*

Each field of the Header Record requires an entry for a valid data submission, with the exception of “NPI,” which is an optional data element. It should be noted that “DSRS Strata Name,” “DSRS Inpatient,” “DSRS Eligible,” and “DSRS Sample Size” are only required when “Type of Sampling” is “3 – Disproportionate Stratified Random Sample.”

## 2. Administrative Data Record

The second part of the monthly data submission file is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; number of survey attempts; email status, if applicable; survey language in which the survey was administered or attempted to be administered; supplemental question count; lag time; patient sex; and age at admission. Some of this information comes from the survey vendor’s/hospital’s survey records, while other information is taken from the patient’s hospital administrative record.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

## 3. Patient Response/Survey Results Record

The third part of the monthly data submission file is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

The Patient Response/Survey Results Record is required only when “Final Survey Status” in the Administrative Data Record is coded either “1 – Completed survey” or “6 – Non-Response: Break-off.” Once the Patient Response/Survey Results Record is included, all response fields must have a valid value, which may include “M – Missing/Don’t Know” and “8 – Not Applicable.” The opening and closing <patientresponse> XML tags (which enclose the Patient Response/Survey Results Record) are not necessary when there are no survey responses to submit for a given patient.

*Note: The Patient Response/Survey Results Record is not required for “Final Survey Status” of anything other than “1 – Completed survey” or “6 – Non-Response: Break-off;” however, if the Patient Response/Survey Results Record is included, then all fields must have a valid value.*

For details on the XML file specifications and for a sample XML file layout, see Appendix AA.

## **HCAHPS Data Form, formerly the Online Data Entry Tool**

The HCAHPS Data Form was expressly designed for use by self-administering hospitals with low monthly survey volume that do not have the ability to submit data in the XML file format. The HCAHPS Data Form requires hospitals to enter data one survey at a time on the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>). The monthly data submitted via the HCAHPS Data Form is comprised of three parts:

1. Header Record (Survey Month Data)
2. Administrative Data Record (Administrative Data)
3. Patient Response/Survey Results Record (Survey Results)

### **1. Header Record (Survey Month Data)**

The Header Record contains identification and sampling information that is applicable to every survey record in that month. The Header Record includes: hospital’s name; CCN; National Provider Identifier (NPI), which is an optional field; the discharge year and month; mode of survey administration; methodology for determination of service line; the number of total inpatient discharges; the number of eligible discharges; the number of sampled discharges; survey mode; and the type of sampling used.

*Note: Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.*

### **2. Administrative Data Record (Administrative Data)**

The second part of the monthly data submission is the Administrative Data Record. This record contains de-identified information on each patient sampled that month, including CCN; discharge year and month; Patient ID; point of origin for admission; service line; patient discharge status; DSRS strata name, if applicable; final survey status; survey completion mode, if applicable; number of survey attempts; email status, if applicable; survey language; supplemental question count; lag time; patient sex; and age at admission. Some of this information comes from the survey vendor’s/hospital’s survey records, while other information is taken from the patient’s hospital administrative record.

An Administrative Data Record is required for each patient sampled for the HCAHPS Survey, whether or not the patient responded to the survey. For successful submission of the monthly data file, each field of the Administrative Data Record must contain a valid value.

### **3. Patient Response/Survey Results Record (Survey Results)**

The third part of the monthly data submission is the Patient Response/Survey Results Record. This set of records contains the actual survey responses from each patient who responded to the HCAHPS Survey for that month.

Patient survey responses are required for valid data submission via the HCAHPS Data Form only when “Final Survey Status” is coded either “1 – Completed survey” or “6 – Non-Response: Break-off.” Once patient survey responses are included, all response fields must have a valid value, which may include “M – Missing/Don’t Know” and “8 – Not Applicable.”

For further information regarding use of the HCAHPS Data Form, see the *Data Preparation and Submission* chapter of this manual.

## Decision Rules and Coding Guidelines

In order to ensure the accurate collection of all survey data, survey vendors/hospitals administering the HCAHPS Survey must develop, implement and document quality control procedures for all survey administration activities. The HCAHPS decision rules and coding guidelines were developed to address situations in which survey responses are ambiguous, missing or incorrectly provided; and to capture appropriate information for data submission. Survey vendors/Hospitals must adhere to the following guidelines to ensure valid and consistent coding of such instances.

### Mail Surveys

A common problem in mail surveys is ambiguity of responses on returned questionnaires. In order to ensure uniformity in data coding, survey vendors/hospitals must strictly apply the following guidelines. Survey vendors/Hospitals that scan or key-enter mail surveys must employ the following decision rules for resolving common ambiguous situations.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value of the item as “M – Missing/Don’t Know”
- If a value is missing, then code the response as “M – Missing/Don’t Know.” Survey vendors/Hospitals must not impute a response; in other words, do not try to determine what the patient would have responded for the missing value based on answers to other questions.
- When more than one response option is marked, code the value as “M – Missing/Don’t Know”
  - Exception: Question 32, “*What is your race? Please choose one or more.*” For Question 32, enter responses for ALL of the categories that the respondent has selected.
- Question 29, “*What language do you mainly speak at home?*”, if respondent writes American code as “1 – English”
- Question 32, “*What is your race? Please choose one or more.*”, if respondent writes Caucasian code as “1 – White”

In instances where there are multiple marks, **but** the patient’s intent is clear, survey vendors/hospitals should code the survey with the patient’s **clearly identified** intended response.

### Skip Patterns for Mail Surveys

There are several items in the HCAHPS Survey that can and should be skipped by certain patients. These items form skip patterns. Three questions in the HCAHPS Survey serve as screener questions (Questions 12, 15, and 21) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in the coding of patient responses to skip pattern questions.

**Decision Rules for Screener and Dependent Questions**

Decision rules for coding **screener questions** 12, 15, and 21:

- Enter the value provided by the patient. Do not impute a response based on the patient's answers to the dependent questions.
- If the screener question is left blank, then code it as "M – Missing/Don't Know." Do not impute a response based on the patient's answers to the dependent questions.

Decision rules for coding **dependent questions** 13, 16, and 17:

- If the corresponding screener question is answered "Yes" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- If the corresponding screener question is answered "Yes" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If the corresponding screener question is answered "No" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- If the corresponding screener question is answered "No" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If the corresponding screener question is left blank and the dependent question(s) is left blank, then code both the corresponding screener question and dependent question(s) as "M – Missing/Don't Know"
- If the corresponding screener question is left blank and the dependent question(s) is not left blank, then code the corresponding screener question as "M – Missing/Don't Know" and enter the value provided by the patient for the dependent question(s)

Decision rules for collecting data from **dependent questions** 22 and 23:

- If screener Question 21 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is left blank, then code the dependent question(s) as "M – Missing/Don't Know"
- If Question 21 is answered "1 – Own home" or "2 – Someone else's home" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If Question 21 is answered "3 – Another health facility" and the dependent question(s) is left blank, then code the dependent question(s) as "8 – Not Applicable"
- If Question 21 is answered "3 – Another health facility" and the dependent question(s) is not left blank, then enter the value provided by the patient for the dependent question(s)
- If Question 21 is left blank and the dependent question(s) is left blank, then code both Question 21 and the dependent question(s) as "M – Missing/Don't Know"
- If Question 21 is left blank and the dependent question(s) is not left blank, then code Question 21 as "M – Missing/Don't Know" and enter the value provided by the patient for the dependent question(s)

In summary, dependent questions that are appropriately skipped are coded as "8 – Not Applicable." In instances where the patient made an error in the skip pattern, dependent questions are coded with the response provided by the patient. That is, survey vendors/hospitals must not "clean" or correct skip pattern errors returned by a patient. For further information on screener and dependent questions, see Appendix Z.

## Phone Surveys

It is important for phone interviewers to be able to appropriately skip dependent questions while conducting the HCAHPS Survey. In order to uniformly code HCAHPS data, survey vendors/hospitals must strictly apply the following guidelines.

### Skip Patterns for Phone Surveys

For the phone survey modes, skip patterns should be programmed into the electronic telephone interviewing system.

- If screener questions 12 and 15 are answered “No,” then the corresponding dependent questions must be skipped. If screener question 21 is answered “3 – Another Health Facility,” the corresponding dependent question must be skipped.
  - In these instances, appropriately skipped dependent questions must be coded as “8 – Not Applicable.” For example, if a respondent answers “No” to Question 12 of the HCAHPS questionnaire, the program should skip Question 13 and go to Question 14. Question 13 must then be coded as “8 – Not Applicable.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- If screener questions 12, 15, and 21 are not answered and therefore coded as “M – Missing/Don’t Know,” then the corresponding dependent questions must be skipped and coded as “M – Missing/Don’t Know”
  - In instances where an interviewer is unable to obtain a response to a screener question, the screener question and any question in the skip pattern must be coded as “M – Missing/Don’t Know.” For example, if a respondent does not provide an answer to Question 12 of the HCAHPS questionnaire and the interviewer selects “M – Missing/Don’t Know” to Question 12, then the telephone interviewing system should be programmed to skip Question 13 and go to Question 14. Question 13 must then be coded as “M – Missing/Don’t Know.” Coding may be done automatically by the telephone interviewing system or later during data preparation.

## Web Surveys

It is important for sampled patients to be able to skip questions while conducting the web survey. If a value is missing, then code the response as “M – Missing/Don’t Know.” Survey vendors/Hospitals must not impute a response; in other words, do not try to determine what the patient would have responded for the missing value based on answers to other questions.

However, there are several items in the HCAHPS Survey that can and should be skipped by certain patients. The following decision rules are provided to assist in the coding of patient responses to skip pattern questions.

### Skip Patterns for Web Surveys

For the Web-First modes, skip patterns should be programmed into the web survey.

- If screener questions 12 and 15 are answered “No,” then the corresponding dependent questions must be skipped. If screener question 21 is answered “3 – Another Health Facility,” the corresponding dependent question must be skipped.
  - In these instances, appropriately skipped dependent questions must be coded as “8 – Not Applicable” For example, if a respondent answers “No” to Question 12 of the HCAHPS questionnaire, the program should skip Question 13 and go to Question 14.

- Question 13 must then be coded as “8 – Not Applicable.” Coding may be done automatically by the web survey system or later during data preparation.
- If screener questions 12, 15, and 21 are not answered and therefore coded as “M – Missing/Don’t Know,” then the corresponding dependent questions must be skipped and coded as “M – Missing/Don’t Know”
    - For example, if a respondent does not provide an answer to Question 12 of the HCAHPS questionnaire, then the web survey system should be programmed to skip Question 13 and go to Question 14. Question 13 must then be coded as “M – Missing/Don’t Know.” Coding may be done automatically by the web survey system or later during data preparation.

### Header Record

- All fields in the Header Record must have a valid value entered with the exception of “NPI,” “DSRS Strata Name,” “DSRS Inpatient,” “DSRS Eligible,” and “DSRS Sample Size” fields. The DSRS fields are required only when “Type of Sampling” is “3 – Disproportionate Stratified Random Sample.”
- Once the “Survey Mode” field has been defined for the first month in a quarter, the survey mode for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>). “Survey Mode” cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.
- The “Survey Mode” field must be coded with the approved survey mode for the hospital. (See the *Patient Administrative Data Record* in this chapter for more information regarding “Survey Completion Mode.”)
- The “Total Inpatient Discharges” field is the total number of inpatient discharges in the month, whether or not the discharges meet HCAHPS eligibility or exclusion criteria. If a hospital excludes any patients from the discharge list provided to their survey vendor, they must submit to their survey vendor a count of total inpatient discharges to be included for data submission.

*Note: Do NOT include in the “Total Inpatient Discharges” field:*

- *Patients who were **not** inpatients (e.g., observation, outpatient, emergency room)*
- *Newborns (i.e., age 0) as they typically do not have an inpatient discharge*

*In addition, repeat inpatient records for the same inpatient hospital stay (i.e., same admission and discharge dates for the same patient) should be counted as only one discharge.*

- In calculating the “Eligible Discharges” field, the number of eligible discharges in the sample frame in the month must not include patients who are determined to be ineligible or excluded, regardless of whether they are selected for the survey sample
  - “Sample Size” can therefore be larger than the number of “Eligible Discharges.” For example, if a patient was selected for the survey sample and later determined to be ineligible (i.e., “Final Survey Status” code of “3 – Ineligible: Not in eligible population”), then the patient must be subtracted from the number of eligible discharges in the month. However, this does NOT apply to “Final Survey Status” codes of “2 –



Ineligible: Deceased,” “4 – Ineligible: Language barrier,” or “5 – Ineligible: Mental/physical incapacity.” See Example 1 below.

<b>Example 1: Eligible Discharges Calculation</b>		
100	=	Number of eligible patients in original sample frame (Eligible Discharges)
100	=	Number of patients selected for sample (Sample Size)
2	=	Number of patients with “Final Survey Status” code of “2 – Ineligible: Deceased”
5	=	Number of patients with “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
2	=	Number of patients with “Final Survey Status” code of “4 – Ineligible: Language barrier”
4	=	Number of patients with “Final Survey Status” code of “5 – Ineligible: Mental/physical incapacity”
95	=	Number reported in the “Eligible Discharges” field
<p>In this example:</p> <ul style="list-style-type: none"> <li>➤ The initial “Eligible Discharges” is 100 and “Sample Size” is 100 (i.e., census sampling)</li> <li>➤ Five patients were subtracted from the “Eligible Discharges” because they had a “Final Survey Status” code of “3 – Ineligible: Not in eligible population,” resulting in 95 “Eligible Discharges”</li> <li>➤ Patients with a “Final Survey Status” code of 2, 4 or 5 were not subtracted</li> <li>➤ In the Header Reader, “Sample Size” of 100 is larger than the number of “Eligible Discharges” of 95</li> </ul>		

- If a patient is not selected for the survey sample and is later determined to be ineligible (for example, if the patient is later found to have an ineligible MS-DRG code), then the patient must be subtracted from the number of eligible discharges in the month. See Example 2 below.

Example 2: Eligible Discharges Calculation		
100	=	Number of eligible patients in original sample frame (Eligible discharges)
50	=	Number of patients selected for sample (Sample size)
2	=	Number of patients with “Final Survey Status” code of “2 – Ineligible: Deceased”
5	=	Number of patients with “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
2	=	Number of patients with “Final Survey Status” code of “4 – Ineligible: Language barrier”
4	=	Number of patients with “Final Survey Status” code of “5 – Ineligible: Mental/physical incapacity”
10	=	Number of patients ineligible due to an updated MS-DRG code (These patients were NOT selected for the survey sample)
85	=	Number reported in the “Eligible Discharges” field
<p>In this example:</p> <ul style="list-style-type: none"> <li>➤ The initial “Eligible Discharges” is 100 and “Sample Size” is 50</li> <li>➤ The final “Eligible Discharges” is 85</li> <li>➤ Five patients were subtracted from the “Eligible Discharges” because they had a “Final Survey Status” code of “3 – Ineligible: Not in eligible population”</li> <li>➤ Patients with Final Survey Status code of 2, 4 and 5 were not subtracted</li> <li>➤ Ten patients were subtracted from the “Eligible Discharges” because they had an updated ineligible MS-DRG code, resulting in 85 “Eligible Discharges”</li> </ul>		

- The “Eligible Discharges” field must include the count of patients who are eligible for the HCAHPS Survey
  - Include even if the patient’s information is received from the hospital with discharge dates that are beyond the 42 calendar day initial contact period; however, these patients must NOT be included in the HCAHPS Survey sample nor included in the “Sample Size” field count

*Note: A Discrepancy Report must be filed to account for patient information received beyond the 42 calendar day initial contact period. These patients must NOT be included in the HCAHPS Survey sample and the Patient Administrative Data Record must not be included for these late patients who are not sampled.*

- Once the “Type of Sampling” field has been defined for the first month in a quarter, the sample type for the quarter can be changed by resubmitting this file **ONLY** if the data files for another month in the quarter have not yet been submitted to the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>). “Type of Sampling” cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR system.

- When using DSRS as “Type of Sampling,” at least two strata should be defined, with a minimum of 10 sampled patients per stratum. Once the strata names are defined, they cannot be changed until the beginning of the next quarter.
- When small hospitals sample 100% of the eligible discharges (i.e., a census) in order to obtain as close to 300 completes as possible, the “Type of Sampling” must be coded as “1 – Simple Random Sample”

*Note: Hospitals with zero cases or five or fewer eligible HCAHPS patient discharges in a month, must submit an HCAHPS Header Record (Survey Month Data) online via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>).*

### Administrative Data Record

- All fields in the Patient Administrative Data Record must have a valid value. Use code “M – Missing/Don’t Know” for all missing fields, with the following exceptions:
  - When “Point of Origin for Admission” is missing, it is coded as “9 – Information not available”
  - The “language” field must be completed with the appropriate valid value indicating the survey language in which the survey was administered, even if a patient does not complete the survey (English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic)
- Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration
  - If a patient is found to be ineligible or excluded after the sample is drawn, the patient should be assigned a “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
- If a patient is discharged into a swing bed (except code “61 – SNF Swing Bed Within Hospital”), use the discharge date from the acute care setting, not the discharge date from the swing bed
- The “Survey Completion Mode” field must be submitted if the “Survey Mode” in the Header Record is “3 – Mail-Phone,” “4 – Web-Mail,” “5 – Web-Phone,” or “6 – Web-Mail-Phone” **and** the “Final Survey Status” is “1 – Completed survey” or “6 – Non-response: Break-off.” For other “Final Survey Status” codes, code “Survey Completion Mode” as “8 – Not Applicable.”

*Note: “Survey Completion Mode” is not a required field for “Survey Mode” of “1 – Mail Only” and “2 – Phone Only.”*

- The “Number Survey Attempts – Phone” field must be submitted when:
  - the “Survey Mode” in the Header Record is “2 – Phone Only”
  - the “Survey Mode” in the Header Record is “3 – Mail-Phone” **and** “Survey Completion Mode” is “2 – Mail-Phone mode-phone”
  - the “Survey Mode” in the Header Record is “5 – Web-Phone” **and** “Survey Completion Mode” is “6 – Web-Phone mode-phone”
  - the Survey Mode” in the Header Record “6 – Web-Mail-Phone” **and** “Survey Completion Mode” is “9 – Web-Mail-Phone mode-phone”

*Note: The “Number Survey Attempts – Phone” field is coded with the attempt that corresponds to the time of final survey status determination. The “Number Survey Attempts – Phone” is not a required field for “Survey Mode” of “1 – Mail Only” and “4 – Web-Mail.” If this field (“Number Survey Attempts – Phone”) is included with “Survey Mode” of “1 – Mail Only” or “4 – Web-Mail” then code “Number Survey Attempts – Phone” as “8 – Not Applicable.”*

- The “Number Survey Attempts – Mail” field must be submitted when:
  - the “Survey Mode” in the Header Record is “1 – Mail Only”
  - the “Survey Mode” in the Header Record is “4 – Web-Mail” **and** “Survey Completion Mode” is “4 – Web-Mail mode-mail”

*Note: The “Number Survey Attempts – Mail” field is coded with the attempt that corresponds to the time of final survey status determination. “Number Survey Attempts – Mail” is not a required field for “Survey Mode” of “2 – Phone Only,” “3 – Mail-Phone,” “5 – Web-Phone,” or “6 – Web-Mail-Phone.” If this field (“Number Survey Attempts – Mail”) is included with “Survey Mode” of “2 – Phone Only,” “3 – Mail-Phone,” “5 – Web-Phone,” or “6 – Web-Mail-Phone” then code “Number Survey Attempts – Mail” as “8 – Not Applicable.”*

*Note: If a survey is returned from the first wave mailing, the mail attempt should be coded as “1 – First wave mailing” even if a second survey was mailed to the patient. If a patient does not return a first or second wave mailing, the mail attempt should be coded as “2 – Second wave mailing.”*

- The “Number Survey Attempts – Web” field must be submitted when:
  - the “Survey Mode” in the Header Record is “4 – Web-Mail” **and** “Survey Completion Mode” is “3 – Web-Mail mode-web”
  - the “Survey Mode” in the Header Record is “5 – Web-Phone” **and** “Survey Completion Mode” is “5 – Web-Phone mode-web”
  - the “Survey Mode” in the Header Record is “6 – Web-Mail-Phone” **and** “Survey Completion Mode” is “7 – Web-Mail-Phone mode-web”

*Note: “Number Survey Attempts – Web” is not a required field for “Survey Mode” of “1 – Mail Only,” “2 – Phone Only” or “3 – Mail-Phone.” If this field (“Number Survey Attempts – Web”) is included with “Survey Mode” of “1 – Mail Only,” “2 – Phone Only” or “3 – Mail-Phone,” then code “Number Survey Attempts – Web” as “8 – Not Applicable.”*

- The “Email Status” field must be submitted when:
  - the “Survey Mode” in the Header Record is “4 – Web-Mail,” “5 – Web-Phone” or “6 – Web-Mail-Phone”

*Note: The “Email Status” field indicates if a valid patient email address was provided in the discharge list. A valid email address has a username followed by @ and a domain name. The “Email Status” is not a required field for “Survey Mode” of “1 – Mail Only,”*

“2 – Phone Only” or “3 – Mail-Phone.” If this field (“Email Status”) is included with “Survey Mode” of “Survey Mode” of “1 – Mail Only,” “2 – Phone Only” or “3 – Mail-Phone,” then code “Email Status” as “8 – Not Applicable.”

*Note: The “Number Survey Attempts” and “Email Status” fields are submitted in accordance with the requirements identified above for all HCAHPS “Final Survey Status” codes.*

- The “Lag Time” is calculated for each patient in the sample and is defined as the number of days between the patient’s discharge date from the hospital and the date that data collection activities ended for the patient
  - All surveys (i.e., “Final Survey Status” codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, or M) **must contain** the actual lag time
  - Surveys must **NOT** have a lag time coded as “888 – Not Applicable”

*Note: Although a completed or break-off survey may have a maximum lag time of up to 91 days, survey administration must be completed within 49 calendar days of initial contact (first mailing of the mail survey, first phone attempt, or first email invitation).*

- The following are brief illustrations of how lag time would be determined for each Final Survey Status (<survey-status> or “Disposition of survey”) in HCAHPS:
  - **Completed survey** (code 1): Lag time is the number of days between the patient’s discharge date from the hospital and the receipt of a completed web survey, mail survey, or the completion of a phone survey
  - **Ineligible: Deceased** (code 2): Lag time is the number of days between the patient’s discharge date from the hospital and the date it is determined that the patient is deceased
  - **Ineligible: Not in eligible population** (code 3): Lag time is the number of days between the patient’s discharge date from the hospital and the date it is determined that the patient is not eligible for the HCAHPS Survey
  - **Ineligible: Language barrier** (code 4): Lag time is the number of days between the patient’s discharge date from the hospital and the date it is determined that a language barrier prevents the patient from completing the HCAHPS Survey
  - **Ineligible: Mental/physical incapacity** (code 5): Lag time is the number of days between the patient’s discharge date from the hospital and the date it is determined that a mental or physical incapacity prevents the patient from completing the HCAHPS Survey
  - **Non-response: Break-off** (code 6): Lag time is the number of days between the patient’s discharge date from the hospital and the date the patient “breaks off” or fails to complete the HCAHPS Survey after the survey has started
  - **Non-response: Refusal** (code 7): Lag time is the number of days between the patient’s discharge date from the hospital and the date the patient (or someone on the patient’s behalf) refuses to take the HCAHPS Survey
  - **Non-response: Non-response after maximum attempts** (code 8): Lag time is the number of days between the patient’s discharge date from the hospital and the date of the maximum attempt (Mail: non-return of the second mailing of survey; Phone:

fifth call attempt; Mail-Phone: fifth call attempt; Web-Mail: non-return of the second mailing of survey; Web-Phone: fifth call attempt; Web-Mail-Phone: fifth call attempt) to administer the HCAHPS Survey

- **Non-response: Bad address** (code 9): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient's actual mailing address is not viable
  - **Non-response: Bad/no phone number** (code 10): Lag time is the number of days between the patient's discharge date from the hospital and the date it is determined that the patient's actual phone number is not viable
- The “Supplemental Question Count” field must be submitted for all HCAHPS “Final Survey Status” codes. The count is the maximum number of supplemental questions, limit of 12, available for the patient regardless if the questions are asked and/or answered.

*Note: For supplemental questions containing multi-response items (e.g., questions a. through e.), each response item will count as one question. For example, a supplemental question with sections a. through e. will count as five questions (a = 1, b = 2, c = 3, d = 4, e = 5) toward the total number of supplemental questions available to the patient.*

- Patient administrative information must be submitted for all patients selected for the survey sample, including patients found to be ineligible prior to survey administration

### Patient Response/Survey Results Record

- Enter all survey responses as provided by the patient for each survey item
- All survey questions must have a valid value. For “Final Survey Status” of “1 – Completed survey” or “6 – Non-Response: Break-off,” code missing answers as “M – Missing/Don't Know,” unless the questions were appropriately skipped dependent questions which would be coded as “8 – Not Applicable”
- Patients may select more than one response category in Question 32, “What is your race? Please choose one or more.”
- Mail and Web Survey
    - Enter **all** of the race categories that the patient has selected. For any race category not selected, enter “0.” If **no** race categories are selected, enter “M – Missing/Don't Know” for all race categories.
  - Phone Surveys
    - Enter **all** of the race categories that the patient has selected. If the patient responds “Yes” to a race category, enter “1.” If the patient responds “No” to a race category, enter “0.” If the patient does not provide a response to any of the race categories or skips the question, enter “M – Missing/Don't Know.”

*Note: A valid value must be submitted for each race category.*

- If the same patient completes two surveys for the same hospital visit (i.e., the patient returns both mail surveys), the survey vendor/hospital uses the first HCAHPS questionnaire received

## Survey Disposition Codes

Maintaining up-to-date dispositions of survey codes is a required part of the HCAHPS Survey administration process. Using the random, unique, de-identified Patient ID, the survey vendor/hospital assigns each patient in the sample a survey status code, which is used to track and report whether the patient has completed a survey or requires further follow-up. Typically, survey status codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each patient surveyed at the end of data collection, that is – “Final Survey Status”).

Interim disposition codes are to be used only for internal tracking purposes. The data files that are submitted to the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) must contain the HCAHPS Final Survey Status codes. Interim survey status codes allow the survey vendor/hospital to calculate and report the number of completed surveys and the response rate at any time during the data collection period. After data collection is completed, the survey vendor/hospital assigns each sampled patient a final survey status code.

The following table provides details on the assignment of the “Final Survey Status” field.

<b>HCAHPS Final Survey Status/Disposition Codes</b>	
<b>Code</b>	<b>Description</b>
<b>1</b>	<b>Completed survey<sup>11</sup></b> Survey vendors/Hospitals assign a patient a “Final Survey Status” code of “1 – Completed survey” when the patient answers at least 50 percent of the questions applicable to all patients (questions 1-12, 14, 15, 18-21, 24, and 25). Appropriately skipped questions do not count against the required 50 percent. There must be no evidence that the patient is ineligible. The following questions are <u>not</u> included in the calculation of percentage complete: 13, 16, 17, 22, 23, and 26-32.
<b>2</b>	<b>Ineligible: Deceased</b> Survey vendors/Hospitals assign a “Final Survey Status” code of “2 – Ineligible: Deceased” when the patient was alive at the time of discharge but deceased by time of survey administration.

<sup>11</sup> For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this section.

## HCAHPS Final Survey Status/Disposition Codes

### Code Description

#### 3 Ineligible: Not in eligible population<sup>12</sup>

Survey vendors/Hospitals assign a “Final Survey Status” code of “3 – Ineligible: Not in eligible population” when there is evidence that the sampled patient does not meet one or more of the following eligibility criteria or is determined to fall within an exclusion category:

##### Eligibility Criteria

- 18 years old or older at the time of hospital admission
- Admission includes at least one overnight stay in the hospital as an inpatient
- Non-psychiatric principal diagnosis at discharge
- Alive at the time of discharge

##### Exclusions

- “No-Publicity” Patient
- Court/Law Enforcement patient (i.e., prisoners) with an “Admission Source” of “8 – Court/Law Enforcement,” “Discharge Status” of “21 – Discharged/Transferred to Court/Law Enforcement,” or “Discharge Status” of “87 – Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission.” This does not include patients residing in halfway houses.
- Has a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign addresses; and therefore, are not excluded)
- Discharged to Hospice (whether at home or another facility)
- Eliminated from participation based on state regulations
- Patients Discharged to Nursing Homes and Skilled Nursing Facility (this applies to patients with a “Discharge Status” of: “03 – Medicare Certified Skilled Nursing Facility” “61 – Medicare Approved Swing Bed Within Hospital,” “64 – Medicaid Certified Nursing Facility,” “83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission,” and “92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission”)

*Note: If a patient was not discharged with discharge status codes of 3, 61, 64, 83 or 92 and the patient is drawn into the HCAHPS sample, then the survey vendor/hospital must attempt to contact that patient. Upon a minimum of one contact attempt to the facility, patients who are positively confirmed by the survey vendor/hospital to be residing in a Medicare Certified Skilled Nursing Facility (discharge code 3), Medicare Approved Skilled Nursing Facility Swing Bed Within Hospital (discharge code 61), Medicaid Certified Nursing Facility (discharge code 64), Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission (discharge code 83), or Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission (discharge code 92), are considered ineligible and coded as “3 - Ineligible: Not in eligible population.”*

<sup>12</sup> Refer to the Eligibility for HCAHPS and Exclusions described in the *Sampling Protocol* chapter.



## HCAHPS Final Survey Status/Disposition Codes

### Code Description

- |          |  |
|----------|--|
| <b>4</b> | <p><b>Ineligible: Language barrier</b></p> <p>Survey vendors/Hospitals assign a “Final Survey Status” code of “4 – Ineligible: Language barrier” when there is evidence that the patient does not read or speak the language in which the survey is being administered.</p>  |
| <b>5</b> | <p><b>Ineligible: Mental or physical incapacity</b></p> <p>Survey vendors/Hospitals assign a “Final Survey Status” code of “5 – Ineligible: Mental/physical incapacity” when the patient is unable to complete the survey because the patient is mentally or physically incapacitated. This includes patients who are visually/hearing impaired.</p>                                     |
| <b>6</b> | <p><b>Non-response: Break-off<sup>13</sup></b></p> <p>Survey vendors/Hospitals assign a “Final Survey Status” code of “6 – Non-response: Break-off” when a patient provides a response to at least one HCAHPS Core question applicable to all patients (questions 1-12, 14, 15, 18-21, 24, and 25), but answered too few Core questions to meet the criteria for a completed survey.</p> |
| <b>7</b> | <p><b>Non-response: Refusal</b></p> <p>Survey vendors/Hospitals assign a “Final Survey Status” code of “7 – Non-response: Refusal” when a patient returns a blank survey with a note stating they do not wish to participate, or when a patient verbally refuses to begin the survey.</p>  |

*Note: If a survey is returned with a note or someone verbally refuses on behalf of the patient, the survey vendor/hospital should code the survey as “7 – Non-Response: Refusal.”*

<sup>13</sup> For detailed information on a completed survey, refer to *Definition of a Completed Survey* in this chapter.

## HCAHPS Final Survey Status/Disposition Codes

### Code Description

#### 8 Non-response: Non-response after maximum attempts

Survey vendors/Hospitals assign a “Final Survey Status” code of “8 – Non-response: Non-response after maximum attempts” when one of the following occurs:

- There is no evidence to suggest that a patient’s contact information is bad (e.g., bad address in Mail Only methodology, bad phone number in Phone Only methodology, and both bad address and bad phone number in Mail-Phone or Web-First methodologies), *or*
- If after the maximum number of attempts (two mail attempts for Mail Only; five phone attempts for Phone Only; one mail attempt and five phone attempts for Mail-Phone; three email invitations and two mail attempts for Web-Mail; three email invitations and five phone attempts for Web-Phone; and two email invitations, one mail attempt and five phone attempts for Web-Mail-Phone), the patient has not completed the survey by the end of the survey administration time period (i.e., within 49 calendar days from initial contact), *or*
- If the survey is returned by mail or completed by phone or web with a lag time greater than 91 days

***Note: A Discrepancy Report must be submitted to account for patient discharge information received beyond the 42 calendar day initial contact protocol. These patients must NOT be included in the HCAHPS Survey sample and the Patient Administrative Data Record must not be included for these late patients who are not sampled.***

#### 9 Non-response: Bad address

This disposition code applies to the Mail Only and Web-Mail modes. Survey vendors/Hospitals assign a “Final Survey Status” code of “9 – Non-response: Bad Address” when there is evidence that a patient’s address is bad (e.g., the post office returns the questionnaire to the survey vendor/hospital, etc.).

#### 10 Non-response: Bad/no phone number

This disposition code applies to the Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone modes of administration. Survey vendors/Hospitals assign a “Final Survey Status” code of “10 – Non-response: Bad/no phone number” when there is evidence that a patient’s phone number is bad (e.g., no phone number available or a disconnected phone number, etc.). For the Mail-Phone and Web-Mail-Phone modes, “10 – Non-response: Bad/no phone number” is used when there is evidence that a patient’s address **and** phone number are both bad.

### Assigning Bad Mailing Address and Bad/No Phone Number Disposition Codes

The “Final Survey Status” codes of “8 – Non-response: Non-response after maximum attempts,” “9 – Non-response: Bad address” and “10 – Non-response: Bad/no phone number” are assigned based on the viability of the mailing address and phone number for the patient. The “Final Survey Status” codes of “9 – Non-response: Bad address” and “10 – Non-response: Bad/no phone number” do NOT depend on the viability of email addresses. Survey vendors/Hospitals must track the viability of the mailing address and phone number for each patient during survey administration. In general, the mailing address and phone number is assumed to be viable unless

there is sufficient evidence to suggest otherwise. If the evidence is insufficient, the survey vendor/hospital must continue attempting to contact the patient until the required number of attempts has been exhausted.

*Note: Attempts must be made to contact every eligible patient drawn into the sample, whether or not they have complete mailing address and/or phone number. Survey vendors/Hospitals have flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless. However, survey vendors/hospitals must first make every reasonable attempt to obtain a patient's mailing address including re-contacting the hospital client to inquire about an address update for patients with no mailing address. Survey vendors/Hospitals must use commercial software or other means to update mailing addresses and/or phone numbers provided by the hospital for sampled patients. If the survey vendor/hospital is unsuccessful in obtaining a viable mailing address and/or phone number, they must retain a record of the attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.*

The following examples illustrate what constitutes sufficient or insufficient evidence of viability of the mailing address and phone number for the patient.

For a Mail Only and Web-Mail survey, sufficient evidence regarding the viability of a patient's mailing address includes:

- The hospital does not provide an address in the patient discharge list, and the survey vendor/hospital is unable to obtain an address for the patient
- Mail is returned marked "Address Unknown"
- Mail is returned marked "Moved – No Forwarding Address"

For a Mail Only and Web-Mail survey, insufficient evidence regarding the viability of a patient's mailing address includes:

- Address updating search does not result in an exact "match." If the search does not result in an exact "match," the survey vendor/hospital must attempt to mail using the address that is available.

For all modes of administration **except** Mail Only and Web-Mail, sufficient evidence regarding the viability of a patient's phone number includes:

- The hospital does not provide a phone number in the patient discharge list, and the survey vendor/hospital is unable to obtain a phone number for the patient
- The phone interviewer dials the patient's phone number and receives a message that the phone number is non-working or out of order, and no updated number is available or obtained
- The phone interviewer dials the patient's phone number, speaks to a person, and is informed that they have the wrong phone number and other attempts to obtain the correct phone number are not successful

For all modes of administration **except** Mail Only and Web-Mail, insufficient evidence regarding the viability of a patient's phone number includes:

- The survey vendor/hospital obtains a busy signal every time a phone attempt is made

The following table summarizes how survey vendors/hospitals assign the “Final Survey Status” codes of “8 – Non-response: Non-response after maximum attempts,” “9 – Non-response: Bad address” and “10 – Non-response: Bad/no phone number” after assessing the patient’s mailing address and/or phone number for viability. Due to the nature of the information available in the modes of survey administration, different coding rules apply for surveys administered in each mode.

<b>Mail Only and Web-Mail Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10</b>		
	<b>Viable Mailing Address and No Response After Maximum Attempts</b>	<b>Evidence of a Bad Mailing Address</b>
<i>Final Survey Status Code</i>	8	9

<b>Phone Only and Web-Phone Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10</b>		
	<b>Viable Phone Number and No Response After Maximum Attempts</b>	<b>Evidence of a Bad/No Phone Number</b>
<i>Final Survey Status Code</i>	8	10

<b>Mail-Phone and Web-Mail-Phone Methodologies Assigning Final Survey Status/Disposition Codes 8, 9, and 10</b>		
	<b>Viable Mailing Address and/or Phone Number <u>and</u> No Response After Maximum Attempts</b>	<b>Evidence of <u>Both</u> a Bad Mailing Address and a Bad/No Phone Number</b>
<i>Final Survey Status Code</i>	8	10

### Definition of a Completed Survey

Survey vendors/Hospitals should be aware that a survey can be considered “complete” for HCAHPS purposes even if a patient did not answer all items. Survey vendors/Hospitals assign a patient’s survey a “Final Survey Status” code of “1 – Completed survey” when at least 50 percent of the questions applicable to all patients (Questions 1-12, 14, 15, 18-21, 24, and 25) are answered. Appropriately skipped questions and the following questions are not included in the calculation of percentage complete: 13, 16, 17, 22, 23, and 26-32.

The following steps describe how to determine if a survey is completed:

**Step 1** – Sum the number of questions that have been answered by the patient that are applicable to all patients (i.e., questions 1-12, 14, 15, 18-21, 24, and 25).

**R** = total number of questions answered

**Step 2** – Divide the total number of questions answered by 20, which is the total number of questions applicable to all patients, and then multiply by 100.

$$\text{Percentage Complete} = (R/20) \times 100$$

**Step 3** – If the Percentage Complete is at least 50 percent, then assign the survey a “Final Survey Status” code of “1 – Completed survey.”

The following examples illustrate how to determine if a survey is “completed.”

#### **Determining if a Survey is Completed: Example A**

A mail survey is returned to the survey vendor/hospital, a phone survey or web survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 2, 3, 4, 5, 8, 9, 12, 15, 18, and 24. The remaining items applicable to everyone were left blank or were coded as “M – Missing/Don’t Know.”

##### **Step 1:**

R = total number of questions answered = 11

##### **Step 2:**

Percentage Complete =  $(11/20) \times 100 = 55\%$

##### **Step 3:**

Percentage Complete = 55% which meets the criteria for a completed survey ( $\geq 50\%$ ). Survey vendor/Hospital assigns a “Final Survey Status” code of “1 – Completed survey” to this survey.

#### **Determining if a Survey is Completed: Example B**

A mail survey is returned to the survey vendor/hospital, a phone survey or web survey is conducted. Of the questions that are applicable to all patients, the patient answered the following: 1, 3, 4, 8, 12, 15, 18, and 24. The remaining items applicable to everyone were left blank or were coded as “M – Missing/Don’t Know.”

##### **Step 1:**

R = total number of questions answered = 8

##### **Step 2:**

Percentage Complete =  $(8/20) \times 100 = 40\%$

##### **Step 3:**

Percentage Complete = 40% which does not meet the criteria for a completed survey ( $\geq 50\%$ ). Survey vendor/Hospital assigns a “Final Survey Status” code of “6 – Non-response: Break-off” to this survey.

## Survey Response Rate

The following formula is included for informational purposes only; survey vendors/hospitals are not required to perform this calculation.

This formula is for a given four rolling quarters (12-month) public reporting period.

$$\text{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}}$$

- **Total Number of Completed Surveys** is the total number of surveys with a “Final Survey Status” of 1
- **Total Number of Surveys Fielded** is the total sample, which includes “Final Survey Status” codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and M
- **Total Number of Ineligible Surveys** is the total number of surveys with a “Final Survey Status” code of 2, 3, 4, or 5

It is important to emphasize that the remaining non-response disposition codes (i.e., “6 – Break-off,” “7 – Refusal,” “8 – Non-response: Non-response after maximum attempts,” “9 – Bad address,” and “10 – Bad/no phone number”) are **not** removed from the denominator of the response rate calculation.

The following example illustrates how to calculate a survey response rate.

### Calculating a Survey Response Rate

A hospital administers the HCAHPS Survey to 833 discharged patients during a one-year period. Of the 833 surveys sent to patients, there were 300 returned completed surveys and an additional 85 were determined to be ineligible. The hospital would like to determine its survey response rate.

$$\begin{aligned} \text{Response Rate} &= \frac{(\text{Total Number of Completed Surveys})}{(\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys})} \\ &= \frac{(300)}{(833-85)} \\ &= 0.401 = 40.1\% \end{aligned}$$

The hospital’s survey response rate is **40.1%**.

# **Data Preparation and Submission**

## **Overview**

The CAHPS Hospital Survey (HCAHPS) uses a standardized protocol for the preparation and submission of all data. This chapter describes the preparation, registration and instructions for data submission via the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal, a CMS-approved website for the secure data transmission of healthcare quality data. Questions about HQR user sign-up, vendor management, data submission via HQR, or general inquiries about using the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at [hcahps@hsag.com](mailto:hcahps@hsag.com) and including the Help Desk ticket number(s).

## **Preparation for Data Submission**

Survey vendors/Hospitals should prepare for HCAHPS data submission by performing the following steps:

1. Ensure the user's HARP (HCQIS Access Roles and Profile) account is active by logging into the Hospital Quality Reporting (HQR) system at <https://hqr.cms.gov/> or create a HARP account for new users
2. Register as a Basic User or Security Administrator in the HQR system and ensure any necessary HCAHPS data submission permissions are activated
3. Authorize HCAHPS Survey vendor via Vendor Management in HQR (for hospitals contracting with a survey vendor)
4. Submit data in HQR using the HCAHPS Data Form (Online Data Entry Tool) or File Upload (XML file submission)

## **Registration for Data Submission via HQR**

Survey vendors/Hospitals are required to have an active HARP account to access HQR and submit HCAHPS data for public reporting. Users can ensure their account is active by logging into the HQR system at <https://hqr.cms.gov/>. A new user will need to create a HARP account and request the appropriate user roles. Users are classified as either HQR Security Administrators or as Basic Users. Each type of user requires a specific registration process. Basic Users must be individually approved by the HQR Security Administrator. Questions regarding Security Administrator or Basic User registration should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)).

## **Assignment of an HQR Security Administrator**

Each approved HCAHPS Survey vendor and each hospital participating in HCAHPS is required to have an HQR Security Administrator within their organization. In addition to this primary HQR Security Administrator, survey vendors/hospitals are required to maintain a backup or secondary HQR Security Administrator. The secondary HQR Security Administrator would have the same roles as the primary and be used on the occasions the primary is unavailable. Security Administrators are the main HQR contacts for the organization. A hospital cannot delegate the

HQR Security Administrator role to any other organization, including their HCAHPS Survey vendor.

The registered survey vendor/hospital HQR Security Administrator(s) is responsible for registering and maintaining individual Basic Users within their organization. Basic Users are all individuals within a survey vendor or hospital organization who can:

- submit data, view Submission or Feedback Reports and/or authorize a survey vendor

The survey vendor/hospital HQR Security Administrator's role(s) will be to:

- register as a Security Administrator
- register or approve each new HQR Basic User within the organization
- edit users' access to specific applications or functions, such as the ability to view reports or to upload data
- suspend or restore users as needed
- remove access for their users who are no longer active or no longer require access to HQR
- monitor HQR secure access to maintain proper security and confidentiality measures
- validate the users and the type of functionality each user at their organization should have within the HQR system
- serve as a point of contact at the organization for information regarding HQR

If the survey vendor's/hospital's Project Manager does not know who the HQR Security Administrator is, they should contact the QualityNet Help Desk by calling 1-866-288-8912.

If a survey vendor's/hospital's HQR Security Administrator is leaving the organization, they must notify their back-up administrator and the QualityNet Help Desk.

### **HQR Security Administrator Registration**

If the user is the first individual requesting to be HQR Security Administrator at the organization, contact the QualityNet Help Desk for assistance and further instruction. If there is an existing HQR Security Administrator at your organization, registering as another Security Administrator for the organization can be achieved using the "Access Management" feature as follows:

1. Sign into the HQR system at <https://hqr.cms.gov/> using a HARP account
2. Once logged into HQR, go to "My Profile"
3. From this page, Request Access or View Current Access
4. Between the Basic User or Security Administrator/Official type, choose the Security Administrator/Official User type
5. Choose which permissions are needed as a Security Administrator. Ensure the correct permissions for submitting HCAHPS data and reviewing HCAHPS submission results are selected and submitted.

### **HQR Basic User Registration**

Once the survey vendor/hospital has an HQR Security Administrator, they may register Basic Users within the organization. Users wanting to request Basic User access must already have an organization associated with their account to follow the instructions below. New users not associated with an organization must contact their HQR Security Administrator to request access.



The steps for registering HQR Basic Users with an existing organization affiliation are as follows:

1. Sign into the HQR system at <https://hqr.cms.gov/> using a HARP account. Create a HARP account if the user does not have one.
2. Once logged into HQR, go to “My Profile”
3. From this page, Request Access or View Current Access
4. Between the Basic User or Security Administrator/Official type, choose the Basic User type
5. Choose which permissions are needed as a Basic User. Ensure the correct permissions for submitting HCAHPS data and reviewing HCAHPS submission results are selected and submitted.

The organization’s Security Administrator will need to approve the Basic User’s access requests before the user can submit HCAHPS data or view HCAHPS reports.

### HQR HCAHPS Roles

The following HCAHPS user roles are available to either survey vendors or hospitals, depending on the role:

- **HCAHPS File Upload** – Survey vendor or hospital personnel who have this role can upload HCAHPS XML formatted data or submit data using the HCAHPS Data Form (Online Data Entry Tool) to the HCAHPS Data Warehouse
- **HCAHPS Submission Results** – Hospital personnel who are assigned this role can view HCAHPS File Accuracy and Submission Results Reports

### HCAHPS Survey Vendor Authorization Process

The following two sections outline the steps a hospital must complete in order to authorize, de-authorize or switch a survey vendor or a hospital acting as a survey vendor, to submit data via the HQR system on the hospital’s behalf.

#### Survey Vendor Authorization

Hospitals that will be using a survey vendor to submit their HCAHPS data must first authorize the survey vendor before their data can be successfully submitted via the HQR system. Survey vendors should work closely with their hospital clients, who are unfamiliar with HQR, to complete the authorization at least 90 days prior to the data submission deadline. Questions pertaining to vendor authorization in the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at [hcahps@hsag.com](mailto:hcahps@hsag.com) and including the Help Desk ticket number(s).

If a survey vendor attempts to submit the hospital’s survey data without authorization, the data will be rejected by the data warehouse. The survey vendor must contact the hospital about the authorization and re-submit the data once authorization has been obtained. Survey vendor authorization takes effect immediately once the survey vendor authorization has been successfully submitted via the Vendor Management system on HQR.

Hospitals must use the Vendor Management System on HQR to authorize their HCAHPS Survey vendors. After logging into HQR with a HARP ID, hospitals may navigate to the Vendor Management System by clicking on “Administration” from the menu, and selecting “Vendor

Management.” From the Vendor Management page, hospitals can click on “Add Vendor” and search for the desired vendor by organization name or Vendor ID. Hospitals can then select from a list of approved survey vendors and will be taken to an “Assign Access” page. Hospitals must select “Add” for the desired measure program to grant vendor access. For HCAHPS, hospitals must add the correct permissions for “HCAHPS” measure access. A pop-up will appear, and hospitals may change the access options from “No Access” to “Upload/Edit.” Hospitals will also need to enter correct information for the Discharge Quarters and Submission Date fields. The definitions of the Discharge Quarters and Submission Start and End Dates are as follows:

- The Discharge Start Quarter and Start Year represent the first quarter and year the survey vendor has been contracted to work and from which eligible discharges will be sampled for surveying
- The Discharge End Quarter and End Year can be completed with the last quarter and year the hospital wishes the survey vendor to sample from eligible discharges for the purpose of administering the survey. **However, it is strongly recommended that these fields be left blank by checking the box “Do not include an end date.”**
- The Submission Start Date (formerly the Transmission Start Date) represents the first calendar day the survey vendor is authorized to submit data on a hospital’s behalf
- The Submission End Date (formerly the Transmission End Date) can be completed with the last date the hospital wishes the survey vendor to submit data on their behalf. **However, it is strongly recommended that this field be left blank by checking the box “Do not include an end date.”**

**Authorizing a New HCAHPS Survey Vendor**

<b>Discharge Start Quarter and Start Year</b>	<b>Data Submission Start Date (MM/DD/YYYY)</b>
<b>4Q 2024</b>	<b>10/01/2024</b>
<b>Discharge End Quarter and End Year</b>	<b>Data Submission End Date (MM/DD/YYYY)</b>
<i>(Strongly recommend that these fields remain blank until survey vendor authorization is terminated, by checking the box “Do not include an end date”)</i>	

**Switching Survey Vendors**

Hospitals that choose to switch from one approved survey vendor to another can only do so at the beginning of a calendar quarter. Survey vendors should work closely with their hospital clients, who are unfamiliar with the HQR platform, to complete the authorization at least 90 days prior to the data submission deadline. Questions pertaining to switching survey vendors in the HQR system should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)). Please keep the HCAHPS Project Team informed of any HCAHPS-related QualityNet tickets by emailing HCAHPS Technical Assistance at [hcahps@hsag.com](mailto:hcahps@hsag.com) and including the Help Desk ticket number(s).

In order to switch from one approved survey vendor to another, an HQR user should access the Vendor Management feature and enter or change the Submission End Date, Discharge End Quarter

and End Year associated with the current survey vendor. The following steps must be completed before a new survey vendor can be successfully authorized:

1. For the current survey vendor, the Submission End Date should be the last day for which the current survey vendor will be submitting data on the hospital's behalf

*Note: This will be the last date the HQR system will allow this vendor to upload. Make sure to provide the survey vendor with enough time to submit the data from this quarter. For example, if the survey vendor is authorized to submit 3Q24 data, the survey vendor must have a Submission End Date AFTER the submission deadline for that quarter (which is projected to be January 2, 2025 followed by the Review and Correct Period that will run until January 9, 2025). Therefore, the Submission End Date for this example should be no earlier than January 10, 2025.*

2. In the current survey vendor's account, the Discharge End Quarter and End Year should be the last quarter and year the hospital will allow the current survey vendor to sample from eligible discharges

*Note: The Discharge End Quarter and End Year is the last quarter and year the current survey vendor is under contract to collect survey data on behalf of the hospital. If the survey vendor is under contract only until the end of 3Q24, then the current survey vendor's Discharge End Quarter would be Q3 and the Discharge End Year would be 2024. The new survey vendor should have a Discharge Start Quarter of Q4 and Discharge Start Year of 2024. **The Discharge End Quarter and End Year of the existing vendor CANNOT overlap with the Discharge Start Quarter and Start Year of the new survey vendor.***

3. The new survey vendor's Submission Start Date must be the first day that this survey vendor will submit data for the hospital

*Note: The Submission Start Date of the new survey vendor CAN overlap the Submission End Date of the former survey vendor. Due to the lead time between discharge quarters and submission deadlines, the new survey vendor will need the ability to begin submission of their collected HCAHPS data **before** the previous survey vendor has completed data submission. For example, if 3Q24 is the last quarter the expiring survey vendor can collect and submit data, the expiring survey vendor's submission deadline should be no earlier than January 10, 2025. However, the new survey vendor for 4Q24 should be allowed to begin HCAHPS Survey administration on October 1, 2024, the beginning of fourth quarter 2024. Therefore, the new survey vendor should have a Submission Start Date of October 1, 2024.*

4. The new survey vendor's Submission End Date can be completed with the last date that the hospital wishes the survey vendor to submit data on their behalf. **However, it is strongly recommended that this field be left blank by checking the box "Do not include an end date."**
5. The new survey vendor should be given a Discharge Start Quarter and Start Year corresponding with the first quarter and year for which the new survey vendor will be collecting data for the hospital

*Note: The Discharge Start Quarter and Start Year of the new survey vendor **CANNOT** overlap with the DISCHARGE END QUARTER AND END YEAR of the previous survey vendor.*

6. The new survey vendor's Discharge End Quarter and End Year should be the last quarter and year that the hospital contracts with the new survey vendor to collect data for the hospital. **However, it is strongly recommended that this field be left blank by checking the box "Do not include an end date."**

### EXAMPLE – Switching Survey Vendors

The example below cites the current survey vendor being terminated after 3Q24 patient discharge data collection and the new survey vendor beginning with collection of 4Q24 patient discharge data.

#### Step 1 – Close Out “Current” HCAHPS Survey Vendor

<b>Discharge Start Quarter and Year</b>	<b>Data Submission Start Date (MM/DD/YYYY)</b>
<b>4Q 2023</b>	<b>10/01/2023</b>
<b>Discharge End Quarter and Year</b>	<b>Data Submission End Date (MM/DD/YYYY)</b>
<b>3Q 2024</b>	<b>01/10/2025</b>
<b>(Last quarter and year current Survey Vendor will collect data)</b>	<b>(One day after HCAHPS data submission deadline Review and Correct Period)</b>

**The Discharge Quarter and Year CANNOT overlap between current and new survey vendors.**

**The Data Submission Dates CAN overlap between current and new survey vendors.**

#### Step 2 – Authorize “New” HCAHPS Survey Vendor

<b>Discharge Start Quarter and Year</b>	<b>Data Submission Start Date (MM/DD/YYYY)</b>
<b>4Q 2024</b>	<b>10/01/2024</b>
<b>Discharge End Quarter and Year</b>	<b>Data Submission End Date (MM/DD/YYYY)</b>
<b>(Strongly recommend that these fields remain blank until survey authorization is terminated)</b>	
<b>(Last quarter and year current Survey Vendor will collect data)</b>	<b>(One day after HCAHPS data submission deadline Review and Correct Period)</b>

## Data Submission via HQR

In order for survey vendors or hospitals to submit HCAHPS data, they must have an active HARP account and log in to HQR. Any issues encountered logging into HQR or submitting HCAHPS data should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)). Alert HCAHPS Technical Assistance ([hcahps@hsag.com](mailto:hcahps@hsag.com)) when an HCAHPS-related QualityNet Help Desk ticket has been opened and provide the ticket number so the HCAHPS Project Team can track ongoing issues.

To add surveys to the HCAHPS Data Warehouse, the end user must have the appropriate HCAHPS File Upload permission. Survey vendors must submit data files using the XML format only, and each XML file should contain one month's worth of survey data (by hospital). For further information on the XML file specifications and structure, see Appendix AA. Survey vendors/Hospitals that require assistance with the XML format should contact HCAHPS Information and Technical Support at 1-888-884-4007 or via email at [hcahps@hsag.com](mailto:hcahps@hsag.com).

**Data can be submitted on a monthly or quarterly basis and there are no fees associated with submitting data via HQR.**

## HQR Reports

Following submission of data, both XML users and Data Form users can access reports about the data submission in HQR. Appropriate HCAHPS Submission Result permissions must be active to view reports. Questions about accessing HQR reports should be directed towards the QualityNet Help Desk via telephone (1-866-288-8912) or email ([qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)).

## HCAHPS Data Submission Reports

Three HCAHPS Data Submission Results are accessible by survey vendors or self-administering hospitals if they have been given "View" permissions for HCAHPS Submission Results.

- **Data Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages
- **Submission Summary Report** – includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID
- **HCAHPS Submission Results Report (formerly the Review and Correction Report)** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/Hospitals are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that have been submitted, survey vendors/hospitals have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline).

*Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted. No Header Record information can be modified during the Review and Correct Period.*

The following information is intended to inform survey vendors/hospitals who submit survey data to the HCAHPS Data Warehouse via HQR about the most effective way to run and view the following two HCAHPS data submission reports:

- Submission Detail Report
- Submission Summary Report

Run these reports by navigating to the Data Results selection for HCAHPS on the left-hand navigation pane. Under the File Accuracy section, you will see the available reports listed in a drop-down menu. Select the desired report and the Discharge Quarter, and you will then be able to export a CSV version of the report.

## HCAHPS Warehouse Feedback Reports

Three **HCAHPS Warehouse Feedback Reports** are accessible by survey vendor, hospital and health care system personnel with the “View” **HCAHPS Submission Results** role. **Survey vendor and health care system personnel are able to view HCAHPS File Accuracy and Submission Reports for their hospitals once permission is obtained from the Hospital Security Administrator.**

*Note: All hospitals, including those contracting with a survey vendor, should review the Provider Survey Status Summary and HCAHPS Warehouse Data Submission Detail Reports on a regular basis.*

- **Provider Survey Status Summary Report** – includes the number of surveys submitted for a provider for a discharge month. This report lists the accepted Administrative Data Records (which includes the number of respondents and non-respondents to the survey) and the accepted Survey Results Records (which includes only the respondents to the survey). This summary report displays results submitted via either the HCAHPS Online Data Form or XML format.
- **Submission Detail Report** – includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages
- **HCAHPS Submission Results Report (formerly the Review and Correction Report)** – contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/Hospitals are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that had been submitted, survey vendors/hospitals have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline).

*Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted. No Header Record information can be modified during the Review and Correct Period.*

## XML Data File Submission

The XML file upload is intended for use by survey vendors and self-administering hospitals that have a large volume of surveys. Survey vendors are required to submit data using the XML file format only.

The steps for XML data file submission via HQR File Upload are as follows:

1. Access the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) using HARP credentials
2. Hover over the icons on the left side of the page, click on “Data Submissions”
3. Choose the “**HCAHPS**” tab
4. Click on “File Upload”

5. Using the blue “Select Files” button, select or navigate to the appropriate files for data upload
6. After files have been uploaded, files will be listed on the page. The “Status” field indicates if a file upload is successful or has failed.
7. Access the “**Data Results**” page for HCAHPS to run “**Submission Reports.**” Results in the Submission Reports can be used to verify the status of uploaded files. It also displays details of any errors found in the file.
8. Correct and resubmit files if there are data upload errors. Continue process until the upload is successful.

*Note: File names must be 50 characters or fewer and contain no special characters.*

Data files in the XML file format submitted via HQR may be combined in a zip file. If a directory containing multiple XML files is uploaded, and there is an error in one or more of the files within the directory, only the invalid files will be rejected; the files that pass validation will be accepted. The rejected files will be listed in the Data Submission Reports. All the other valid files will be processed as per the validation rules.

## HCAHPS Data Form Submission

Data submitted via the HCAHPS Data Form (formerly called the Online Data Entry Tool), is entered one survey at a time and should be combined into one month’s worth of survey data for one hospital.

The HCAHPS Data Form was developed for hospitals that are approved to self-administer the HCAHPS Survey and submit their own data. The HCAHPS Data Form is an alternative to converting data files into the XML format.

- **A hospital cannot submit HCAHPS data via the Data Form if they have authorized a survey vendor to submit data on their behalf**
- **Survey vendors cannot submit data via the HCAHPS Data Form**

A user authorized to submit data using the **HCAHPS Data Form** can access it by clicking “Data Submissions” in the menu once the user has logged into HQR. On the “Data Submissions” page, the user should choose the “HCAHPS” tab and click on “Data Form” to enter individual surveys.

When using the HCAHPS Data Form, an individual survey should be entered in one sitting to avoid potential mistakes. After the survey is submitted, it will be listed in the table on the submission page for the month and quarter. To make changes or delete a survey after it has been submitted, first find the desired survey using the patient ID field for identification. Next click the three dots on the line associated with the desired patient ID. By clicking this, there will be options to edit or delete the survey. Make the necessary changes and carefully review and save the results. Verification of survey acceptance will be shown on the status field within the table of entered surveys.

In order to provide the end user with a record of their entered patient survey data, a PDF is available through the HCAHPS Data Form. To retrieve their data, the end user should see a button on the Data Form page to create a PDF.

**QualityNet Help Desk**

For assistance with navigating HQR, please contact the QualityNet Help Desk:

- Via email at [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)
- Via telephone 1-866-288-8912

When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email ([hcahps@hsag.com](mailto:hcahps@hsag.com)) for tracking purposes.



## Oversight Activities

### Overview

In order to verify compliance with CAHPS Hospital Survey (HCAHPS) protocols, the CMS-sponsored HCAHPS Project Team conducts oversight of participating survey vendors/hospitals. This chapter describes the oversight activities for the HCAHPS Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the HCAHPS Participation Form and Attestation Statement signifies agreement with all of the Rules of Participation, including all HCAHPS oversight activities.**

### Oversight Activities

All survey vendors/hospitals that participate in the HCAHPS Survey are required to take part in all oversight activities, which include but are not limited to the following:

- HCAHPS Quality Assurance Plan (QAP)  
The HCAHPS QAP is a comprehensive working document that is developed and maintained by survey vendors/hospitals in order to document their current administration of the survey and compliance with the HCAHPS guidelines. The QAP should also be used as a training tool for project staff and subcontractors. The HCAHPS Project Team will review survey vendor/hospital QAPs to ensure that the survey vendor's/hospital's stated processes are compliant with HCAHPS protocols. Updated QAPs must include, but are not limited to, documentation of changes in key staff, resources, operations, and/or survey mode; along with a detailed discussion of the results of quality checks and monitoring of HCAHPS Survey administration from the prior year. Any approved Exception Requests should be thoroughly discussed in the QAP.
- HCAHPS Survey Materials  
Survey materials relevant to the HCAHPS Survey administration, including mailing materials (questionnaires, cover letters and outgoing/return envelopes), and/or phone scripts and interviewer screen shots, and/or web materials (email invitations, web survey screen shots and web survey testing link(s)) are required to be submitted (as determined by CMS) for each approved mode of survey administration in all languages employed. CMS may also request additional survey-related materials for review, including seeded mailing(s) to the HCAHPS Project Team as needed.
- Analysis of Submitted Data  
All survey data submitted to the HCAHPS Data Warehouse by survey vendors/hospitals are reviewed by the HCAHPS Project Team. This review includes, but is not limited to, statistical and comparative analyses; preparation of data for public reporting; and other activities as required by CMS. If data anomalies are found, this will result in follow-up with the survey vendor/hospital.
- On-site Visits/Conference Calls  
All survey vendors/hospitals (and their subcontractors, as applicable) are required to participate in on-site visits and/or teleconference calls conducted by the HCAHPS Project Team. The on-site visits allow the HCAHPS Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the HCAHPS Survey. The teleconference calls allow the HCAHPS Project Team to discuss issues related to administration of the HCAHPS Survey with the survey vendor/hospital.

➤ Additional Activities

Additional activities as specified by CMS may be conducted in addition to the above.

*Note: If the on-site visit/conference call, or any other oversight activity conducted by the HCAHPS Project Team, suggests that actual survey processes differ from HCAHPS protocols, immediate corrective actions may be required and sanctions may be applied.*

## HCAHPS Quality Assurance Plan (QAP)

Survey vendors/Hospitals approved to administer HCAHPS are obligated to develop and continually maintain a QAP. The QAP is a comprehensive working document that outlines the survey vendor's/hospital's implementation of, and compliance with, the HCAHPS guidelines. The main purposes of the QAP are as follows:

- Provide documentation of survey vendors'/hospitals' understanding, application and compliance with the HCAHPS *Quality Assurance Guidelines V19.0*. The following components must be addressed:
  1. Organizational background and structure for project
  2. Work plan for survey administration
  3. Role of subcontractor(s), if applicable
  4. Survey and data management system
  5. Quality controls for survey administration activities
  6. Confidentiality, privacy and security procedures in accordance with HIPAA
  7. Annual reporting of the results from quality control activities
- Serve as the organization-specific guide for administering the HCAHPS Survey, training project staff to conduct the survey and conducting quality control and oversight. The **QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations.**
- Ensure high quality data collection and continuity in survey processes

The QAP should be free of extraneous information and the emphasis should be on providing concise explanations of required HCAHPS processes. The QAP should reflect the survey vendor's/hospital's implemented survey administration processes.

The HCAHPS Project Team will notify survey vendors/hospitals when to submit their QAP to the HCAHPS Project Team by the specified submission due date. All QAPs must be dated and all changes from the prior version submitted **must be clearly identified** (i.e., use Microsoft Word track changes). The QAP should specifically address the following issues:

- Changes in survey administration processes, including any process changes due to revised HCAHPS *Quality Assurance Guidelines*
- A discussion of the results of the quality control checks performed in the prior year
- A discussion of the challenges faced by survey vendors/hospitals in survey administration in the prior year, and how those challenges were handled
- Changes in key staff
- Changes in resources

Along with the QAP update, survey vendors/hospitals may be required to submit other materials relevant to the HCAHPS Survey administration, when requested by CMS. The HCAHPS Project

Team's **acceptance** of a submitted QAP and survey materials **does not** constitute or imply approval or endorsement of the survey vendor's/hospital's HCAHPS Survey administration processes. The on-site visit and/or other oversight activities are used to examine, verify and approve the actual processes by which the HCAHPS Survey is administered.

The Quality Assurance Plan Outline can be found in Appendix BB. It is strongly recommended that survey vendors/hospitals use the QAP Outline as a template for developing and updating their own QAP.

## HCAHPS Survey Materials

Hospitals/Survey vendors must submit survey materials, in all languages that are employed, to the HCAHPS Project Team by the date determined by CMS to include the following:

- Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone modes: copies of surveys, cover letters and outgoing/return envelopes
- Phone Only, Mail-Phone, Web-Phone and Web-Mail-Phone modes: copies of the phone scripts and interviewer screen shots
- Web-First modes: copies of the email invitations, web survey screen shots and a web survey testing link(s)

The HCAHPS Survey Materials Checklist can be found in Appendix BB. It is strongly recommended that survey vendors/hospitals use the HCAHPS Survey Materials Checklist to aid your organization in the materials submission process.

## Analysis of Submitted Data

The HCAHPS Project Team reviews and analyzes all survey data submitted to the HCAHPS Data Warehouse through the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) in order to ensure the integrity of the data. If significant issues are identified, the survey vendor/hospital may be contacted. Survey vendors/Hospitals must adhere to all submission requirements as specified in the HCAHPS *Quality Assurance Guidelines V19.0*; as posted on the HQR system; and those periodically posted on the HCAHPS Website, as well as the deadline dates as posted on the HCAHPS Website. Please monitor the HCAHPS Website for additional data submission information and updates.

## On-site Visits/Conference Calls

The HCAHPS Project Team will conduct on-site visits and/or teleconference calls with survey vendors/hospitals to verify compliance with the HCAHPS requirements. The size and composition of the review team will vary.

The HCAHPS Project Team conducts its on-site reviews in the presence of the survey vendor's/hospital's staff, and a confidentiality agreement is signed by all parties prior to or at the start of the on-site visit. The HCAHPS Project Team works with the visited organization to cover agenda items presented in advance to the survey vendor/hospital. The HCAHPS Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. **Survey vendors/Hospitals must make their subcontractors available to participate in the on-site visits and teleconference calls.**

In addition to other activities, the HCAHPS Project Team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The on-site review includes a review of sampling procedures. The survey vendor/hospital must retain HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS sampling frame, XML files, etc.) for a minimum of three years. All files must be made available for review during HCAHPS oversight activities. The HCAHPS Project Team will review specific data records and trace the documentation of activities from the receipt of the discharge list through the uploading of the data to the HCAHPS warehouse. The process to review these files must be transparent and easily reproducible. The Project Director/Project Manager must be physically present during the on-site visit. If any HCAHPS processes are automated, then the programmer must be available during the on-site visit to review the programming. The on-site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the on-site visit review will remain confidential, as per CMS guidelines. After the on-site visit, the HCAHPS Project Team will provide the survey vendor/hospital with a summary of findings from the on-site review, and may pose follow-up questions and/or request additional information as needed.

On-site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors/Hospitals will be given a three-day window during which an unannounced site visit may be conducted.

During the on-site visit and/or conference call, the HCAHPS Project Team will review the survey vendor's/hospital's survey systems and will assess protocols based upon the HCAHPS *Quality Assurance Guidelines V19.0*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to the following:

- Survey management
- Data systems
- Sampling procedures
- Printed materials
- Printing, mailing and other related facilities
- Phone materials, interview areas and other related facilities
- Phone interviews
- Web survey systems
- Web materials
- Data receipt and entry
- Storage facilities
- Confidentiality, privacy and security
- Written documentation of survey processes
- Specific and/or randomly selected records covering a time period to include the data in the most recent public report period, or earlier

After the on-site visit or conference call, organizations will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Survey vendors/Hospitals will be subject to follow-up on-site visits and/or teleconference calls, as needed.

## Non-compliance and Sanctions

Non-compliance with HCAHPS protocols, including program requirements, timely submission of the required documentation (e.g., QAP, survey materials, etc.) as requested, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospital and/or its survey vendor including:

- application of the appropriate footnote(s) to HCAHPS Survey results reported on Care Compare on [Medicare.gov \(https://www.medicare.gov/care-compare/\)](https://www.medicare.gov/care-compare/)
- adjustment to publicly reported scores, as needed
- increased oversight activities
- development and implementation of a corrective action plan, if requested
- loss of approved status to administer the HCAHPS Survey
- withholding of HCAHPS Survey results from public reporting, which could affect the hospital's Annual Payment Update (APU) and/or Hospital Value-Based Purchasing (HVBP) program payment, if applicable
- other sanctions as deemed appropriate by CMS

***Note: Hospitals that contract with a survey vendor or self-administer the HCAHPS Survey should be aware that non-compliance by either hospitals or survey vendors could result in these, or other, sanctions.***



## Data Reporting

### New for 2025

Beginning with January 1, 2025 patient discharges, updates to the HCAHPS Survey will be implemented, including but not limited to the following:

- Update the HCAHPS Survey to include new and updated questions and response categories

### Overview

This chapter describes the public reporting of the CAHPS Hospital Survey (HCAHPS) results on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). HCAHPS results are published quarterly and include the hospital’s most recent quarters of data.

Discharge Periods	Measures Included	Anticipated Public Reporting
Q3 2022 – Q2 2023	10 measures in the legacy HCAHPS Survey	April 2024
Q4 2022 – Q3 2023	10 measures in the legacy HCAHPS Survey	July 2024
Q1 2023 – Q4 2023	10 measures in the legacy HCAHPS Survey	October 2024
Q2 2023 – Q1 2024	10 measures in the legacy HCAHPS Survey	January 2025
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 <sup>14</sup>
Q3 2024 – Q2 2025	8 unchanged measures in the legacy HCAHPS Survey	April 2026 <sup>14</sup>
Q4 2024 – Q3 2025	8 unchanged measures in the legacy HCAHPS Survey	July 2026 <sup>14</sup>
Q1 2025 – Q4 2025	11 measures in the updated HCAHPS Survey	October 2026 <sup>15</sup>

<sup>14</sup> Survey items that comprise 8 measures on the legacy HCAHPS Survey would remain unchanged on the updated HCAHPS Survey. These measures would continue to be publicly reported for the Hospital IQR Program: “Communication with Nurses,” “Communication with Doctors,” “Communication about Medicines,” “Discharge Information,” “Overall Rating,” “Recommend Hospital,” “Cleanliness,” and “Quietness (also will be referred as “Restfulness of Hospital Environment” in the updated HCAHPS Survey).

<sup>15</sup> First quarter that the proposed updated HCAHPS Survey data would be publicly reported under the Hospital IQR Program.

## Public Reporting of HCAHPS Results

Hospital-level results are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). This website was created through the efforts of CMS, along with the Hospital Quality Alliance (HQA). Hospitals must have 25 completed surveys in the reporting period for HCAHPS results to be publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

## HCAHPS Star Ratings

HCAHPS Star Ratings appear in the Provider Data Catalog (<https://data.cms.gov/provider-data/>): one for each of the publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating. The HCAHPS Summary Star Rating, which combines the HCAHPS measure star ratings, is also displayed on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/), where it is called the “Patient Survey Rating” (<https://www.medicare.gov/care-compare/>). Hospitals are able to preview the HCAHPS Star Ratings in their 30-day Public Reporting Preview Report. For more detailed information regarding the calculation of the HCAHPS Star Ratings, please visit the Star Ratings page of the HCAHPS Website (<https://www.hcahpsonline.org>).

### *100 Completed Survey Minimum for HCAHPS Star Ratings*

Hospitals must have at least 100 completed HCAHPS Surveys over a given four-quarter period in order to receive HCAHPS Star Ratings. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS Surveys will not receive Star Ratings; however, their HCAHPS measure scores will be publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

## Publicly Reported Updated HCAHPS Survey Measures

The updated HCAHPS Survey results will be reported for seven composites, two individual items and two global items:

- Composite Measures
  - Communication with Nurses (comprised of three HCAHPS Survey items)
  - Communication with Doctors (comprised of three HCAHPS Survey items)
  - Restfulness of Hospital Environment (comprised of three HCAHPS Survey items)\*
  - Care Coordination (comprised of three HCAHPS Survey items)\*
  - Responsiveness of Hospital Staff (comprised of two HCAHPS Survey items)\*
  - Communication About Medicines (comprised of two HCAHPS Survey items)
  - Discharge Information (comprised of two HCAHPS Survey items)
- Individual Items
  - Cleanliness of Hospital Environment
  - Information About Symptoms\*
- Global Items
  - Hospital Rating
  - Recommend the Hospital

*\* New or updated items or measures beginning with the October 2026 public reporting.*

Each of the composites is constructed from two or three questions from the survey and reported as one composite score. To produce composite scores, the proportion of cases in each response



category for each question is calculated. Once the proportions are calculated for each response category, the average proportion of those responding to each category is then calculated across all the questions that make up a specific composite. Only the questions answered by the patient are included in the composite calculation.

For public reporting purposes, the composite scores, individual items, and global items are displayed. Both national and state comparisons are reported for each of the HCAHPS scores. In addition, the number of surveys completed (in three broad categories) and the survey response rate are also reported for each participating hospital.

Bar graphs are displayed for the most positive response (or “top box”) category. For instance, the graphic display of the “Hospital Rating” item shows the percentage of patients who gave their hospital a “9” or “10” on the “0 to 10” rating scale, or the percentage of patients who responded that their doctors “always” communicate well. The tables displayed on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>) show the “top-box,” “middle-box” and “bottom-box” results for each HCAHPS item.

Users of Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>) are able to “drill down” to get more detailed information regarding this distribution for the response categories. Researchers and other interested parties are able to access a downloadable database on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>) that includes all of the hospital-level results that are publicly reported.

### Adjusting Results

HCAHPS Survey results are adjusted for survey mode and patient-mix prior to public reporting. Only adjusted results are publicly reported and considered the official HCAHPS results. The adjusted results may differ from the unadjusted results.

For hospitals that obtain fewer than 100 completes and for hospitals that obtain fewer than 50 completes, results are reported, but the lower precision of the results derived from less than 100 completed surveys (and/or less than 50 completed surveys) is noted in the public reporting on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>). Please see the HCAHPS Website (<https://www.hcahponline.org>) for more information on these data adjustments, as well as additional information regarding HCAHPS scores.

### A Note About HCAHPS “Boxes”

HCAHPS results are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>) as “top-box,” “bottom-box” and “middle-box” scores. The “**top-box**” is the most positive response to HCAHPS Survey items. The “top-box” response is “*Always*” for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), “*Yes*” for the Discharge Information composite, “*9’ or ‘10’ (high)*” for the Hospital Rating item, and “*Definitely yes*” for the Recommend the Hospital item.

The “**bottom-box**” is the least positive response category for HCAHPS Survey items. The “bottom-box” response is “*Sometimes or Never*” for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), “*No*” for the Discharge Information composite, “*6 or lower (low)*” for the Hospital Rating item, and “*Definitely No and Probably No*” for the Recommend the Hospital item.

The “**middle-box**” captures intermediate responses to HCAHPS Survey items. The “middle-box” response is “*Usually*” for six HCAHPS composites (Communication with Nurses, Communication with Doctors, Restfulness of Hospital Environment, Care Coordination, Responsiveness of Hospital Staff, and Communication About Medicines) and two individual items (Cleanliness of Hospital Environment and Information About Symptoms), “*7 or 8 (medium)*” for the Hospital Rating item, and “*Probably yes*” for the Recommend the Hospital item. There is no “middle-box” response in the Discharge Information composite.

## Reporting Results

Each hospital’s aggregate results are compared to national and state averages. Results are reported for the six composites, the two individual items and the two global items. Survey response rates are also reported. All surveys submitted, including those over 300 completed surveys, are used in HCAHPS public reporting.

Results are reported as a rolling four quarters of data and are updated on a quarterly basis utilizing the most recent four quarters of data. For additional information on Care Compare on [Medicare.gov](https://www.medicare.gov), refer to <https://www.medicare.gov/care-compare/>. Summary results for both current and historical HCAHPS public reporting can be found under “Summary Analyses” on the HCAHPS Website (<https://www.hcahpsonline.org>).

Official HCAHPS scores are reported on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>). Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are “unofficial.” This is done in two ways:

1. The introduction or executive summary of such reports must include the following statement:
  - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>).”
2. Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
  - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results.”

## Hospital Preview Reports

A preview report of the HCAHPS Survey results is generated for each hospital to review prior to their data being publicly reported. This report contains aggregate results for the 12-month reporting period, and it is not possible to view selected months or quarters in the reporting period. This preview report is available for a 30-day preview period through the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>), formerly the QualityNet Secure Portal. After the 30-day

preview period has ended, the HCAHPS results are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>), unless the hospital chooses to suppress their results. See the next section for more information on suppression of results.

*Note: For hospitals that have fewer than 25 completed HCAHPS Surveys in a 12-month reporting period, the Public Reporting Preview Report will include the hospital's HCAHPS scores and number of completed surveys. However, HCAHPS scores for hospitals with less than 25 completed surveys will not be publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).*

Participating critical access hospitals (CAHs) must have a completed Optional Public Reporting Notice of Participation/pledge form (<https://ecqi.healthit.gov/tool/hospital-quality-reporting-hqr-system>) on file in order for their HCAHPS results to be publicly reported. IPPS hospitals must have a completed Hospital Inpatient Quality Reporting Program (formerly known as the Reporting Hospital Quality Data Annual Payment Update [RHQDAPU]) Notice of Participation Form (<https://qualitynet.cms.gov/inpatient/iqr/participation>) on file for their HCAHPS results to be publicly reported.

### **Suppression of Results**

Critical Access Hospitals (CAHs) have the option of suppressing the public reporting of their HCAHPS scores. If a CAH chooses to suppress its HCAHPS scores, it must suppress the complete set of HCAHPS results. Suppression of selected HCAHPS results or individual quarters is not allowed. Hospitals choosing to suppress their scores are only able to do so during the 30-day preview period. Both CAHs that choose to suppress their HCAHPS scores and IPPS hospitals that do not participate in the HCAHPS initiative, will receive a footnote on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>) that indicates that HCAHPS data are not available for the public reporting period. To suppress measures, a CAH must complete the appropriate pledge form and submit it to the QualityNet Help Desk.



# **Exception Request/Discrepancy Report Processes**

## **Overview**

This chapter describes two different CAHPS Hospital Survey (HCAHPS) administration processes: requesting exception to the standard HCAHPS protocols before implementing any exceptions; and notifying the HCAHPS Project Team of discrepancies which have occurred in the manner survey data have been collected or submitted.

The Exception Request process and Exception Request Form have been established to handle alternative methodologies that vary from standard HCAHPS protocols. The proposed alternative methodology(ies) must not be implemented until the submitted Exception Request Form has been approved.

The discrepancy process and the Discrepancy Report Form have been established for use by survey vendors/hospitals to notify the HCAHPS Project Team of any discrepancies in following standard HCAHPS protocols. Survey vendors/Hospitals are required to notify the HCAHPS Project Team of any discrepancies in following the standard HCAHPS protocols which have been encountered during survey administration. Survey vendors/Hospitals **must** notify the HCAHPS Project Team as soon as the discrepancy is identified.

## **Exception Request Process**

The Exception Request process has been created to provide survey vendors/hospitals with more flexibility to meet individual organizations' need for certain variations from protocol, while still maintaining the integrity of the data for standardized public reporting. The Exception Request Form must be completed with sufficient detail, including clearly defined timeframes, for the HCAHPS Project Team to make an informed decision. The requested exception from protocol **must not be implemented prior to receiving approval** from the HCAHPS Project Team.

- Exception Requests will be limited to a two-year approval timeframe unless otherwise specified
- Approved Exception Requests may only be implemented at the beginning of a quarter
- Approved Exception Requests are for internal survey vendor/hospital use only and must not be used for marketing purposes
- Changes made to the HCAHPS *Quality Assurance Guidelines* and protocols may result in termination of an Approved Exception Request(s). In such cases survey vendors/hospitals will be required to follow the updated protocols.
- In addition, CMS reserves the right to withdraw approval at its discretion

To request an exception, survey vendors/hospitals are required to complete and submit an Exception Request Form (see Appendix EE) online via the HCAHPS Website (<https://www.hcahpsonline.org>). The form is designed to capture information on the proposed alternative to the standard protocols. Hospital CCNs **must be included on the form**.

- ***Survey vendors must complete and submit all Exception Request Forms on behalf of their client hospitals***
- Survey vendors may submit one Exception Request Form on behalf of multiple hospitals with the same Exception Request. **Survey vendors must include a list of contracted hospitals and each hospital's CCN on whose behalf they are submitting the Exception**

**Request. Please be sure to include the information in the specified section of the Exception Request Form.**

- A new or updated Exception Request Form must be submitted for hospitals not included in the original request
- Do not use symbols or special characters (^\*#@#&) of any kind when submitting the Exception Request Form

### Common Exception Requests

The HCAHPS Project Team has identified acceptable variations from established methodologies. Requested exceptions may fall into the following categories:

- Disproportionate Stratified Random Sampling – The following information **must** be included for each hospital in the Exception Request:
  1. Name of each stratum to be used in the DSRS
  2. Estimated total number of inpatient discharges for each stratum and number of eligible patients for each stratum
  3. Estimated number of sampled patients for each stratum (minimum of 10 sampled discharges)
  4. A plan describing how the DSRS sampling procedures will guarantee a minimum of 10 sampled discharges for each stratum
- Determination of Service Line – V.42 MS-DRG codes (effective October 1, 2024 and V.43 MS-DRG codes effective October 1, 2025) are the preferred means to establish the HCAHPS Service Line category (Maternity Care, Medical or Surgical). Survey vendors/Hospitals must submit an Exception Request Form online for approval to use a means, other than the items listed below, to establish the service line category:
  1. V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 MS-DRG codes
  2. V.24 CMS-DRG codes
  3. Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, and V.24 DRG codes based on payer source or a mix of MS-DRG and APR-DRG codes
  4. ICD-10 or ICD-9 codes
  5. Hospital Unit
  6. APR-DRG codes
  7. Other - Approved Exception Request Only – Survey vendors/Hospitals must submit an Exception Request Form online for approval to use a means, other than those listed, to establish the service line category
    - Determination of Service Line based on a combination of service lines – If survey vendors/hospitals are requesting Determination of Service Line based on a combination of service lines (e.g., Medical/Surgical, Surgical/Maternity, Medical/Maternity), additional documentation is required:
      - Current electronic or written confirmation from the hospital that they are unable to provide MS-DRG codes or other preferred means of establishing the HCAHPS Service Line Category
      - Current electronic or written confirmation from the hospital delineating which patient populations are served (e.g., Medical/Surgical, Surgical/Maternity or Medical/Maternity)

8. Single Service Line - Maternity Care Only
9. Single Service Line - Medical Only
10. Single Service Line - Surgical Only

*Note: Exception Requests for Determination of Service Line based on single service lines are no longer required; however, survey vendors must maintain current electronic or written documentation from the client hospital that confirms which patient population(s) are served. This documentation must be confirmed and or updated on an annual basis, at minimum and is subject to review by the HCAHPS Project Team. For detailed information on single service line coding, refer to the Data Specifications and Coding chapter.*

- Participating in Another CMS or CMS-Sponsored Initiative – If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS protocols, the survey vendor/hospital should complete and submit an Exception Request to alert and inform the HCAHPS Project Team of participation
- Survey Materials – An Exception Request must be filed for the use of survey materials that do not align with the examples provided in the HCAHPS *Quality Assurance Guidelines V19.0* manual
- Conducting Survey Operations from Remote Location – An Exception Request must be filed to request approval to conduct survey operations from a remote location (other than survey vendor’s/hospital’s place of business)
- Other – Survey vendors/Hospitals must request an exception for alternative strategies not identified in the HCAHPS *Quality Assurance Guidelines V19.0* manual

No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone modes).

### **Review Process**

Exception Requests will be reviewed by the HCAHPS Project Team. These reviews will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures and/or an on-site visit or conference call may be required. The HCAHPS Project Team will notify survey vendors/hospitals whether or not their exception has been approved. Updates to survey administration processes for approved Exception Requests must only be implemented at the start of a quarter.

If not approved, the HCAHPS Project Team will send the survey vendor/hospital an explanation. Survey vendors/Hospitals then have the option of appealing the decision. Survey vendors/Hospitals have five business days from the date of the Exception Request denial notification email to submit an appeal. To request an appeal, survey vendors/hospitals must resubmit the Exception Request Form (checking the box marked “Appeal of Exception Denial”) and update it to provide further information about the nature of the exception. The appeal is then returned to the HCAHPS Project Team for re-review. The second review will take approximately 10 business days.

## Discrepancy Report Process

On occasion, a survey vendor/hospital may identify discrepancies from HCAHPS protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with HCAHPS protocols. Survey vendors/Hospitals must notify CMS of these discrepancies as soon as they are identified. In its oversight role, the HCAHPS Project Team may also identify discrepancies that require correction. Examples of discrepancies include, but are not limited to, missing eligible discharges from a particular date or computer programming that caused an otherwise eligible patient to be excluded from the sample frame.

- ***Survey vendors must complete and submit all Discrepancy Reports on behalf of their client hospitals***
  - Initial Discrepancy Reports must be submitted within 24 hours after the discrepancy has been discovered
  - All form fields must be completed to the extent this information is available
    - Detailed information such as hospital name and CCN, number of discharges, eligibles and sampled patients affected, specific time frame affected, total number of hospitals affected, and detailed information about what caused the discrepancy and how the discrepancy was corrected must be included
    - For information not immediately available, complete required form fields with “To be updated”
    - Do not use symbols or special characters (^\*#@#&) of any kind when submitting the Discrepancy Report Form
  - If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information
    - Discrepancy Report updates are due within two weeks of the initial Discrepancy Report submission
- See Appendix FF for the Discrepancy Report Form, which must be submitted online via the HCAHPS Website (<https://www.hcahponline.org>). This report notifies the HCAHPS Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy.
- Hospital CCNs **must be included on the form**

*Note: It is strongly recommended that survey vendors notify their client hospital prior to or upon the submission of a Discrepancy Report.*

## Discrepancy Report Review Process

The Discrepancy Report will be thoroughly reviewed by the HCAHPS Project Team. Notification of the outcome of the review may not be forthcoming until all the data for affected reporting periods have been submitted to the HCAHPS Data Warehouse. Email notification will be distributed to the organization submitting the Discrepancy Report once the outcome of the review has been determined.

Depending on the nature and extent of the discrepancy, a formal review of the survey vendor’s/hospital’s procedures, and/or an on-site visit or conference call may be undertaken.

The HCAHPS Project Team will notify survey vendors/hospitals whether additional information is required to document and correct the issue. CMS will be evaluating whether survey



vendors/hospitals follow all approved protocols in collecting and submitting HCAHPS data when determining application of footnotes. A footnote may be applied to publicly reported HCAHPS results to indicate that these results are derived from data whose collection or processing deviated from established HCAHPS protocols. The footnote will be applied until the affected data roll out of the public reporting cycle or unless otherwise determined by CMS.



## **Data Quality Checks**

### **Overview**

Survey vendors/Hospitals must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospital Survey (HCAHPS) data. This chapter describes suggested quality control activities that survey vendors/hospitals may implement, and should **not** be considered an exhaustive list of possible quality control activities that can be used by survey vendors/hospitals. It is important to note that quality control activities must be performed by a different staff member than the individual who originally performed the specific project task(s). The goals of conducting quality control activities are to minimize the probability of errors occurring in the handling of the data throughout the various steps of data processing; to verify that required fields are present and protocols are met; and to identify and explain unusual or unexpected changes in the data files. Therefore, quality checks must be operationalized for all of the key components or steps of survey administration and data processing on an ongoing and continuous basis. The preceding chapters in this manual contain sections that address various required quality control guidelines that must be adhered to. The emphasis in this chapter is on data quality checks that the HCAHPS Project Team strongly recommends.

### **Traceable Data File Trail**

Survey vendors/Hospitals must save both original and processed HCAHPS data files for a minimum of three years. This allows for easier identification of issues and is an important component of the HCAHPS Project Team's external review activities. In addition to the requirements addressed in previous chapters, the information below provides suggestions regarding HCAHPS-related file retention:

- Preserve a copy of every file received in original form and leave unchanged (including files received from hospital clients)
- Record general summary information such as number of administrative records, eligible discharge size, and discharge month(s), etc.
  - All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission. All files must be made available for review during HCAHPS oversight activities such as on-site visits and/or teleconference calls. The process to review these files must be transparent and easily reproducible.
- Institute version controls for datasets, reports, and any software code and programs used for collecting and processing HCAHPS data records
  - Do not delete old data files
  - Keep intermediate data files, not just original and final versions

### **Review of Data Files**

Survey vendors/Hospitals should examine their own data files and all clients' data files for any unusual or unexpected changes, including missing data. Trending or comparing data elements for individual hospitals over different time periods is one technique that can be used to determine whether any unusual or unexpected changes occurred. While the presence of such a change does not necessarily mean an error has occurred, it should prompt survey vendors/hospitals to further evaluate the data in order to verify the difference(s). Listed below are suggested activities:

- Verify that data are associated with the correct hospital CCN
- Investigate data for notable changes in the counts of patient discharges and eligible patients
- Prior to processing the patient discharge list, run frequency/percentage tables for all administrative variables received from the hospital (e.g., age, service line, discharge status, etc.), and compare to same-variable tables from previous months. If notable differences are discovered, investigate to determine the reason for the differences.
  - Look for missing administrative data elements (such as MS-DRGs and patient age), and follow-up with the hospital immediately upon receipt of the discharge list
- Prior to preparing data files for submission to the HCAHPS Data Warehouse, run frequency/percentage tables for all survey variables stored for a given hospital and month. Compare to same-variable tables from previous months; if notable differences are found, investigate and determine if the data are accurate.
  - Verify that the number of administrative records matches the value for sample size for the given month. If using DSRS, verify that the number of administrative records matches the value for sample size at the strata level.
  - Check that Header Record variables match back to raw data summary statistics for the time period
  - Review a random selection of administrative records as a quality check against original raw patient discharge data. This same activity can be performed for actual survey records.
  - Verify that required data elements for all patients in the HCAHPS Sample Frame are submitted to the HCAHPS Data Warehouse

### Accuracy of Data Processing Activities

In order to ensure that HCAHPS data are valid and reliable, data processing activities must be conducted in accordance with required protocols. Data quality checks should be implemented to verify that the required protocols have been followed. Examples of data quality check activities include:

- When drawing a sample, verify that every eligible discharge has a chance of being sampled
  - For SRS and PSRS, all eligible patients must have an equal probability of being sampled
- If using DSRS, verify that at least 10 sampled patients from each stratum can be obtained
- Evaluate the frequency of break-off surveys and/or unanswered questions, and investigate possible causes
- Review HCAHPS Warehouse Data Submission Reports (for organizations submitting HCAHPS data) and/or HCAHPS Warehouse Feedback Reports (for hospitals contracting with an approved HCAHPS Survey vendor) to confirm data submission activity
- Review monthly submission results from the HCAHPS Submission Results Report (formerly the Review and Correction Report) to confirm a match with the frequency tables completed during previous quality check activities as described above

## Summary

This chapter highlights a number of possible activities to assist survey vendors/hospitals in developing procedures for data quality checks. The information contained in this chapter is not meant to restrict survey vendors/hospitals only to those procedures listed in this chapter. The HCAHPS Project Team will conduct on-site visits to survey vendors/hospitals to review survey vendors'/hospitals' operations, including the types of quality control activities and documentation that demonstrates quality control activities have been performed.



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**\* The Chinese, Russian, Vietnamese, Portuguese, German, Tagalog and Arabic translations will be made available after FY 2025 IPPS Final Rule is posted.**



## **APPENDIX A**

### **HCAHPS Mail Survey (English)**

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# DRAFT Hospital Experience Survey

Survey content subject to pending rulemaking August 2024

## SURVEY INSTRUCTIONS

- ◆ This survey asks about you and the care you received during the hospital stay named in the cover letter.
- ◆ Answer all 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 **TBD**)**

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

### YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never  
 Sometimes  
 Usually  
 Always

2. During this hospital stay, how often did nurses listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never  
 Sometimes  
 Usually  
 Always

### YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never  
 Sometimes  
 Usually  
 Always

5. During this hospital stay, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

6. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

### THE HOSPITAL ENVIRONMENT

7. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

### YOUR CARE IN THIS HOSPITAL

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → If No, Go to Question 14

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always
- I never asked for help right away

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

## LEAVING THE HOSPITAL

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
- Yes, somewhat
- No

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

- Yes, definitely
- Yes, somewhat
- No
- I did not have family or a caregiver watch for symptoms or health problems

21. When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → If Another, Go to Question 24

22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

- Yes
- No

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

### OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

25. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

### ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

- Yes, definitely
- Yes, somewhat
- No

27. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

28. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

29. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Another language

**30. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**31. Are you of Spanish, Hispanic or Latino origin?**

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino

**32. What is your race? Please choose one or more.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

---

**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.





# DRAFT Hospital Experience Survey

Survey content subject to pending rulemaking August 2024

## SURVEY INSTRUCTIONS

- ◆ This survey asks about you and the care you received during the hospital stay named in the cover letter.
- ◆ Answer all the questions by completely filling in the circle 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 TBD)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

### YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
2. During this hospital stay, how often did nurses listen carefully to you?  
 Never  
 Sometimes  
 Usually  
 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never  
 Sometimes  
 Usually  
 Always

### YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never  
 Sometimes  
 Usually  
 Always

5. During this hospital stay, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

6. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

### THE HOSPITAL ENVIRONMENT

7. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

### YOUR CARE IN THIS HOSPITAL

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → If No, Go to Question 14

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always
- I never asked for help right away

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

## LEAVING THE HOSPITAL

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
- Yes, somewhat
- No

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

- Yes, definitely
- Yes, somewhat
- No
- I did not have family or a caregiver watch for symptoms or health problems

21. When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → If Another, Go to Question 24

22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

- Yes
- No

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

### OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

25. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

### ABOUT YOU

There are only a few remaining items left.

26. Was this hospital stay planned in advance?

- Yes, definitely
- Yes, somewhat
- No

27. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

28. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

29. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Another language

**30. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**31. Are you of Spanish, Hispanic or Latino origin?**

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino

**32. What is your race? Please choose one or more.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

---

**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.



## Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- **Mail Only** (first survey mailing for all sampled patients)
- **Mail-Phone** (first and only survey mailing for all sampled patients)
- **Web-Mail** (first survey mailing for sampled patients with no email address)
- **Web-Mail-Phone** (first and only survey mailing for sampled patients with no email address)

---

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

Our records show that you were recently a patient at [HOSPITAL NAME] and discharged on [MM/DD/YYYY]. Because you had a recent hospital stay, we are asking for your help.

The enclosed survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this toll-free number: [PHONE NUMBER] (OPTIONAL TO STATE or email us at [EMAIL ADDRESS]).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]

[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).





## Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- **Mail Only** (second survey mailing for sampled patients who did not complete the first mail wave survey)
- **Web-Mail** (first survey mailing for sampled patients with email address who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)
- **Web-Mail-Phone** (first and only survey mailing for sampled patients with email address who did not previously complete the web survey)

---

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

Earlier we asked for your feedback on your recent experience at [NAME OF HOSPITAL] discharged on [MM/DD/YYYY]. If you have already sent in the survey, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

The enclosed survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

After you have completed the survey, please return it in the pre-paid envelope. If you have any questions about the enclosed survey, please call this toll-free number: [PHONE NUMBER] (OPTIONAL TO STATE or email us at [EMAIL ADDRESS]).

We greatly appreciate your help in improving hospital care.

Sincerely,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).



## Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

### Verbatim Language on the Cover Letters

The following sentences must appear verbatim on each cover letter:

1. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.
2. Your participation is voluntary and your answers will be kept private.
3. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](http://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)).
4. We greatly appreciate your help in improving hospital care.

Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:

- If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
- If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
- If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”

### 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 **TBD**). 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.

### **Mandatory Transition Statement if Supplemental Items Are Added**

*The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s) to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question or questions.*

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from [NAME OF HOSPITAL] to get more feedback about your hospital stay and will not be shared with HHS.

### **Unique Identifier Language**

*The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:*

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.

### **Copyright Statement**

*The following copyright statement must be included on the last page of the questionnaire:*

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

### **Spanish Survey Request**

*The following note must appear on each English cover letter to offer the HCAHPS Survey in Spanish:*

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).

## **APPENDIX B**

### **HCAHPS Mail Survey (Spanish)**

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**DRAFT Encuesta sobre Atención Hospitalaria**  
**Survey content subject to pending rulemaking August 2024**

**INSTRUCCIONES**

- ◆ Esta encuesta se refiere a usted y la atención que recibió durante la vez que estuvo en el hospital que aparece en la carta de presentación.
- ◆ Conteste todas las preguntas marcando el cuadrado que aparece a la izquierda de la respuesta que usted elija.
- ◆ A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

- Sí
- No → Si contestó "No", pase a la pregunta 1

**El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios. Por favor tenga en cuenta que las Preguntas 1-32 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981 (Fecha de vencimiento **TBD**)**

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

**LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS**

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

## LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

4. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

## EL AMBIENTE EN EL HOSPITAL

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre



## SU ATENCIÓN EN ESTE HOSPITAL

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital estaban informados y actualizaciones sobre su atención?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital trabajaron bien juntos para darle atención?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
12. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?
- Sí  
 No → Si contestó "No", pase a la pregunta 14
13. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
14. Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre  
 Nunca solicité ayuda inmediata
15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?
- Sí  
 No → Si contestó "No", pase a la pregunta 18
16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

18. Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y u otro personal del hospital le ayudaron a descansar y recuperarse?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

### SALIDA DEL HOSPITAL

19. ¿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?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

20. ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?

- Sí, definitivamente
- Sí, hasta cierto punto
- No
- No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

21. Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

- A mi casa
- A la casa de otra persona
- A otra institución de salud → Si contestó "Otra", pase a la pregunta 24

22. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

- Sí
- No

23. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

- Sí
- No

## CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

24. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

- 0 El peor hospital posible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 El mejor hospital posible

25. ¿Les recomendaría este hospital a sus amigos y familiares?

- Definitivamente no
- Hasta cierto punto no
- Hasta cierto punto sí
- Definitivamente sí

## ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. ¿Se planificó por adelantado esta vez que estuvo en el hospital?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

27. En general, ¿cómo calificaría toda su salud?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

28. En general, ¿cómo calificaría toda su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

29. ¿Principalmente qué idioma habla en casa?

- Inglés
- Español
- Chino
- Algún otro idioma

30. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- 8 años de escuela o menos
- 9-12 años de escuela, pero sin graduarse
- Graduado de la escuela secundaria, Diploma de escuela secundaria (*high school*), preparatoria, o su equivalente (o GED)
- Algunos cursos universitarios o un título universitario de un programa de 2 años
- Título universitario de 4 años
- Título universitario de más de 4 años

31. ¿Es usted de origen español, hispano o latino?

- No, ni español/hispano/latino
- Sí, cubano
- Sí, mexicano, mexicano-americano, chicano
- Sí, puertorriqueño
- Sí, otro español/hispano/latino

32. ¿A qué raza pertenece? Por favor marque una o más.

- Indígena americana o nativa de Alaska
- Asiática
- Negra o afroamericana
- Nativa de Hawái o de otras islas del Pacífico
- Blanca

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

---

**¡GRACIAS!**

**Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]  
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

**DRAFT Encuesta sobre Atención Hospitalaria**  
**Survey content subject to pending rulemaking August 2024**

**INSTRUCCIONES**

- ◆ Esta encuesta se refiere a usted y la atención que recibió durante la vez que estuvo en el hospital que aparece en la carta de presentación.
- ◆ Conteste todas las preguntas llenando completamente el círculo aparece a la izquierda de la respuesta que usted elija.
- ◆ A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

- Sí
- No → Si contestó "No", pase a la pregunta 1

**El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios. Por favor tenga en cuenta que las Preguntas 1-32 de esta encuesta forman parte de una iniciativa nacional para evaluar la calidad de la atención en los hospitales. OMB #0938-0981 (Fecha de vencimiento **TBD**)**

Las siguientes preguntas se refieren sólo a la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en un hospital.

**LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS**

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

## LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

4. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

## EL AMBIENTE EN EL HOSPITAL

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

## SU ATENCIÓN EN ESTE HOSPITAL

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital estaban informados y actualizados sobre su atención?
- Nunca
- A veces
- La mayoría de las veces
- Siempre
11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital trabajaron bien juntos para darle atención?
- Nunca
- A veces
- La mayoría de las veces
- Siempre
12. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?
- Sí
- No → Si contestó "No", pase a la pregunta 14
13. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?
- Nunca
- A veces
- La mayoría de las veces
- Siempre
14. Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?
- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Nunca solicité ayuda inmediata
15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?
- Sí
- No → Si contestó "No", pase a la pregunta 18
16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?
- Nunca
- A veces
- La mayoría de las veces
- Siempre
17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?
- Nunca
- A veces
- La mayoría de las veces
- Siempre

18. Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y u otro personal del hospital le ayudaron a descansar y recuperarse?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

### SALIDA DEL HOSPITAL

19. ¿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?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

20. ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?

- Sí, definitivamente
- Sí, hasta cierto punto
- No
- No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

21. Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

- A mi casa
- A la casa de otra persona
- A otra institución de salud → Si contestó "Otra", pase a la pregunta 24

22. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

- Sí
- No

23. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

- Sí
- No



## CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación. No incluya información sobre otras veces que estuvo en un hospital.

24. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

- 0 El peor hospital posible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 El mejor hospital posible

25. ¿Les recomendaría este hospital a sus amigos y familiares?

- Definitivamente no
- Hasta cierto punto no
- Hasta cierto punto sí
- Definitivamente sí

## ACERCA DE USTED

Sólo quedan unas cuantas preguntas.

26. ¿Se planificó por adelantado esta vez que estuvo en el hospital?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

27. En general, ¿cómo calificaría toda su salud?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

28. En general, ¿cómo calificaría toda su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

29. ¿Principalmente qué idioma habla en casa?

- Inglés
- Español
- Chino
- Algún otro idioma

30. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- 8 años de escuela o menos
- 9-12 años de escuela, pero sin graduarse
- Graduado de la escuela secundaria, Diploma de escuela secundaria (*high school*), preparatoria, o su equivalente (o GED)
- Algunos cursos universitarios o un título universitario de un programa de 2 años
- Título universitario de 4 años
- Título universitario de más de 4 años

31. ¿Es usted de origen español, hispano o latino?

- No, ni español/hispano/latino
- Sí, cubano
- Sí, mexicano, mexicano-americano, chicano
- Sí, puertorriqueño
- Sí, otro español/hispano/latino

32. ¿A qué raza pertenece? Por favor marque una o más.

- Indígena americana o nativa de Alaska
- Asiática
- Negra o afroamericana
- Nativa de Hawái o de otras islas del Pacífico
- Blanca

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

---

**¡GRACIAS!**

**Por favor cuando haya completado el cuestionario, devuélvalo en el sobre con porte o franqueo pagado.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]  
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

## Sample Initial Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- **Mail Only** (first survey mailing for all sampled patients)
- **Mail-Phone** (first and only survey mailing for all sampled patients)
- **Web-Mail** (first survey mailing for sampled patients with no email address)
- **Web-Mail-Phone** (first and only survey mailing for sampled patients with no email address)

---

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Querido/Querida [SAMPLED PATIENT FIRST AND LAST NAME]:

Nuestros registros indican que usted estuvo hospitalizado en [HOSPITAL NAME] y que le dieron de alta el [MM/DD/YYYY]. Como usted estuvo hospitalizado recientemente, queremos pedir su ayuda.

La encuesta adjunta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de [NUMBER] minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov](http://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)).

Después de que haya completado la encuesta, devuélvala en el sobre con porte prepagado. Si tiene alguna pregunta sobre la encuesta adjunta, llame gratis al: [PHONE NUMBER] (OPTIONAL TO STATE o envíe un correo electrónico a [EMAIL ADDRESS]).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]



## Sample Follow-up Cover Letter for the HCAHPS Survey

Use this letter for the following modes:

- **Mail Only** (second survey mailing for sampled patients who did not complete the first mail wave survey)
- **Web-Mail** (first survey mailing for sampled patients with email address who did not previously complete the web survey; second survey mailing for sampled patients with or without an email address who did not complete the first mail wave survey)
- **Web-Mail-Phone** (first and only survey mailing for sampled patients with email address who did not previously complete the web survey)

---

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT FIRST AND LAST NAME]

[ADDRESS]

[CITY, STATE ZIP]

Querido/Querida [SAMPLED PATIENT FIRST AND LAST NAME]:

Anteriormente, le pedimos su opinión sobre su reciente experiencia en [HOSPITAL NAME] dado de alta el [MM/DD/YYYY]. Si ya envió la encuesta, se lo agradecemos mucho y no tiene que hacer caso de esta carta. Sin embargo, si todavía no ha contestado la encuesta, por favor dedique unos minutos a hacerlo ahora.

La encuesta adjunta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de [NUMBER] minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov](https://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](https://www.medicare.gov/care-compare)).

Después de que haya completado la encuesta, devuélvala en el sobre con porte prepagado. Si tiene alguna pregunta sobre la encuesta adjunta, llame gratis al: [PHONE NUMBER] (OPTIONAL TO STATE o envíe un correo electrónico a [EMAIL ADDRESS]).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,

[PLACE SIGNATURE HERE]

[HOSPITAL ADMINISTRATOR]

[HOSPITAL NAME]



## Survey and Cover Letter Required Language

For the full set of requirements for the HCAHPS Survey questionnaire and cover letters, please see the HCAHPS Quality Assurance Guidelines, Mail Only, Mail-Phone, Web-Mail and Web-Mail-Phone Survey Administration chapters.

### Verbatim Language on the Cover Letters

The following sentences must appear verbatim on each cover letter:

1. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de [NUMBER] minutos.
2. Su participación es voluntaria y sus respuestas se mantendrán privadas.
3. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov](https://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](https://www.medicare.gov/care-compare)).
4. Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

*Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*

- If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”
- If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”
- If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”

### 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:

Según la Ley de Reducción de Trámites (Paperwork Reduction Act) de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981 (Fecha de vencimiento **TBD**). Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 32 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

### **Mandatory Transition Statement if Supplemental Items Are Added**

*The mandatory transition statement must be placed in the questionnaire immediately before the supplemental question(s) to indicate a transition from the HCAHPS questions (Questions 1-32) to the hospital-specific supplemental question or questions.*

Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de [NAME OF HOSPITAL] para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

### **Unique Identifier Language**

*The following language indicates the purpose of the unique identifier. This language must be printed either immediately after the survey instructions on the questionnaire (preferred) or on the cover letter, and may appear on both:*

El número en esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

### **Copyright Statement**

*The following copyright statement must be included on the last page of the questionnaire:*

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.



## **APPENDIX C**

### **HCAHPS Mail Survey (Chinese)**

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**The Chinese translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX D**

### **HCAHPS Mail Survey (Russian)**

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**The Russian translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**





## **APPENDIX E**

### **HCAHPS Mail Survey (Vietnamese)**

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**The Vietnamese translation will be  
made available after FY 2025 IPPS  
Final Rule is posted.**



## **APPENDIX F**

### **HCAHPS Mail Survey (Portuguese)**

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**The Portuguese translation will be  
made available after FY 2025 IPPS  
Final Rule is posted.**





## **APPENDIX G**

### **HCAHPS Mail Survey (German)**

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**The German translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX H**

### **HCAHPS Mail Survey (Tagalog)**

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**The Tagalog translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**





## **APPENDIX I**

### **HCAHPS Mail Survey (Arabic)**

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**The Arabic translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX J**

### **HCAHPS Phone Script (English)**

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# HCAHPS

## DRAFT Phone Script (English)

Survey content subject to pending rulemaking August 2024

### Script Conventions and Programming Instructions

#### Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is underlined must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

## **HCAHPS Survey Questions:**

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters must be read out loud*
- *Text in UPPERCASE letters must not be read out loud*
  - *However, YES and NO response categories are to be read if necessary*

## **Supplemental Items:**

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8”*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”*
  - *If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”*
  - *If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”*

*Note: See Phone Only Survey Administration Chapter for all guidelines on the use of supplemental items.*

## **Proxy Respondents:**

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
  - *The sampled patient proactively requests that a proxy answer the survey*
  - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
  - *The interviewer obtains permission from the patient to interview the proxy*
  - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
    - *either during the current call attempt*
    - *or at another time as designated by the proxy*
      - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient’s permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

***See Appendix W Interviewing Guidelines for further phone interviewing techniques and guidance, including refusal avoidance and probing.***



## INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?

**OPTIONAL START:**

Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT NAME]?

<1> YES [GO TO INTRO]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

**IF ASKED WHO IS CALLING:**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about healthcare. Is [SAMPLED PATIENT NAME] available?

**IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:**

Yes, but I need to speak with [SAMPLED PATIENT NAME] to obtain their permission.

**IF THE SAMPLED PATIENT IS NOT AVAILABLE:**

Can you tell me a convenient time to call back to speak with them?

**IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:**

If you don't have the time now, when is a more convenient time to call you back?

**IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":**

I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE]. Is that person available?

**IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY PICK UP.**

## **SPEAKING WITH SAMPLED PATIENT**

**INTRO** Hello, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

**OPTIONAL QUESTION TO INCLUDE:**

I'd like to begin the survey now, is this a good time for us to continue?

- <1> SPEAKING WITH SAMPLED PATIENT [GO TO S1]
- <2> [REFUSAL]
- <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <4> PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
- <5> PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELV OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

## CONFIRMING USE OF PROXY

PROXY1 If you need help in completing this survey, you can have someone help you or do the survey for you. This person should be able to accurately answer questions about this hospital stay.

Is there someone who could help you answer the survey, or who could do the survey for you?

- <1> PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]
- <2> NO [REFUSAL]

PROXY2 What is the name of the person who can help you? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

Is that person available to come to the phone now?

- <1> YES [GO TO PROXY\_INTRO]
- <2> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

## SPEAKING WITH PROXY

PROXY\_INTRO

Hello, this is [INTERVIEWER NAME], calling (optional to state from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. [SAMPLED PATIENT NAME] has given permission for you to answer this interview on their behalf. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about [NUMBER] minutes to complete. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.

OPTIONAL QUESTION TO INCLUDE:

I'd like to begin the survey now, is this a good time for us to continue?

- <1> SPEAKING WITH PROXY [GO TO S1]
- <2> [REFUSAL]
- <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

## **CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY**

RESUME Hello, may I please speak to [SAMPLED PATIENT/PROXY NAME]?

### **OPTIONAL START:**

Hello, my name is [INTERVIEWER NAME], may I please speak to [SAMPLED PATIENT/PROXY NAME]?

<1> YES [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

### **IF ASKED WHO IS CALLING:**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. Is [SAMPLED PATIENT/PROXY NAME] available to complete a survey that they started at an earlier date?

### **CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY:**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

### **CONFIRM PATIENT/PROXY FOR A CALL BACK:**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT/PROXY NAME]. I am calling back at the time you requested to take the survey.

## CONFIRMING DISCHARGE DATE

S1 IF SPEAKING WITH SAMPLED PATIENT:  
Our records show that you were discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

IF SPEAKING WITH PROXY:  
Our records show that [SAMPLED PATIENT NAME] was discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE (mm/dd/yyyy)]. Is that right?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES [GO TO Q1\_INTRO]
- <2> NO [GO TO INEL1]
- <3> DON'T KNOW [GO TO INEL1]
- <4> REFUSAL [GO TO INEL1]

## CONFIRMING INELIGIBLE PATIENTS

INEL1 IF SPEAKING WITH SAMPLED PATIENT:  
Were you ever at this hospital?

IF SPEAKING WITH PROXY:  
Was [SAMPLED PATIENT NAME] ever at this hospital?

- <1> YES [GO TO INEL2]
- <2> NO [GO TO INEL\_END]

INEL2 IF SPEAKING WITH SAMPLED PATIENT:  
Were you a patient at this hospital in the last year?

IF SPEAKING WITH PROXY:  
Was [SAMPLED PATIENT NAME] a patient at this hospital in the last year?

- <1> YES [GO TO INEL3]
- <2> NO [GO TO INEL\_END]

INEL3 When was this?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1\_INTRO; OTHERWISE, GO TO INEL\_END.

INEL\_END Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

## BEGIN HCAHPS QUESTIONS

Q1\_INTRO IF SPEAKING WITH SAMPLED PATIENT:  
Please answer the questions in this survey about this stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

IF SPEAKING WITH PROXY:  
As you answer the questions in this interview, please remember that you are answering the questions for [SAMPLED PATIENT NAME] and their stay at [HOSPITAL NAME]. When thinking about your answers, do not include any other hospital stays. The first questions are about the care received from nurses during this hospital stay.

**BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.**

Q1 During this hospital stay, how often did nurses treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
  
- <M> MISSING/DK

Q2 During this hospital stay, how often did nurses listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
  
- <M> MISSING/DK

Q3 During this hospital stay, how often did nurses explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q4\_INTRO The next questions are about the care you received from doctors during this hospital stay.

Q4 During this hospital stay, how often did doctors treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q5 During this hospital stay, how often did doctors listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q6 During this hospital stay, how often did doctors explain things in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q7\_INTRO The next set of questions is about the hospital environment.

Q7 During this hospital stay, how often were your room and bathroom kept clean?  
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q8 During this hospital stay, how often were you able to get the rest you needed?  
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q9 During this hospital stay, how often was the area around your room quiet at night?  
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q10\_INTRO The next questions are about your care in this hospital.

Q10 During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK



Q11 During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q12 During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q14]

<M> MISSING/DK [GO TO Q14]

Q13 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14 During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually,
- <4> Always, or
- <9> I never asked for help right away?

<M> MISSING/DK

Q15 During this hospital stay, were you given any medicine that you had not taken before?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q18]
- <M> MISSING/DK [GO TO Q18]

Q16 Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?
- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18 During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?
- <M> MISSING/DK

Q19\_INTRO The next questions are about when you left the hospital.

Q19 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? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?
  
- <M> MISSING/DK

Q20 Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat,
- <3> No, or
- <9> I did not have family or a caregiver watch for symptoms or health problems?
  
- <M> MISSING/DK

Q21 When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

- <1> OWN HOME
- <2> SOMEONE ELSE'S HOME
- <3> ANOTHER HEALTH FACILITY [GO TO Q24]
  
- <M> MISSING/DK [GO TO Q24]

Q22 During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO
  
- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q22 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q22 = "M - MISSING/DK"]

Q23 During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q21 = "3 - ANOTHER HEALTH FACILITY" THEN Q23 = "8 - NOT APPLICABLE" IF Q21 = "M - MISSING/DK" THEN Q23 = "M - MISSING/DK"]

Q24 We want to know your overall rating of your stay at [HOSPITAL NAME]. This is the stay that ended around [DISCHARGE DATE (mm/dd/yyyy)]. Please do not include any other hospital stays in your answer.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

**IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING:** "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"

<0> 0

<1> 1

<2> 2

<3> 3

<4> 4

<5> 5

<6> 6

<7> 7

<8> 8

<9> 9

<10> 10

<M> MISSING/DK

Q25 Would you recommend this hospital to your friends and family? Would you say...

- <1> Definitely no,
- <2> Probably no,
- <3> Probably yes, or
- <4> Definitely yes?

<M> MISSING/DK

Q26\_INTRO This next set of questions is about you. (IF SPEAKING WITH PROXY: Please keep in mind that you are answering the questions on behalf of the patient.)

Q26 Was this hospital stay planned in advance? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

<M> MISSING/DK

Q27 In general, how would you rate your overall health? Would you say that it is...

- <1> Excellent,
- <2> Very good,
- <3> Good,
- <4> Fair, or
- <5> Poor?

<M> MISSING/DK

Q28 In general, how would you rate your overall mental or emotional health? Would you say that it is...

- <1> Excellent,
- <2> Very good,
- <3> Good,
- <4> Fair, or
- <5> Poor?

<M> MISSING/DK

Q29 What language do you mainly speak at home?

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: Would you say that you mainly speak...

- <1> English,
- <2> Spanish,
- <3> Chinese, or
- <20> Another language?

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE:  
Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30 What is the highest grade or level of school that you have completed? Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8<sup>th</sup> grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q31 Are you of Spanish, Hispanic or Latino origin?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<X> YES

<1> NO

<M> MISSING/DK

IF YES: Would you say you are... (READ ALL RESPONSE CHOICES)

<2> Cuban,

<3> Mexican, Mexican American, Chicano,

<4> Puerto Rican, or

<5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you please answer “No.” Thanks for your patience.

Q32 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer “Yes” or “No” to each of the categories.

Q32A Are you American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE

<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q32B Are you Asian?  
<1> YES/ASIAN  
<0> NO/NOT ASIAN  
<M> MISSING/DK

Q32C Are you Black or African American?  
<1> YES/BLACK OR AFRICAN AMERICAN  
<0> NO/NOT BLACK OR AFRICAN AMERICAN  
<M> MISSING/DK

Q32D Are you Native Hawaiian or other Pacific Islander?  
<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
<M> MISSING/DK

Q32E Are you White?  
<1> YES/WHITE  
<0> NO/NOT WHITE  
<M> MISSING/DK

IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).]

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services or HHS, for use in quality measurement. Any additional questions are from [NAME OF HOSPITAL] to get more feedback about your hospital stay and will not be shared with HHS.

END Those are all the questions I have. Thank you for your time. Have a good (day/evening).

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTE: Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.>



## **APPENDIX K**

### **HCAHPS Phone Script (Spanish)**

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# HCAHPS

## DRAFT Phone Script (Spanish)

**Survey content subject to pending rulemaking August 2024**

### Script Conventions and Programming Instructions

#### Formatting and Programming

- *[Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens*
- *Only one language (i.e., English, Spanish, Chinese, or Russian) must appear on the electronic interviewing system screen*
- *No changes are permitted to the wording or order of the HCAHPS Survey questions (Questions 1-32) or the response categories*
- *All transitional phrases must be read*
- *Text that is underlined must be emphasized*
- *Characters in < > brackets must not be read*
- *All questions are programmed to accept only one response, with the exception of Question 32*
- *Response categories must not be pre-coded or default coded*
- *MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system script; however, this option must not be read out loud to the patient. MISSING/DK response categories allow the phone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."*
- *Skip patterns should be programmed into the electronic telephone interviewing system*
  - *Appropriately skipped questions should be coded as "8 - Not applicable." For example, if a patient answers "No" to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as "8 - Not applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.*
  - *When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M - Missing/Don't know." For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects "MISSING/DON'T KNOW" to Question 12, then the telephone interviewing system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as "M - Missing/Don't know." Coding may be done automatically by the telephone interviewing system or later during data preparation.*

## **HCAHPS Survey Questions:**

- *The phone introduction script and HCAHPS questions must be read verbatim*
- *It is optional to include the day of the week, e.g., Monday, with the discharge date (mm/dd/yyyy)*
- *All text that appears in lowercase letters must be read out loud*
- *Text in UPPERCASE letters must not be read out loud*
  - *However, YES and NO response categories are to be read if necessary*

## **Supplemental Items:**

- *The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8”*
- *If hospital-specific supplemental question(s) are added, the mandatory transition statement must be read immediately before the supplemental question(s)*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”*
  - *If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”*
  - *If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”*

*Note: See Phone Only Survey Administration Chapter for all guidelines on the use of supplemental items.*

## **Proxy Respondents:**

- *In the event that a sampled patient is unable to begin or complete the interview themselves, the interview may be conducted with a proxy if the following conditions apply:*
  - *The sampled patient proactively requests that a proxy answer the survey*
  - *The interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey*
  - *The interviewer obtains permission from the patient to interview the proxy*
  - *The proxy agrees to complete the HCAHPS Survey on behalf of the patient*
    - *either during the current call attempt*
    - *or at another time as designated by the proxy*
      - *The patient need not be present when the interview with the proxy is conducted*
- *If the interviewer is unable to speak to the patient directly in order to identify a proxy respondent and obtain the patient’s permission to do the interview for them, the interviewer must not proceed with the interview*
- *A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient*

***See Appendix W Interviewing Guidelines for further phone interviewing techniques and guidance, including refusal avoidance and probing.***

## INITIATING CONTACT

START           Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT NAME]?

OPTIONAL START:

Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT NAME]?

<1> SÍ [GO TO INTRO]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Podría hablar con [SAMPLED PATIENT NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:

Sí, pero necesito hablar con [SAMPLED PATIENT NAME] para obtener su permiso.

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

¿Puede decirme usted un tiempo conveniente para volver a llamar y hablarle?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:

¿Si usted no tiene el tiempo ahora, cuándo es un tiempo más conveniente para llamarle?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO “SR.” OR “JR.”:

Me gustaría hablar con [PATIENT NAME] que es de aproximadamente [AGE RANGE]. ¿Podría hablar con esa persona?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE  
RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN THEY  
PICK UP.

## **SPEAKING WITH SAMPLED PATIENT**

**INTRO** Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME], y estoy llamando (OPTIONAL TO STATE de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que reciben las personas en el hospital. Su información ayudará a mejorar la calidad de atención que ofrece el hospital y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica.

Su participación en la encuesta es completamente voluntaria y sus respuestas se mantendrán privadas. La encuesta debe de tomar más o menos [NUMBER] minutos para completar. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

Esta llamada puede ser supervisada (OPTIONAL TO STATE y/o grabada) para propósitos de control de calidad.

**OPTIONAL QUESTION TO INCLUDE:**

Me gustaría empezar la encuesta ahora. ¿Es un buen momento para continuar?

- <1> SPEAKING WITH SAMPLED PATIENT [GO TO S1]
- <2> [REFUSAL]
- <3> NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <4> PATIENT NEEDS HELP WITH THE SURVEY [GO TO PROXY1]
- <5> PATIENT INDICATES PROXY BY NAME OR RELATIONSHIP [GO TO PROXY2]

IF IT BECOMES CLEAR THAT THE PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND CANNOT COMPLETE THE PHONE INTERVIEW THEMSELF OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE PATIENT CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. SELECT OPTION 4/GO TO PROXY1.

## CONFIRMING USE OF PROXY

PROXY1 Si necesita ayuda para completar esta encuesta, puede pedirle a alguien que le ayude o responda la encuesta por usted. Esta persona debe ser capaz de responder con precisión las preguntas sobre esta estadía en el hospital.

¿Hay alguien que pueda ayudarle a responder la encuesta o responderla por usted?

<1> PATIENT WANTS HELP TO RESPOND OR PROXY TO ANSWER SURVEY ON BEHALF OF PATIENT [GO TO PROXY2]

<2> NO [REFUSAL]

PROXY2 ¿Cómo se llama la persona que puede ayudarle? [COLLECT NAME OF THE PROXY AND PHONE NUMBER, IF NECESSARY]

<ENTER NAME AND PHONE NUMBER, IF APPLICABLE>:

¿Esta persona está disponible para hablar por teléfono ahora?

<1> SÍ [GO TO PROXY\_INTRO]

<2> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

## SPEAKING WITH PROXY

PROXY\_INTRO

Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME], y estoy llamando (OPTIONAL TO STATE de [DATA COLLECTION CONTRACTOR]) de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que reciben las personas en el hospital. [SAMPLED PATIENT NAME] le ha otorgado permiso para que pueda responder esta entrevista en su nombre. Su información ayudará a mejorar la calidad de atención que ofrece el hospital y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica.

Su participación en la encuesta es completamente voluntaria y sus respuestas se mantendrán privadas. La encuesta debe de tomar más o menos [NUMBER] minutos para completar. [SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING INSTRUCTIONS]

Esta llamada puede ser supervisada (OPTIONAL TO STATE y/o grabada) para propósitos de control de calidad.

OPTIONAL QUESTION TO INCLUDE:

Me gustaría empezar la encuesta ahora. ¿Es un buen momento para continuar?

<1> SPEAKING WITH PROXY [GO TO S1]

<2> [REFUSAL]

<3> NOT AVAILABLE RIGHT NOW [SET CALLBACK TO PROXY]

## CALL BACK TO COMPLETE A SURVEY PREVIOUSLY STARTED WITH THE SAMPLED PATIENT/PROXY

RESUME      Buenos días/Buenas tardes, ¿podría hablar con [SAMPLED PATIENT/PROXY NAME]?

### OPTIONAL START:

Buenos días/Buenas tardes, me llamo [INTERVIEWER NAME]. ¿Podría hablar con [SAMPLED PATIENT/PROXY NAME]?

<1>    SÍ [GO TO CONFIRM PATIENT/GO TO CONFIRM PROXY]

<2>    NO [REFUSAL]

<3>    NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

### IF ASKED WHO IS CALLING:

Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. ¿Está disponible [SAMPLED PATIENT/PROXY NAME] para completar una encuesta que comenzó anteriormente?

CONFIRM PATIENT/PROXY FOR A PREVIOUSLY STARTED SURVEY: Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Quisiera confirmar que estoy hablando con [SAMPLED PATIENT/PROXY NAME]. Estoy llamando para continuar la encuesta que comenzó anteriormente. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

### CONFIRM PATIENT/PROXY FOR A CALL BACK:

Me llamo [INTERVIEWER NAME] y estoy llamando de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Quisiera confirmar que estoy hablando con [SAMPLED PATIENT/PROXY NAME]. Le estoy llamando de nuevo a la hora que solicitó para completar la encuesta.



## CONFIRMING DISCHARGE DATE

S1 IF SPEAKING WITH SAMPLED PATIENT:  
Nuestros registros muestran que usted salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o en una fecha aproximada. ¿Es correcto?

IF SPEAKING WITH PROXY:  
Nuestros registros muestran que [SAMPLED PATIENT NAME] salió del hospital [HOSPITAL NAME] el [DISCHARGE DATE (mm/dd/yyyy)] o en una fecha aproximada. ¿Es correcto?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> SÍ [GO TO Q1\_INTRO]
- <2> NO [GO TO INEL1]
- <3> DON'T KNOW [GO TO INEL1]
- <4> REFUSAL [GO TO INEL1]

## CONFIRMING INELIGIBLE PATIENTS

INEL1 IF SPEAKING WITH SAMPLED PATIENT:  
¿Estuvo usted alguna vez en este hospital?

IF SPEAKING WITH PROXY:  
¿Estuvo [SAMPLED PATIENT NAME] alguna vez en este hospital?

- <1> SÍ [GO TO INEL2]
- <2> NO [GO TO INEL\_END]

INEL2 IF SPEAKING WITH SAMPLED PATIENT:  
¿Fue usted paciente de este hospital en el último año?

IF SPEAKING WITH PROXY:  
¿Fue [SAMPLED PATIENT NAME] paciente de este hospital en el último año?

- <1> SÍ [GO TO INEL3]
- <2> NO [GO TO INEL\_END]

INEL3 ¿Cuándo?

IF ANY DATE WAS WITHIN TWO WEEKS OF [DISCHARGE DATE (mm/dd/yyyy)], GO TO Q1\_INTRO; OTHERWISE, GO TO INEL\_END.

INEL\_END Gracias por su tiempo. Parece que hemos cometido un error. Que tenga un buen día/una buena noche.

## BEGIN HCAHPS QUESTIONS

Q1\_INTRO IF SPEAKING WITH SAMPLED PATIENT:

Por favor conteste las preguntas en esta encuesta sobre la vez que estuvo en el hospital [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención que recibió de las enfermeras durante esta vez que estuvo en el hospital.

IF SPEAKING WITH PROXY:

Al contestar las preguntas de esta entrevista, recuerde que está respondiendo las preguntas de [SAMPLED PATIENT NAME] y su estadía en [HOSPITAL NAME]. Al pensar en sus respuestas, no incluya información sobre otras veces que estuvo en un hospital. Las primeras preguntas son sobre la atención recibida de las enfermeras durante esta estadía en el hospital.

**BE PREPARED TO PROBE IF THE PATIENT OR PROXY ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT OR PROXY.**

Q1 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q2 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q3 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q4\_INTRO Las siguientes preguntas son acerca de la atención que usted recibió de los doctores durante esta vez que estuvo en el hospital.

Q4 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q5 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q6 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q7\_INTRO Las siguientes preguntas son acerca del ambiente en el hospital.

Q7 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?
  
- <M> MISSING/DK

Q8 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?
  
- <M> MISSING/DK

Q9 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?
  
- <M> MISSING/DK

Q10\_INTRO Las siguientes preguntas son sobre la atención que recibió en este hospital.

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

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?
  
- <M> MISSING/DK

Q11 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital trabajaron bien juntos para darle atención? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<M> MISSING/DK

Q12 Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> Sí
- <2> NO [GO TO Q14]

<M> MISSING/DK [GO TO Q14]

Q13 ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<8> NOT APPLICABLE]

<M> MISSING/DK

[NOTE: IF Q12 = "2 - NO" THEN Q13 = "8 - NOT APPLICABLE" OR IF Q12 = "M - MISSING/DK" THEN Q13 = "MISSING/DK"]

Q14 Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces,
- <4> Siempre, o
- <9> Nunca solicité ayuda inmediata?

<M> MISSING/DK

Q15 Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> SÍ
- <2> NO [GO TO Q18]
- <M> MISSING/DK [GO TO Q18]

Q16 Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q16 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q16 = "M - MISSING/DK"]

Q17 Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender? ¿Diría que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

- [<8> NOT APPLICABLE]
- <M> MISSING/DK

[NOTE: IF Q15 = "2 - NO" THEN Q17 = "8 - NOT APPLICABLE" OR IF Q15 = "M - MISSING/DK" THEN Q17 = "M - MISSING/DK"]

Q18 Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y u otro personal del hospital le ayudaron a descansar y recuperarse? ¿Diría que...

- <1> Sí, definitivamente,
- <2> Sí, hasta cierto punto, o
- <3> No?
- <M> MISSING/DK

Q19\_INTRO Las siguientes preguntas son acerca de cuando salió del hospital.

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...

- <1> Sí, definitivamente,
- <2> Sí, hasta cierto punto, o
- <3> No?

<M> MISSING/DK

Q20 ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital? ¿Diría que...

- <1> Sí, definitivamente,
- <2> Sí, hasta cierto punto,
- <3> No, o
- <9> No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud?

<M> MISSING/DK

Q21 Cuando salió del hospital, ¿se fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?

READ RESPONSE CHOICES 1, 2 AND 3 ONLY *IF NECESSARY*

- <1> A SU PROPIA CASA
- <2> A LA CASA DE OTRA PERSONA
- <3> A OTRA INSTITUCIÓN DE SALUD [GO TO Q24]

<M> MISSING/DK [GO TO Q24]

Q22 Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> SÍ  
<2> NO

[<8> NOT APPLICABLE]  
<M> MISSING/DK

[NOTE: IF Q21 = “3 - ANOTHER HEALTH FACILITY” THEN Q22 = “8 - NOT APPLICABLE” IF Q21 = “M - MISSING/DK” THEN Q22 = “M - MISSING/DK”]

Q23 Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> SÍ  
<2> NO

[<8> NOT APPLICABLE]  
<M> MISSING/DK

[NOTE: IF Q21 = “3 - ANOTHER HEALTH FACILITY” THEN Q23 = “8 - NOT APPLICABLE” IF Q21 = “M - MISSING/DK” THEN Q23 = “M - MISSING/DK”]



Q24 Queremos saber la calificación en general que le daría a [HOSPITAL NAME] durante esta vez que estuvo allí. Esta sería la vez que estuvo allí, más o menos el [DISCHARGE DATE (mm/dd/yyyy)]. No incluya información sobre otras veces que estuvo en un hospital.

Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

**IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING:** “Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?”

<0> 0  
<1> 1  
<2> 2  
<3> 3  
<4> 4  
<5> 5  
<6> 6  
<7> 7  
<8> 8  
<9> 9  
<10> 10

<M> MISSING/DK

Q25 ¿Les recomendaría este hospital a sus amigos y familiares? ¿Diría que...

<1> Definitivamente no,  
<2> Hasta cierto punto no,  
<3> Hasta cierto punto sí, o  
<4> Definitivamente sí?

<M> MISSING/DK

Q26\_INTRO Las siguientes preguntas son sobre usted. (IF SPEAKING WITH PROXY: Recuerde que está respondiendo las preguntas en nombre del/de la paciente.)

Q26 ¿Se planificó por adelantado esta vez que estuvo en el hospital? ¿Diría que...

- <1> Sí, definitivamente,
- <2> Sí, hasta cierto punto, o
- <3> No?

<M> MISSING/DK

Q27 En general, ¿cómo calificaría toda su salud? ¿Diría que es...

- <1> Excelente,
- <2> Muy buena,
- <3> Buena,
- <4> Regular, o
- <5> Mala?

<M> MISSING/DK

Q28 En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría que es...

- <1> Excelente,
- <2> Muy buena,
- <3> Buena,
- <4> Regular, o
- <5> Mala?

<M> MISSING/DK

Q29 ¿Principalmente qué idioma habla en casa?

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE: ¿Diría que habla principalmente...?

- <1> Inglés,
- <2> Español,
- <3> Chino, o
- <20> Algún otro idioma

<M> MISSING/DK [GO TO END]

IF THE PATIENT REPLIES WITH MULTIPLE LANGUAGES, PROBE: ¿Diría que habla principalmente [LANGUAGE A] o [LANGUAGE B]?

IF THE PATIENT REPLIES THAT THEY SPEAK AMERICAN CODE AS 1 – ENGLISH.

Q30 ¿Cuál es el grado o nivel escolar más alto que ha completado? Por favor, escuche todas las seis respuestas completas antes de contestar la siguiente pregunta. Completó...

- <1> 8 años de escuela o menos,
- <2> 9-12 años de escuela, pero sin graduarse,
- <3> Graduado de la escuela secundaria, Diploma de escuela secundaria (*high school*), preparatoria, o su equivalente (o GED),
- <4> Algunos cursos universitarios o un título universitario de un programa de 2 años,
- <5> Título universitario de 4 años, o
- <6> Título universitario de más de 4 años?
  
- <M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THEY HAVE A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q31 ¿Es usted de origen español, hispano o latino?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <X> SÍ
- <1> NO
  
- <M> MISSING/DK

IF YES: ¿Diría usted que es...? (READ ALL RESPONSE CHOICES)

- <2> Cubano/a,
- <3> Mexicano/a, mexicano/a americano/a, chicano/a,
- <4> Puertorriqueño/a, o
- <5> Otro/a español/a/ hispano/a /latino/a?
  
- <M> MISSING/DK

[FOR PHONE INTERVIEWING, QUESTION 32 IS BROKEN INTO PARTS A-E]

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

Preguntamos por su raza para propósitos demográficos. Queremos estar seguros de que las personas que responden a esta encuesta representan con precisión la diversidad racial de este país.

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

Comprendo, sin embargo la encuesta requiere que yo pregunte sobre todas las razas para que los resultados puedan incluir a personas que son multirraciales. Si la raza no le corresponde a usted por favor conteste “No.” Gracias por su paciencia.

Q32           Cuándo le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Responda "Sí" o "No" a cada una de las categorías.

Q32A           ¿Es usted indígena americano/a o nativo/a de Alaska?

- <1>   SÍ/INDÍGENA AMERICANO/A O NATIVO/A DE ALASKA
- <0>   NO/NO ES INDÍGENA AMERICANO/A NI NATIVO/A DE ALASKA
- <M>   MISSING/DK

Q32B           ¿Es usted asiático/a?

- <1>   SÍ/ASIÁTICO/A
- <0>   NO/NO ES ASIÁTICO/A
- <M>   MISSING/DK

Q32C           ¿Es usted negro/a o afroamericano/a?

- <1>   SÍ/NEGRO/A O AFROAMERICANO/A
- <0>   NO/NO ES NEGRO/A NI AFROAMERICANO/A
- <M>   MISSING/DK

Q32D           ¿Es usted nativo/a de Hawái o de otras Islas del Pacífico?

- <1>   SÍ/NATIVO/A DE HAWAÍ O DE OTRAS ISLAS DEL PACÍFICO
- <0>   NO/NO ES NATIVO/A DE HAWAÍ NI DE OTRAS ISLAS DEL PACÍFICO
- <M>   MISSING/DK

Q32E           ¿Es usted blanco/a?

- <1>    SÍ/BLANCO/A
- <0>    NO/NO ES BLANCO/A
  
- <M>   MISSING/DK

IF THE PATIENT REPLIES THAT THEY ARE CAUCASIAN CODE AS WHITE.

[NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY TRANSITION STATEMENT MUST BE READ IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).]

Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

END            Esas son todas las preguntas que tengo. Muchas gracias por su tiempo. Que tenga un buen día/una buena noche.

*<THIS ITEM IS NOT TO BE PROGRAMMED. THE NOTE BELOW MUST APPEAR ON ALL PUBLISHED MATERIALS CONTAINING THIS CATI SCRIPT.>*

<NOTA: Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.>



## **APPENDIX L**

### **HCAHPS Phone Script (Chinese)**

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**The Chinese translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX M**

### **HCAHPS Phone Script (Russian)**

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**The Russian translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX N**

### **HCAHPS Web Survey (English)**

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# HCAHPS

## DRAFT Web Survey (English)

Survey content subject to pending rulemaking August 2024

### PROGRAMMING SPECIFICATIONS

#### HCAHPS Survey Questions:

- *Display only one survey item per web screen*
- *When displayed, “BACK” button appears in the lower left of each web screen*
- *When displayed, “NEXT” button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

#### Formatting:

- *Use computer programs 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)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

#### Welcome Web Screen:

- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal “8”*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”*
  - *If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”*
  - *If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”*
- *Display customer support phone number (optional to provide customer support email address)*

### **OMB Paperwork Reduction Act Language and Copyright Statement:**

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey “START” button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey “SUBMIT” button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

### **Supplemental Items:**

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the mandatory header or use text that aligns with the subject of the item(s).*
  - *Each supplemental item must display a “BACK” button in the lower left of each web screen*
  - *Each supplemental item must display a “NEXT” button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

## 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 SPECIFICATIONS FOR WELCOME WEB SCREEN]
- Participation in the survey is voluntary
- Do not include any other hospital stays in your answers
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please call us (OPTIONAL TO STATE toll-free) at **[PHONE NUMBER]** (OPTIONAL TO STATE) or email us at **[EMAIL ADDRESS]**). Thank you.

Click START to begin the survey.

START

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 **TBD**). The time required to complete this information collected is estimated to average 8 minutes for questions 1-32, 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.

## YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE FROM NURSES

2. During this hospital stay, how often did nurses listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE FROM NURSES

3. During this hospital stay, how often did nurses explain things in a way you could understand?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE FROM DOCTORS

4. During this hospital stay, how often did doctors treat you with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE FROM DOCTORS

6. During this hospital stay, how often did doctors explain things in a way you could understand?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## THE HOSPITAL ENVIRONMENT

7. During this hospital stay, how often were your room and bathroom kept clean?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were you able to get the rest you needed?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## THE HOSPITAL ENVIRONMENT

9. During this hospital stay, how often was the area around your room quiet at night?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE IN THIS HOSPITAL

10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE IN THIS HOSPITAL

11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?
- Never
  - Sometimes
  - Usually
  - Always

BACK

NEXT

## YOUR CARE IN THIS HOSPITAL

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No

BACK

NEXT

*[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"*

- SKIP TO Q14*
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

## YOUR CARE IN THIS HOSPITAL

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

## YOUR CARE IN THIS HOSPITAL

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

- Never
- Sometimes
- Usually
- Always
- I never asked for help right away

BACK

NEXT

YOUR CARE IN THIS HOSPITAL

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No

BACK

NEXT

*[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"*

- SKIP TO Q18*
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

YOUR CARE IN THIS HOSPITAL

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

YOUR CARE IN THIS HOSPITAL

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT



## YOUR CARE IN THIS HOSPITAL

18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?
- Yes, definitely
  - Yes, somewhat
  - No

BACK

NEXT

## LEAVING THE HOSPITAL

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
  - Yes, somewhat
  - No

BACK

NEXT

## LEAVING THE HOSPITAL

20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?
- Yes, definitely
  - Yes, somewhat
  - No
  - I did not have family or a caregiver watch for symptoms or health problems

BACK

NEXT

## LEAVING THE HOSPITAL

21. When you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility

BACK

NEXT

*[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"*

- SKIP TO Q24*
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

## LEAVING THE HOSPITAL

22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?

- Yes
- No

BACK

NEXT

## LEAVING THE HOSPITAL

23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

BACK

NEXT

## OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at **[HOSPITAL NAME]** ending on **[DISCHARGE MM/DD/YYYY]**. Do not include any other hospital stays in your answers.

24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- 0 Worst hospital possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best hospital possible

BACK

NEXT

## OVERALL RATING OF HOSPITAL

25. Would you recommend this hospital to your friends and family?
- Definitely no
  - Probably no
  - Probably yes
  - Definitely yes

BACK

NEXT

## ABOUT YOU

26. Was this hospital stay planned in advance?
- Yes, definitely
  - Yes, somewhat
  - No

BACK

NEXT

---

## ABOUT YOU

---

27. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

BACK

NEXT

---

## ABOUT YOU

---

28. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

BACK

NEXT

---

## ABOUT YOU

---

29. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Another language

BACK

NEXT

## ABOUT YOU

30. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

BACK

NEXT

## ABOUT YOU

31. Are you of Spanish, Hispanic or Latino origin?

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino

BACK

NEXT

## ABOUT YOU

32. What is your race? Please choose one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

BACK

NEXT

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY SUPPLEMENTAL ITEM(S) HEADER AND MANDATORY TRANSITION STATEMENT MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

### MORE QUESTIONS ABOUT YOUR EXPERIENCES IN THIS HOSPITAL

Questions 1-32 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. Any additional questions are from **[NAME OF HOSPITAL]** to get more feedback about your hospital stay and will not be shared with HHS.

[BACK](#)

[NEXT](#)

### THANK YOU

You have reached the end of the survey. If you are finished answering the questions, please click **SUBMIT** to end the survey. Thank you for your time.

[BACK](#)

[SUBMIT](#)

Questions 1-32 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

# **SAMPLE INITIAL EMAIL INVITATION**

## **PROGRAMMING SPECIFICATIONS**

**Use this invitation for the first email to sampled patients with an email address, for the following modes:**

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

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Please tell us about your recent stay at [HOSPITAL NAME]

---

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

Our records show that you were recently a patient at [HOSPITAL NAME] and discharged on [MM/DD/YYYY]. Because you had a recent hospital stay, we are asking you to complete a survey about your experience.

To answer the survey, please click here. [PERSONALIZED LINK TO SURVEY]

The survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](http://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)).

If you have any questions about this survey, please call this toll-free number: [PHONE NUMBER] (OPTIONAL TO STATE or email us at [EMAIL ADDRESS]).

We greatly appreciate your help in improving hospital care.

Sincerely,  
[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).





# **SAMPLE REMINDER EMAIL INVITATION**

## **PROGRAMMING SPECIFICATIONS**

**Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:**

- **Web-Mail (second and third email invitation)**
- **Web-Phone (second and third email invitation)**
- **Web-Mail-Phone (second email invitation)**

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Please tell us about your recent stay at [HOSPITAL NAME]

---

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

A few days ago, we sent you an email asking for your feedback on your recent experience at [HOSPITAL NAME] discharged on [MM/DD/YYYY]. If you have already completed the survey, please accept our thanks and disregard this message. However, if you have not yet completed the survey, please take a few minutes and complete it now.

To answer the survey, please click here. [PERSONALIZED LINK TO SURVEY]

The survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

If you have any questions about this survey, please call this toll-free number: [PHONE NUMBER] (OPTIONAL TO STATE or email us at [EMAIL ADDRESS]).

We greatly appreciate your help in improving hospital care.

Sincerely,  
[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]

Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíenos un correo electrónico a [EMAIL ADDRESS]).



## **APPENDIX O**

### **HCAHPS Web Survey (Spanish)**

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# HCAHPS

## DRAFT Web Survey (Spanish)

Survey content subject to pending rulemaking August 2024

### PROGRAMMING SPECIFICATIONS

#### HCAHPS Survey Questions:

- *Display only one survey item per web screen*
- *When displayed, “BACK” button appears in the lower left of each web screen*
- *When displayed, “NEXT” button appears in the lower right of each web screen*
- *No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories*
- *All response categories must be listed vertically. Matrix format is not permitted.*
- *All questions can be paged through without requiring a response*
- *All questions are programmed to accept only one response, with the exception of Question 32*

#### Formatting:

- *Use computer programs 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)*
- *[Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens*
- *Every web screen has a shaded header*
- *Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)*
- *Font color and size (12-point at a minimum) must be consistent throughout the web survey*
- *No changes are permitted to the formatting or wording of the web screens*
- *Wording that is underlined must be emphasized in the same manner*
- *Only one language (i.e., English, Spanish, etc.) may appear on each web screen throughout the survey*

#### Welcome Web Screen:

- *Hospital logos may be included on the Welcome web screen; however, other images, tag lines or website links are not permitted*
- *The [NUMBER] of minutes to answer the HCAHPS questions 1-32 should equal “8”*
- *If hospital-specific supplemental items (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:*
  - *If 1 to 5 supplemental items are added, “[NUMBER]” should equal “9”*
  - *If 6 to 9 supplemental items are added, “[NUMBER]” should equal “10”*
  - *If 10 to 12 supplemental items are added, “[NUMBER]” should equal “11”*
- *Display customer support phone number (optional to provide customer support email address)*

### **OMB Paperwork Reduction Act Language and Copyright Statement:**

- *The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen below the survey “START” button*
  - *The OMB language font size must appear smaller than the rest of the text of the Welcome web screen, but no smaller than 10-point at a minimum*
- *The copyright statement must be displayed on the Thank You web screen below the survey “SUBMIT” button*
  - *The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum*

### **Supplemental Items:**

- *A limit of 12 supplemental items may be added to the survey in accordance with the following:*
  - *A mandatory transition statement and header must follow the last HCAHPS question (Question 32)*
  - *Only one supplemental item may be displayed per web screen*
  - *Each supplemental item must display a header. It is optional to repeat the mandatory header or use text that aligns with the subject of the item(s).*
  - *Each supplemental item must display a “BACK” button in the lower left of each web screen*
  - *Each supplemental item must display a “NEXT” button in the lower right of each web screen*
- *See the Welcome Web Screen instructions above to determine the [NUMBER] of minutes based on the count of supplemental items added*

## BIENVENIDOS A LA ENCUESTA SOBRE ATENCIÓN HOSPITALARIA

Le pedimos que nos cuente sobre la vez reciente que estuvo en el hospital **[NAME OF HOSPITAL]** que finalizó el **[DATE OF DISCHARGE (MM/DD/YYYY)]**.

- Necesitará alrededor de **[NUMBER]** minutos para responder a las preguntas de la encuesta **[SURVEY VENDOR/HOSPITAL TO SPECIFY NUMBER – SEE PROGRAMMING SPECIFICATIONS FOR WELCOME WEB SCREEN]**
- La participación en la encuesta es voluntaria
- No incluya información sobre otras veces que estuvo en un hospital
- Puede saltarse cualquier pregunta(s) que no desee responder
- Puede salir de la encuesta en cualquier momento
- Sus respuestas se mantendrán confidenciales

Si tiene alguna pregunta sobre esta encuesta, llámenos (OPTIONAL TO STATE gratis) al **[PHONE NUMBER]** (OPTIONAL TO STATE o envíenos un correo electrónico a **[EMAIL ADDRESS]**). Gracias.

Haga clic en **COMENZAR** para empezar la encuesta.

**COMENZAR**

Según la Ley de Reducción de Trámites (Paperwork Reduction Act) de 1995, no se exige que una persona responda a la recopilación de información a menos que la solicitud de recopilación tenga un número válido de control de la OMB. El número válido de control de la OMB para esta recopilación de información es el 0938-0981 (Fecha de vencimiento **TBD**). Se calcula que el tiempo que se necesita para llenar esta recopilación de información es, en promedio, de 8 minutos para las preguntas 1 a 32 de la encuesta. En este cálculo se incluye el tiempo que la persona tarda en leer las instrucciones, buscar en los recursos existentes de datos, reunir los datos necesarios y llenar y repasar la recopilación de información. Si usted tiene comentarios relacionados con la exactitud del cálculo de tiempo o si tiene sugerencias para mejorar este formulario, escriba a: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

## LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

1. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

2. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le escuchaban con atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## LA ATENCIÓN QUE USTED RECIBIÓ DE LAS ENFERMERAS

3. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras le explicaban las cosas de una manera que usted pudiera entender?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE



## LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

4. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le trataban con cortesía y respeto?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le escuchaban con atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## LA ATENCIÓN QUE USTED RECIBIÓ DE LOS DOCTORES

6. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores le explicaban las cosas de una manera que usted pudiera entender?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## EL AMBIENTE EN EL HOSPITAL

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían su cuarto y su baño limpios?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## EL AMBIENTE EN EL HOSPITAL

8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia pudo descansar lo necesario?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## EL AMBIENTE EN EL HOSPITAL

9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor de su habitación por la noche?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital estaban informados y actualizados sobre su atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores, las enfermeras u otro personal del hospital trabajaron bien juntos para darle atención?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

12. Durante esta vez que estuvo en el hospital, ¿necesitó que las enfermeras u otro personal del hospital le ayudaran a llegar al baño o a usar un orinal (*bedpan*)?
- Sí
  - No

ATRÁS

SIGUIENTE

*[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q12 IS "NO"*

- SKIP TO Q14*
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q13]*

## SU ATENCIÓN EN ESTE HOSPITAL

13. ¿Con qué frecuencia le ayudaron a llegar al baño o a usar un orinal (*bedpan*) tan pronto como quería?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

14. Durante esta vez que estuvo en el hospital, cuando solicitó ayuda inmediata, ¿con qué frecuencia recibió la ayuda inmediata que necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Nunca solicité ayuda inmediata

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

15. Durante esta vez que estuvo en el hospital, ¿le dieron alguna medicina que no hubiera tomado antes?

- Sí
- No

ATRÁS

SIGUIENTE

*[PROGRAMMING SPECIFICATION: IF RESPONSE AT Q15 IS "NO"*

- SKIP TO Q18*
- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q16 AND Q17]*

## SU ATENCIÓN EN ESTE HOSPITAL

16. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le dijo a usted para qué era la medicina?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

17. Antes de darle alguna medicina nueva, ¿con qué frecuencia el personal del hospital le describió a usted los efectos secundarios posibles de una manera que pudiera entender?
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre

ATRÁS

SIGUIENTE

## SU ATENCIÓN EN ESTE HOSPITAL

18. Durante esta vez que estuvo en el hospital, ¿los doctores, las enfermeras y u otro personal del hospital le ayudaron a descansar y recuperarse?
- Sí, definitivamente
  - Sí, hasta cierto punto
  - No

ATRÁS

SIGUIENTE

## SALIDA DEL HOSPITAL

19. ¿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?
- Sí, definitivamente
  - Sí, hasta cierto punto
  - No

ATRÁS

SIGUIENTE

## SALIDA DEL HOSPITAL

20. ¿Los doctores, enfermeras u otro personal del hospital le dieron a su familia o la persona encargada de sus cuidados suficiente información acerca de los síntomas o problemas de salud a los que deberían estar atentos después de su salida del hospital?
- Sí, definitivamente
  - Sí, hasta cierto punto
  - No
  - No tenía familiares o un cuidador pendiente de mis síntomas o problemas de salud

ATRÁS

SIGUIENTE

## SALIDA DEL HOSPITAL

21. Cuando salió del hospital, ¿fue directamente a su propia casa, a la casa de otra persona o a otra institución de salud?
- A mi casa
  - A la casa de otra persona
  - A otra institución de salud

ATRÁS

SIGUIENTE

*[PROGRAMMING SPECIFICATION: IF RESPONSE TO Q21 IS "ANOTHER HEALTH FACILITY"*

*- SKIP TO Q24*

*- STORE A VALUE OF "8" FOR NOT APPLICABLE IN Q22 AND Q23]*

## SALIDA DEL HOSPITAL

22. Durante esta vez que estuvo en el hospital, ¿los doctores, enfermeras u otro personal del hospital hablaron con usted sobre si tendría la ayuda que necesitaría después de salir del hospital?

- Sí
- No

ATRÁS

SIGUIENTE

## SALIDA DEL HOSPITAL

23. Durante esta vez que estuvo en el hospital, ¿le dieron información por escrito sobre los síntomas o problemas de salud a los que debía poner atención cuando saliera del hospital?

- Sí
- No

ATRÁS

SIGUIENTE

## CALIFICACIÓN GENERAL DEL HOSPITAL

Por favor conteste las siguientes preguntas sobre su hospitalización en **[HOSPITAL NAME]** que finalizó el **[DISCHARGE MM/DD/YYYY]**. No incluya información sobre otras veces que estuvo en un hospital.

24. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?

- 0 El peor hospital posible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 El mejor hospital posible

ATRÁS

SIGUIENTE

## CALIFICACIÓN GENERAL DEL HOSPITAL

25. ¿Les recomendaría este hospital a sus amigos y familiares?

- Definitivamente no
- Hasta cierto punto no
- Hasta cierto punto sí
- Definitivamente sí

ATRÁS

SIGUIENTE

## ACERCA DE USTED

26. ¿Se planificó por adelantado esta vez que estuvo en el hospital?

- Sí, definitivamente
- Sí, hasta cierto punto
- No

ATRÁS

SIGUIENTE

## ACERCA DE USTED

27. En general, ¿cómo calificaría toda su salud?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

ATRÁS

SIGUIENTE

## ACERCA DE USTED

28. En general, ¿cómo calificaría toda su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

ATRÁS

SIGUIENTE



## ACERCA DE USTED

29. ¿Principalmente qué idioma habla en casa?

- Inglés
- Español
- Chino
- Algún otro idioma

ATRÁS

SIGUIENTE

## ACERCA DE USTED

30. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- 8 años de escuela o menos
- 9-12 años de escuela, pero sin graduarse
- Graduado de la escuela secundaria, Diploma de escuela secundaria (high school), preparatoria, o su equivalente (o GED)
- Algunos cursos universitarios o un título universitario de un programa de 2 años
- Título universitario de 4 años
- Título universitario de más de 4 años

ATRÁS

SIGUIENTE

## ACERCA DE USTED

31. ¿Es usted de origen español, hispano o latino?

- No, ni español/hispano/latino
- Sí, cubano
- Sí, mexicano, mexicano-americano, chicano
- Sí, puertorriqueño
- Sí, otro español/hispano/latino

ATRÁS

SIGUIENTE

## ACERCA DE USTED

32. ¿A qué raza pertenece? Por favor marque una o más.

- Indígena americana o nativa de Alaska
- Asiática
- Negra o afroamericana
- Nativa de Hawái o de otras islas del Pacífico
- Blanca

ATRÁS

SIGUIENTE

[Q32 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, LIMIT OF 12, THE MANDATORY SUPPLEMENTAL ITEM(S) HEADER AND MANDATORY TRANSITION STATEMENT MUST BE PLACED **ON A SEPARATE WEB SCREEN** IMMEDIATELY BEFORE THE FIRST SUPPLEMENTAL ITEM WEB SCREEN.]

## MÁS PREGUNTAS SOBRE SUS EXPERIENCIAS EN ESTE HOSPITAL

Las preguntas 1-32 de esta encuesta son del Departamento de Salud y Servicios Humanos (HHS por sus siglas en inglés) de los Estados Unidos y se usan para medir la calidad. Cualquier pregunta adicional es de **[NAME OF HOSPITAL]** para recopilar más comentarios sobre la vez que estuvo en el hospital y no se compartirá con el HHS.

ATRÁS

SIGUIENTE

## GRACIAS

Usted ha llegado al final de la encuesta. Si ha terminado de responder las preguntas, haga clic en ENVIAR para finalizar la encuesta. Muchas gracias por su tiempo.

ATRÁS

ENVIAR

Las preguntas 1-32 de esta encuesta son obra del Gobierno de los Estados Unidos y son de dominio público y, por lo tanto, NO están sujetas a las leyes de derechos de autor de los Estados Unidos.

## **SAMPLE INITIAL EMAIL INVITATION**

### **PROGRAMMING SPECIFICATIONS:**

**Use this invitation for the first email to sampled patients with an email address, for the following modes:**

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

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Cuéntenos sobre la vez reciente que estuvo en el hospital [HOSPITAL NAME]

---

Querido/Querida [SAMPLED PATIENT FIRST AND LAST NAME]:

Nuestros registros indican que usted estuvo hospitalizado en [NAME OF HOSPITAL] y que le dieron de alta el [DATE OF DISCHARGE (mm/dd/yyyy)]. Como usted estuvo hospitalizado recientemente, queremos pedir su ayuda.

Para completar la encuesta, haga clic aquí. [PERSONALIZED LINK TO SURVEY]

La encuesta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de [NUMBER] minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

Si tiene alguna pregunta sobre esta encuesta, llame gratis al [PHONE NUMBER] (OPTIONAL TO STATE o envíe un correo electrónico a [EMAIL ADDRESS]).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,  
[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]



## **SAMPLE REMINDER EMAIL INVITATION**

### **PROGRAMMING SPECIFICATIONS:**

**Use this invitation for the reminder emails to sampled patients with an email address, for the following modes:**

- **Web-Mail (second and third email invitation)**
- **Web-Phone (second and third email invitation)**
- **Web-Mail-Phone (second email invitation)**

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Cuéntenos sobre la vez reciente que estuvo en el hospital [HOSPITAL NAME]

---

Querido/Querida [SAMPLED PATIENT FIRST AND LAST NAME]:

Hace unos días, le enviamos un correo electrónico para pedirle su opinión sobre su reciente experiencia en [HOSPITAL NAME] dado de alta el [MM/DD/YYYY]. Si ya completó la encuesta, se lo agradecemos mucho y no tiene que hacer caso de este mensaje. Sin embargo, si todavía no ha contestado la encuesta, por favor dedique unos minutos a hacerlo ahora.

Para completar la encuesta, haga clic aquí. [PERSONALIZED LINK TO SURVEY]

La encuesta forma parte de un esfuerzo para entender el punto de vista de los pacientes sobre la atención recibida en el hospital. La encuesta es patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos y completarla debería tomar alrededor de [NUMBER] minutos.

Su participación es voluntaria y sus respuestas se mantendrán privadas. Su información ayudará a mejorar la calidad de atención que ofrecen los hospitales y ayudará a otras personas a tomar decisiones más informadas sobre su atención médica. Puede ver los resultados actuales de la encuesta y las calificaciones de los hospitales que están disponibles en Care Compare en [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

Si tiene alguna pregunta sobre esta encuesta, llame gratis al [PHONE NUMBER] (OPTIONAL TO STATE o envíe un correo electrónico a [EMAIL ADDRESS]).

Apreciamos mucho su ayuda en mejorar la atención ofrecida por los hospitales.

Atentamente,  
[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]



## **APPENDIX P**

### **HCAHPS Web Survey (Chinese)**

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**The Chinese translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX Q**

### **HCAHPS Web Survey (Russian)**

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**The Russian translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX R**

### **HCAHPS Web Survey (Vietnamese)**

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**The Vietnamese translation will be  
made available after FY 2025 IPPS  
Final Rule is posted.**



## **APPENDIX S**

### **HCAHPS Web Survey (Portuguese)**

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**The Portuguese translation will be  
made available after FY 2025 IPPS  
Final Rule is posted.**



## **APPENDIX T**

### **HCAHPS Web Survey (German)**

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**The German translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX U**

### **HCAHPS Web Survey (Tagalog)**

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**The Tagalog translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX V**

### **HCAHPS Web Survey (Arabic)**

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**The Arabic translation will be made  
available after FY 2025 IPPS Final  
Rule is posted.**



## **APPENDIX W**

### **Interviewing Guidelines for Phone Surveys**

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# HCAHPS Survey

## Interviewing Guidelines

### Overview

These guidelines address expectations for interviewers conducting the CAHPS Hospital Survey (HCAHPS) by phone. To collect the highest quality data possible, phone interviewers must follow these guidelines while conducting phone interviews.

### General Interviewing Techniques

Interviewers must:

- study and thoroughly familiarize themselves with the HCAHPS Frequently Asked Questions (FAQs) document before they begin conducting phone interviews so that they are knowledgeable about the HCAHPS Survey
- read all questions in the indicated order and exactly as worded, so that all patients are answering the same question. Questions that are re-worded can bias the patient's response and the overall survey results.
- read all response choices in the indicated order and exactly as worded, or as directed.
  - Question 29, “What language do you mainly speak at home?” Interviewers read response choices if necessary and stop when patient provides a response. Not all response choices need to be read.
- not attempt to increase the likelihood of the patient providing one answer over another answer
- read all transitional phrases
  - An example of a transitional phrase that must be read can be found before Question 10 (Q10\_Intro): “The next questions are about your care in this hospital.”
- never skip over a question because they think the patient has answered it already
- speak in an upbeat and courteous tone
  - During the course of the survey, the use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma’am
    - Yes, Sir
- read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
- maintain a professional and neutral relationship with the patient at all times
- not provide personal information or opinions about the survey
- listen carefully to patient questions and offer concise responses. Interviewers may not provide extra information or lengthy explanations.
- not leave messages on answering machines or with household members. Interviewers should attempt to re-contact the patient to complete the HCAHPS Survey.
- tell the patient that there are no more questions and thank the patient for their time at the end of the survey
- not administer the HCAHPS Survey to any patient whom they know personally

## Introduction and Refusal Avoidance

For optimal response rates, it is important that phone interviewers attempt to avoid phone refusals from patients. The introduction and initial moments of the interview are critical to gaining cooperation from the patient.

Interviewers must:

- read the phone script introduction verbatim, unless the patient interrupts to ask a question or voices a concern
- speak clearly and politely to establish a rapport with the patient
- avoid long pauses
- not rush through the introduction
- be prepared to answer questions about the survey by familiarizing themselves with the survey and the HCAHPS FAQs document
- attempt to gain cooperation, but if the patient refuses, the interviewer should politely end the call. The interviewer should not argue with or antagonize the patient.

*Note: Under no circumstances are interviewers allowed to invite a patient to discontinue the survey. However, when it is clear a respondent is likely to discontinue the survey it is permissible for the interviewer to acknowledge the patient's difficulty and offer a few words of encouragement such as "we have just a few more questions to go."*

- If the interviewer reaches a health care facility staff member, the interviewer must request to get in touch with the sampled patient. Reiterate to the health care facility staff member the importance of the HCAHPS Survey, which is being administered on behalf of [HOSPITAL NAME] and that the HCAHPS Survey is part of a national initiative sponsored by the United States Department of Health and Human Services. If necessary, provide the staff member with the contact information at [HOSPITAL NAME] to verify this survey is legitimate.
- In instances where the patient is reluctant to answer "Yes" or "No" to the HCAHPS Survey question(s) and the patient's intended response(s), either positive or negative is clear, the patient's response should be accepted.

*Note: Patients, if otherwise eligible, residing in health care facilities such as an assisted living facility or group home, are to be included in the HCAHPS Sample Frame and attempts to contact the patient to administer the survey must be made to those patients drawn into the sample.*

*Note: Health care facility phone numbers cannot be placed on the survey vendor's/hospital's do-not-call list, even if requested by the health care facility staff.*

## Proxy Respondents:

- In the event that a sampled patient is unable to begin or complete the interview, the interview may be conducted with a proxy if the following conditions apply:
  - The sampled patient proactively requests that a proxy answer the survey (the interviewer may read PROXY2 without reading PROXY1) OR the interviewer determines the patient is struggling during the interview and asks the patient if they want someone to help them complete the survey
  - The interviewer obtains permission from the patient to interview the proxy\*
  - The proxy agrees to complete the HCAHPS Survey on behalf of the patient
    - either during the current call attempt
    - or at another time as designated by the proxy

- The patient need not be present when the interview with the proxy is conducted
- If the interviewer is unable to speak to the patient directly to identify a proxy respondent and obtain the patient’s permission for the proxy to do the interview for the patient, the interviewer must not proceed with the interview\*
- A script is included for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

*\*Permission from the patient is not necessary if the proxy indicates that the proxy has Power of Attorney for the patient.*

### **Answering Questions and Probing**

Interviewers need to probe when a patient fails to give a complete or an adequate answer to the HCAHPS questions. Interviewers must never interpret patient answers. Interviewers must not ask the patient probing questions about their health such as “How are you feeling today?” or “Are you having any pain?”

- Interviewer probes must be neutral and must not increase the likelihood of the patient providing one answer over another answer. Probes should stimulate the patient to give answers that meet the question objectives.
- Types of probes:
  - Interviewer repeats the question or the answer categories
  - Interviewer says:
    - “Take a minute to think about it.” REPEAT QUESTION, IF APPROPRIATE
    - “So, would you say that it is...” REPEAT ANSWER CATEGORIES
    - “Which would be closer?” REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE PATIENT’S RESPONSE
- Interviewers must not interpret survey questions for the patient. However, if the patient uses a word that clearly indicates yes/no, then the interviewer can accept those responses.

### **Instructions on Phone Scripts**

- MISSING/DON’T KNOW is a valid response option for each item in the electronic telephone interviewing system scripts; however, this option must not be read out loud to the patient. MISSING/DON’T KNOW response options allow the interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DON’T KNOW is coded as “M – Missing/Don't know.”
- Skip patterns should be programmed into the electronic telephone system
  - Appropriately skipped questions should be coded as “8 – Not applicable.” For example, if a patient answers “No” to Question 12 of the HCAHPS Survey, the program should skip Question 13, and go to Question 14. Question 13 must then be coded as “8 – Not applicable.” Coding may be done automatically by the telephone system or later during data preparation.
  - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as “M – Missing/Don't know.” For example, if the patient does not provide an answer to Question 12 of the HCAHPS Survey and the interviewer selects “MISSING/DON’T KNOW” to Question 12, then the telephone system should be programmed to skip Question 13, and go to Question 14. Question 13 must then be coded as “M – Missing/Don't know.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- There must be only one language (i.e., English, Spanish, Chinese, or Russian) that appears on the electronic telephone interviewing system screen





## **APPENDIX X**

### **Frequently Asked Questions for Customer Support**

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# HCAHPS Survey

## Frequently Asked Questions

### Overview

This document provides survey customer support personnel for all six modes of survey administration guidance on responding to frequently asked questions (FAQs) from patients answering the CAHPS Hospital Survey (HCAHPS). It provides answers to general questions about the survey, concerns about participating in the survey and questions about completing/returning the survey. Survey vendors/Hospitals may amend the document to be specific to their organization's operations, and/or revise individual responses for clarity.

*Note: Survey vendors/Hospitals conducting the HCAHPS Survey must NOT attempt to influence or encourage patients to answer items in a particular way. For example, the survey vendor/ hospital conducting the HCAHPS Survey must NOT say, imply or persuade patients to respond to items in a particular way. In addition, survey vendors/hospitals must NOT indicate or imply in any manner that the hospital, its personnel or its agents will appreciate or gain benefits if patients respond to the items in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines for more information on communicating with patients.*

### I. General Questions About the Survey

#### ➤ Who is conducting this survey? Who is sponsoring this survey?

[SURVEY VENDOR:] I'm an interviewer from the research organization [SURVEY VENDOR NAME]. [HOSPITAL NAME] has asked our organization to help conduct this survey to enable them to get feedback from their patients. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

[HOSPITAL:] [HOSPITAL NAME] is conducting this survey to get feedback from patients who were recently hospitalized. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

#### ➤ What is the purpose of the survey? How will the data be used?

The survey is part of a national initiative sponsored by the United States Department of Health and Human Services. Your participation is important, as this survey is designed to measure patients' perspectives on hospital care for public reporting. The data collected from the survey will be provided to consumers to help them make informed choices when selecting a hospital. It will also be used to help improve the quality of care provided by hospitals. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(https://www.medicare.gov/care-compare\)](https://www.medicare.gov/care-compare).

#### ➤ How can I verify this survey is legitimate?

You can contact [HOSPITAL NAME] at [PHONE NUMBER] for information about the survey.

*NOTE: SURVEY VENDORS OBTAIN CONTACT INFORMATION FROM THE HOSPITAL ABOUT WHO TO CONTACT TO VERIFY THE LEGITIMACY OF THE SURVEY.*

➤ **Is there a government agency that I can contact to find out more about this survey?**

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services through the HCAHPS Technical Assistance telephone number at 1-888-884-4007 or by email at [hcahps@hsag.com](mailto:hcahps@hsag.com).

➤ **On the cover letter/email invitation, there is a website listed where I can access information on hospital results. I do not have access to the Internet. How can I obtain information on the results for my hospital?**

If you do not have access to the internet, you can call 1-800-MEDICARE (1-800-633-4227) to obtain information on your hospital's results.

➤ **Are my answers confidential? Who will see my answers?**

*[SURVEY VENDOR:]* Your answers will be seen by the research staff, and may be shared with the hospital for purposes of quality improvement.

*[HOSPITAL:]* Your answers will be seen by the hospital staff administering the survey, and may be shared for purposes of quality improvement.

➤ **How long will this take?**

The survey takes about 8 minutes.

*NOTE: THE STATED NUMBER OF MINUTES TO COMPLETE THE SURVEY MUST BE AT LEAST 8 MINUTES. IF HOSPITAL-SPECIFIC SUPPLEMENTAL ITEMS ARE ADDED, THE NUMBER OF MINUTES SHOULD BE INCREASED AS FOLLOWS:*

- *IF 1 TO 5 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "9"*
- *IF 6 TO 9 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "10"*
- *IF 10 TO 12 SUPPLEMENTAL ITEMS ARE ADDED, "[NUMBER]" SHOULD EQUAL "11"*

➤ **What questions will be asked?**

The survey asks questions about the experiences you had receiving care and services from the hospital. There will be questions asking you about any problems you may have had receiving care or services. It asks you to rate different types of care and services you may have received.

➤ **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all recent patient discharges from [HOSPITAL NAME].

➤ **Where can I find the results of the survey?**

HCAHPS Survey results are published on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare) (<https://www.medicare.gov/care-compare>). These results are updated quarterly.

**II. Concerns About Participating in the Survey**

➤ **I don't do surveys.**

I understand; however, I hope you will consider participating. This is a very important study for [HOSPITAL NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.

➤ **I'm not interested.**

[HOSPITAL NAME] could really use your help. Could you tell me why you're not interested in participating?

➤ **I'm concerned the survey might be a "scam."**

Any alternative positive or negative response will be accepted.

➤ **I'm extremely busy. I don't really have the time.**

I know your time is limited; however, it is a very important survey, and I really appreciate your help.

*[FOR MAIL/WEB-FIRST SURVEY:]* The survey will take about [NUMBER] minutes to complete. Since we need to contact so many people, it would really help if you could return the survey within the next several days.

*[FOR PHONE SURVEY:]* Perhaps we could get started, and you can see what the questions are like. We can stop any time you like.

*[IF NECESSARY:]* The interview can be broken into parts, if necessary; you don't have to do the whole thing in one sitting.

*[IF NECESSARY:]* I can schedule it for any time that is convenient for you, including evenings or weekends if you prefer.

➤ **You called my cell phone. Can you call back after [PATIENT SPECIFY TIME]?**

Yes, can we call you back at [PATIENT SPECIFY]?

*[IF "NO": SET FUTURE DATE/TIME.]*

*NOTE: PHONE CALL ATTEMPTS ARE TO BE MADE BETWEEN THE HOURS OF 9 AM AND 9 PM, RESPONDENT TIME, UNLESS AN ALTERNATIVE TIME IS REQUESTED BY PATIENT.*

➤ **I don't want to answer a lot of personal questions.**

I understand your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

➤ **I'm very unhappy with [HOSPITAL NAME] and I don't see why I should help them with this survey.**

I'm sorry you're unhappy. This is a good reason for you to participate. Your responses will help the hospital understand what improvements are needed.

➤ **Do I have to complete the survey? What happens if I do not? Why should I?**

Your participation is voluntary. There are no penalties for not participating. But, it is a very important survey, and your answers will help us improve the quality of care [HOSPITAL NAME] provides and will also help other consumers make informed decisions when they choose a hospital.

➤ **Will I get junk mail if I answer this survey?**

No, you will not get any junk mail as a result of answering this survey.

➤ **I am on the *Do Not Call List*. Are you supposed to be calling me?**

The *Do Not Call List* prohibits sales and telemarketing calls. We're not selling anything nor asking for money. We are a survey research firm. Your hospital has asked us to help conduct this survey.

➤ **I don't want to buy anything.**

We're not selling anything or asking for money. We want to ask you some questions about the care and services provided by [HOSPITAL NAME].

### **III. Questions About Completing/Returning the Survey**

➤ **Is there a deadline to fill out the survey?**

*[FOR MAIL/WEB-FIRST SURVEY:]* Since we need to contact so many people, it would really help if you could return it within the next several days.

*[FOR PHONE SURVEY:]* We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have the time, maybe I could schedule an appointment for some time within the next several days.

➤ **Where do I put my name and address on the questionnaire?**

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire.

➤ **Can someone else complete the survey on behalf of the patient?**

Yes, someone may complete the survey for the patient with the patient's permission; however, it's preferred that the patient complete the survey.

➤ **As someone with Power of Attorney for the patient, may I complete the survey?**

Yes, you may complete the survey on behalf of the patient. *[FOR PHONE SURVEY: RESUME PHONE SCRIPT AND READ PROXY SCRIPT OR SET CALLBACK TO PROXY, AS APPLICABLE.]*

➤ **This patient you have reached is in a health care facility.**

This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. We are conducting a survey about health care. For this survey, we need to speak to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

*[IF NECESSARY:]* We are doing a very important study for [HOSPITAL NAME]. Survey results will help consumers choose a hospital and help hospitals improve the care they provide. The survey is part of a national initiative sponsored by the United States Department of Health and Human Services.

*[IF NECESSARY:]* You can contact [HOSPITAL NAME] at [PHONE NUMBER] for information about the survey.

*NOTE: PATIENTS IN HEALTH CARE FACILITIES SUCH AS LONG-TERM CARE FACILITIES, ASSISTED LIVING FACILITIES AND GROUP HOMES ARE ELIGIBLE FOR THE SURVEY.*





## **APPENDIX Y**

### **Sample Frame Layout**

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# HCAHPS Survey

## Sample Frame File Layout

Below is an example of a sample frame file layout. **Please note the following:**

1. The Sample Frame file is for internal survey vendor/hospital use only. The file is used to facilitate the standardized administration of the CAHPS Hospital Survey (HCAHPS) and includes the data elements necessary for data submission, sampling and proper record keeping. The patient identifying information and other *italicized* Data Element fields will **not** be submitted to CMS.
2. Survey vendors/Hospitals interested in producing a Sample Frame file as a fixed-width ASCII text file may, if they choose, utilize the provided field lengths as a guide.
3. **CMS strongly recommends that survey vendors/hospitals collect all data elements whether or not they are required for data submission.**

<b>Sample Frame File Layout</b>			
<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>	<b>Required for Data Submission</b>
Provider Name	100	Name of the Hospital	Yes
Provider ID	6	CMS Certification Number (formerly known as Medicare Provider Number)	Yes
<i>NPI</i>	10	National Provider Identifier (optional)	No
<i>Total Number of Ineligibles</i>	10	Number of patients who are ineligible for the HCAHPS Survey	No
<i>Total Number of Exclusions</i>	10	Number of patients who were excluded from the HCAHPS Survey	No
<i>“No-Publicity” Patients</i>	10	Number of “no-publicity” patients who were excluded by hospital (i.e., removed from the discharge file)	No
<i>Court/Law Enforcement Patients</i>	10	Number of Court/Law Enforcement patients who were excluded by hospital (i.e., removed from the discharge file) <i>(This applies to patients with Admission Source code UB-04 field location 15 of “8 – Court/Law Enforcement” or Discharge Status code UB-04 field location 17 of “21 – Discharged/Transferred to Court/Law Enforcement” and “87 – Discharge/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission.”)</i>	No

<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>	<b>Required for Data Submission</b>
<i>Patients with Foreign Home Address</i>	10	Number of patients with foreign home address who were excluded by hospital (i.e., removed from the discharge file) (the Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands are not considered foreign home address and therefore must not be excluded)	No
<i>Patients Discharged to Hospice Care</i>	10	Number of patients discharged to hospice care who were excluded by hospital (i.e., removed from the discharge file) (This applies to patients with Discharge Status code UB-04 field location 17 of “50 – Hospice – Home” and “51 – Hospice – Medical Facility.”)	No
<i>Patients who are Excluded because of State Regulations</i>	10	Number of patients who were excluded by hospital (i.e., removed from the discharge file) because of state regulations	No
<i>Patients Discharged to Nursing Home</i>	10	Number of patients discharged to nursing homes who were excluded by hospital (i.e., removed from the discharge file) (This applies to patients with Discharge Status codes UB-04 field location 17 of “3 – Medicare Certified Skilled Nursing Facility,” “61 – Medicare Approved Swing Bed within Hospital,” “64 – Medicaid Certified Nursing Facility,” “83 – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission,” and “92 – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission.”)	No
<i>Patient Discharges</i>	10	Number of patient discharges in the file	No
<b>Total Inpatient Discharges</b>	10	Number of <b>inpatient</b> discharges in the file	Yes, by month
<i>Inpatient Indicator</i>		0 = Not an Inpatient Discharge 1 = Inpatient Discharge	No
Eligible Discharges	10	Number of eligible discharges in the file <b>Note: This number may be the same as Patient Discharges if File Content is “2 – HCAHPS Sample Frame (Eligible Patient Discharges)”</b>	Yes, by month
Sample Size	10	Number of discharges to be sampled	Yes, by month

<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>	<b>Required for Data Submission</b>
Patient Unique ID	16	Survey vendor/Hospital generated, random, unique, de-identified Patient ID used to de-duplicate the file, and to track the patient's survey status through the survey administration process	Yes
<i>Patient First Name</i>	30	Name information used to personalize materials to patient	No
<i>Patient Middle Initial</i>	1		
<i>Patient Last Name</i>	30		
Patient Sex	1	1 = Male 2 = Female M = Unknown/Missing <i>Same as UB-04, Field Location 11</i>	Yes
<i>Patient Preferred Language</i>	2	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Vietnamese 6 = Portuguese 7 = German 8 = Tagalog 9 = Arabic 20 = Some other language M = Missing/Don't Know	No
<i>Patient Date of Birth</i>	8	MMDDYYYY Used by survey vendor/hospital to calculate patient's age at admission to confirm patient meets eligibility criteria <b><i>Note: Not required for data submission; however, this data element is required for HCAHPS eligibility verification</i></b>	No
<i>Patient Mailing Address 1</i>	50	Street address or post office box (Address information used in protocols that have a mail mode of survey administration)	No
<i>Patient Mailing Address 2</i>	50	Mailing address 2 <sup>nd</sup> line (if needed)	No
<i>Patient Mailing City</i>	50	Mailing city	No
<i>Patient Mailing State</i>	2	2-character state abbreviation	No
<i>Patient Mailing Zip Code</i>	9	9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4 digit extension)	No

<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>	<b>Required for Data Submission</b>
<i>Patient Phone Number 1</i>	10	3-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (Phone information used in protocols that involve a phone component as part of the mode of administration)	No
<i>Patient Phone Number 2</i>	10	3-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (Phone information used in protocols that involve a phone component as part of the mode of administration)	No
<i>Patient Email Address</i>	60	Username@domainname	No
<i>Patient Hospital Admission Date</i>	8	MMDDYYYY Used by survey vendor/hospital to confirm patient meets eligibility criteria	No
<i>Patient Hospital Discharge Date</i>	8	MMDDYYYY Used by survey vendor/hospital to confirm patient meets eligibility criteria	Only Discharge Month and Year are required
Point of Origin for Admission or Visit (Admission Source)	1	1 = Nonhealthcare Facility Point of Origin 2 = Clinic or Physician's Office 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF, ICF or ALF 6 = Transfer from another Healthcare Facility 8 = Court/Law Enforcement ( <i>Exclude</i> ) 9 = Information Not Available D = Transfer From One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E = Transfer from Ambulatory Surgery Center F = Transfer From Hospice Facility G = Transfer from a Designated Disaster Alternate Care Site (ACS)  <i>Source of inpatient admission for the patient same as UB-04 Field Location 15</i>	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient Discharge Status	2	1 = Home or Self-Care 2 = Short-Term General Hospital for Inpatient Care 3 = Medicare Certified Skilled Nursing Facility ( <i>Exclude</i> ) 4 = Intermediate Care Facility 5 = Designated Cancer Center or Children’s Hospital 6 = Home with Home Health Services 7 = Left Against Medical Advice 9 = Admitted As an Inpatient to This Hospital 20 = Expired ( <i>Exclude</i> ) 21 = Discharged/Transferred to Court/Law Enforcement ( <i>Exclude</i> ) 30 = Still a Patient ( <i>Exclude</i> ) 40 = Expired at Home ( <i>Exclude</i> ) 41 = Expired in Medical Facility ( <i>Exclude</i> ) 42 = Expired, Place Unknown ( <i>Exclude</i> ) 43 = Federal Health Care Facility 50 = Hospice – Home ( <i>Exclude</i> ) 51 = Hospice – Medical Facility ( <i>Exclude</i> ) 61 = Medicare Approved Swing Bed Within Hospital ( <i>Exclude</i> ) 62 = Inpatient Rehabilitation Facility 63 = Long-Term Care Hospital 64 = Medicaid Certified Nursing Facility ( <i>Exclude</i> ) 65 = Psychiatric Hospital or Psychiatric Unit 66 = Critical Access Hospital 69 = Discharged/Transferred to a Designated Disaster Alternative Care Site (An alternate care site [ACS] provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those resources were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.) 70 = Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
		<p>81 = Discharged to Home or Self-Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>82 = Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>83 = Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission (<i>Exclude</i>)</p> <p>84 = Discharged/Transferred to a Facility That Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>85 = Discharged/Transferred to a Designated Cancer Center or Children’s Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>86 = Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission</p> <p>87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (<i>Exclude</i>)</p> <p>88 = Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission</p> <p>89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission</p> <p>90 = Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <p>91 = Discharged/Transferred to a Medicare Certified Long-term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission</p>	



Data Element	Length	Value Labels and Use	Required for Data Submission
		92 = Discharged/Transferred to a Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission ( <i>Exclude</i> ) 93 = Discharged/Transferred to a Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission 94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission 95 = Discharged/Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission M = Missing  <i>Patient's discharge disposition same as UB-04 Field Location 17</i>	
<i>Patient MS-DRG at Discharge</i>	3	Principal Reason for Hospital Stay MS-DRG at <b>Discharge</b>	No
Determination of Service Line	2	1 = V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes 2 = CMS V.24 DRG codes 3 = Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 4 = ICD-10 or ICD-9 codes 5 = Hospital unit 6 = APR-DRG codes 7 = Other – Approved Exception Request only 8 = Single Service Line – Maternity Care Only 9 = Single Service Line – Medical Only 10 = Single Service Line – Surgical Only	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Service Line	1	1 = Maternity Care 2 = Medical 3 = Surgical X = Ineligible M = Missing  Assigned by utilizing information contained in the MS-DRG Codes and Service Line Categories Table (see <i>Sampling Protocol</i> section), or from other approved sources  <i>Note: It is strongly recommended that the survey vendor/hospital assign the HCAHPS Service Line based on the information provided by the client hospital (e.g., Patient MS-DRG at Discharge). If client hospitals assign the service line, then survey vendors must validate that the service line is assigned appropriately and is in accordance with the method identified in the “Determination of Service Line” field.</i>	Yes
Type of Sampling Utilized	1	1 = Simple Random Sample (“1” should also be used when 100% of the eligible population is sampled) 2 = Proportionate Stratified Random Sample 3 = Disproportionate Stratified Random Sample	Yes
<p><b>NOTE: If Type of Sampling utilized is “3 – Disproportionate Stratified Random Sample” (DSRS) the following four fields are required: Name of Stratum, Total Number of Inpatient Discharges in this Stratum, Total Number of Eligible Patients in this Stratum, and Number of Patients Sampled from this Stratum. These four variables will be repeated for each stratum in the sample. Also, at least two strata names should be defined, and strata names should be the same within a quarter. In addition, each stratum must contain a <u>minimum of ten sampled discharges</u>, in every stratum in every month.</b></p>			
DSRS Strata Name <i>(If DSRS is used)</i>	45	Name of stratum	Yes, if DSRS
DSRS Inpatient <i>(If DSRS is used)</i>	10	Total number of <b>Inpatient</b> discharges in this stratum	Yes, if DSRS
DSRS Eligible <i>(If DSRS is used)</i>	10	Total number of <b>Eligible</b> patients in this stratum (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS

<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>	<b>Required for Data Submission</b>
DSRS Sample Size <i>(If DSRS is used)</i>	10	Number of <b>Sampled</b> patients in this stratum <i>(Note: There must be a minimum of 10 eligible discharges sampled in each stratum in each month)</i> (This variable will be utilized to weight the data appropriately to adjust for DSRS.)	Yes, if DSRS



## **APPENDIX Z**

### **Data File Structure Version 4.7**

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# HCAHPS Survey

## Data File Structure Version 4.7

This Data File Structure applies to **1Q 2025 discharges and forward**, and corresponds to the XML File Specifications Version 4.7.

**Data Type:**   **A = Alphanumeric**  
                   **N = Numeric**

HEADER RECORD					
Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Provider Name <provider-name>	Name of the Hospital	A	100	Yes	
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces  Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number)
NPI <npi>	National Provider Identifier	N	10	No	No dashes or spaces  Valid 10-digit National Provider Identifier. This is an optional data element.
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2025 or greater; cannot be 9999)  <i>Note: Use of version 4.7 requires a 1Q 2025 or greater discharge.</i>
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)
Survey Mode <survey-mode>	Mode of survey administration	A	1	Yes	Mail only 1 Phone only 2 Mail-Phone 3 <b>Web-Mail 4</b> <b>Web-Phone 5</b> <b>Web-Mail-Phone 6</b>  <i>Note: The Survey Mode must be the same for all three months within a quarter.</i>

## HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Determination of Service Line <determination-of-service-line>	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS Survey	N	2	Yes	V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26 or V.25 MS-DRG codes 1 CMS V.24 DRG codes 2 Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes 3 ICD-10 or ICD-9 codes 4 Hospital unit 5 APR DRG codes 6 Other—Approved Exception Request only 7 <b>Single Service Line - Maternity Care Only 8</b> <b>Single Service Line - Medical Only 9</b> <b>Single Service Line - Surgical Only 10</b>  <i>Note: The Determination of Service Line must be the same for all three months within a quarter.</i>
Total Inpatient Discharges <number-inpatient-discharge>	Total number of inpatient discharges in the month	N	10	Yes	
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	<i>Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count.</i>
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	
Type of Sampling <sample-type>	Type of sampling utilized	N	1	Yes	Simple Random Sample (SRS) 1 ("1" should be used when 100% of the eligible population is sampled.) Proportionate Stratified Random Sample (PSRS) 2 Disproportionate Stratified Random Sample (DSRS) 3  <i>Note: Sample Type must be the same for all three months within a quarter.</i>



## HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
DSRS Strata Name <strata-name>	If Disproportionate Stratified Random Sample (DSRS) is used, the name of stratum	A	45	Yes, if DSRS	If DSRS, then at least two strata names should be defined. Strata names should be the same within a quarter. If not DSRS, do not include tag in the XML file.
DSRS Inpatient <dsrs-inpatient>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of inpatient discharges within the stratum	N	10	Yes, if DSRS	If not DSRS, do not include tag in the XML file.
DSRS Eligible <dsrs-eligible>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of eligible patients within the stratum	N	10	Yes, if DSRS	If not DSRS, do not include tag in the XML file.
DSRS Sample Size <dsrs-samplesize>	If Disproportionate Stratified Random Sample (DSRS) is used, this is the number of sampled patients within the stratum	N	10	Yes, if DSRS	If DSRS, then must have a minimum of ten <u>sampl</u> ed discharges in every stratum in every month. If not DSRS, do not include tag in the XML file.

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Provider ID <provider-id>	CMS Certification Number	A	10	Yes	No dashes or spaces Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number)
Discharge Year <discharge-yr>	Year of discharge	N	4	Yes	YYYY (2025 or greater; cannot be 9999) <i>Note: Use of version 4.7 requires a IQ 2025 or greater discharge.</i>
Discharge Month <discharge-month>	Month of discharge	N	2	Yes	MM (01–12 = January–December; cannot be 00, 13–99)

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values																						
Patient ID <patient-id>	Random, unique, de-identified, patient ID assigned by hospital/survey vendor	A	16	Yes	Maximum of 16 characters																						
Point of Origin for Admission or Visit <admission-source>	Source of inpatient admission for the patient (same as UB-04 field location 15)	A	1	Yes	<table style="width: 100%; border: none;"> <tr><td>Nonhealthcare Facility Point of Origin</td><td style="text-align: right;">1</td></tr> <tr><td>Clinic or Physician’s Office</td><td style="text-align: right;">2</td></tr> <tr><td>Transfer from a Hospital (Different Facility)</td><td style="text-align: right;">4</td></tr> <tr><td>Transfer from a SNF, ICF, or ALF</td><td style="text-align: right;">5</td></tr> <tr><td>Transfer from Another Healthcare Facility</td><td style="text-align: right;">6</td></tr> <tr><td>Court/Law Enforcement</td><td style="text-align: right;">8</td></tr> <tr><td>Information Not Available</td><td style="text-align: right;">9</td></tr> <tr><td>Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</td><td style="text-align: right;">D</td></tr> <tr><td>Transfer from Ambulatory Surgery Center</td><td style="text-align: right;">E</td></tr> <tr><td>Transfer from a Hospice Facility</td><td style="text-align: right;">F</td></tr> <tr><td>Transfer from a Designated Disaster Alternate Care Site (ACS)</td><td style="text-align: right;">G</td></tr> </table>	Nonhealthcare Facility Point of Origin	1	Clinic or Physician’s Office	2	Transfer from a Hospital (Different Facility)	4	Transfer from a SNF, ICF, or ALF	5	Transfer from Another Healthcare Facility	6	Court/Law Enforcement	8	Information Not Available	9	Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer	D	Transfer from Ambulatory Surgery Center	E	Transfer from a Hospice Facility	F	Transfer from a Designated Disaster Alternate Care Site (ACS)	G
Nonhealthcare Facility Point of Origin	1																										
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Transfer from Ambulatory Surgery Center	E																										
Transfer from a Hospice Facility	F																										
Transfer from a Designated Disaster Alternate Care Site (ACS)	G																										
Reason Admission <principal-reason-admission>	Service line (Based on discharge MS-DRG)	A	1	Yes	<table style="width: 100%; border: none;"> <tr><td>Maternity Care</td><td style="text-align: right;">1</td></tr> <tr><td>Medical</td><td style="text-align: right;">2</td></tr> <tr><td>Surgical</td><td style="text-align: right;">3</td></tr> <tr><td style="color: red;">Ineligible</td><td style="text-align: right; color: red;">X</td></tr> <tr><td>Missing</td><td style="text-align: right;">M</td></tr> </table> <p><i>Note: It is anticipated that the Service Line will not be coded as “Missing.” Male patients should not be reported in the Maternity Service Line.</i></p>	Maternity Care	1	Medical	2	Surgical	3	Ineligible	X	Missing	M												
Maternity Care	1																										
Medical	2																										
Surgical	3																										
Ineligible	X																										
Missing	M																										

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values																																																		
Discharge Status <discharge-status>	Patient's discharge status (same as UB-04 field location 17)	A	2	Yes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Home or Self-Care</td><td style="text-align: right; padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">Short-Term General Hospital for Inpatient Care</td><td style="text-align: right; padding: 2px;">2</td></tr> <tr><td style="padding: 2px;">Medicare Certified Skilled Nursing Facility</td><td style="text-align: right; padding: 2px;">3</td></tr> <tr><td style="padding: 2px;">Intermediate Care Facility</td><td style="text-align: right; padding: 2px;">4</td></tr> <tr><td style="padding: 2px;">Designated Cancer Center or Children's Hospital</td><td style="text-align: right; padding: 2px;">5</td></tr> <tr><td style="padding: 2px;">Home with Home Health Services</td><td style="text-align: right; padding: 2px;">6</td></tr> <tr><td style="padding: 2px;">Left Against Medical Advice</td><td style="text-align: right; padding: 2px;">7</td></tr> <tr><td style="padding: 2px;">Admitted As an Inpatient to This Hospital</td><td style="text-align: right; padding: 2px;">9</td></tr> <tr><td style="padding: 2px;">Expired</td><td style="text-align: right; padding: 2px;">20</td></tr> <tr><td style="padding: 2px;">Discharged/Transferred to Court/Law Enforcement</td><td style="text-align: right; padding: 2px;">21</td></tr> <tr><td style="padding: 2px;">Still a Patient</td><td style="text-align: right; padding: 2px;">30</td></tr> <tr><td style="padding: 2px;">Expired at Home</td><td style="text-align: right; padding: 2px;">40</td></tr> <tr><td style="padding: 2px;">Expired in a Medical Facility</td><td style="text-align: right; padding: 2px;">41</td></tr> <tr><td style="padding: 2px;">Expired, Place Unknown</td><td style="text-align: right; padding: 2px;">42</td></tr> <tr><td style="padding: 2px;">Federal Health Care Facility</td><td style="text-align: right; padding: 2px;">43</td></tr> <tr><td style="padding: 2px;">Hospice—Home</td><td style="text-align: right; padding: 2px;">50</td></tr> <tr><td style="padding: 2px;">Hospice—Medical Facility</td><td style="text-align: right; padding: 2px;">51</td></tr> <tr><td style="padding: 2px;">Medicare Approved Swing Bed Within Hospital</td><td style="text-align: right; padding: 2px;">61</td></tr> <tr><td style="padding: 2px;">Inpatient Rehabilitation Facility</td><td style="text-align: right; padding: 2px;">62</td></tr> <tr><td style="padding: 2px;">Long-Term Care Hospital</td><td style="text-align: right; padding: 2px;">63</td></tr> <tr><td style="padding: 2px;">Medicaid Certified Nursing Facility</td><td style="text-align: right; padding: 2px;">64</td></tr> <tr><td style="padding: 2px;">Psychiatric Hospital or Psychiatric Unit</td><td style="text-align: right; padding: 2px;">65</td></tr> <tr><td style="padding: 2px;">Critical Access Hospital</td><td style="text-align: right; padding: 2px;">66</td></tr> <tr><td style="padding: 2px;">Discharged/Transferred to a Designated Disaster Alternative Care Site (An Alternate Care Site (ACS) Provides Basic Patient Care During a Disaster Response to a Population that Would Otherwise Be Hospitalized or in a Similar Level of Dependent Care if Those Resources Were Available During the Disaster. The Federal Government or State Government Must Declare the Disaster. ACS is Not An Institution; Most Likely it Would Be An Armory or Stadium.</td><td style="text-align: right; padding: 2px;">69</td></tr> <tr><td style="padding: 2px;">Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List</td><td style="text-align: right; padding: 2px;">70</td></tr> </table>	Home or Self-Care	1	Short-Term General Hospital for Inpatient Care	2	Medicare Certified Skilled Nursing Facility	3	Intermediate Care Facility	4	Designated Cancer Center or Children's Hospital	5	Home with Home Health Services	6	Left Against Medical Advice	7	Admitted As an Inpatient to This Hospital	9	Expired	20	Discharged/Transferred to Court/Law Enforcement	21	Still a Patient	30	Expired at Home	40	Expired in a Medical Facility	41	Expired, Place Unknown	42	Federal Health Care Facility	43	Hospice—Home	50	Hospice—Medical Facility	51	Medicare Approved Swing Bed Within Hospital	61	Inpatient Rehabilitation Facility	62	Long-Term Care Hospital	63	Medicaid Certified Nursing Facility	64	Psychiatric Hospital or Psychiatric Unit	65	Critical Access Hospital	66	Discharged/Transferred to a Designated Disaster Alternative Care Site (An Alternate Care Site (ACS) Provides Basic Patient Care During a Disaster Response to a Population that Would Otherwise Be Hospitalized or in a Similar Level of Dependent Care if Those Resources Were Available During the Disaster. The Federal Government or State Government Must Declare the Disaster. ACS is Not An Institution; Most Likely it Would Be An Armory or Stadium.	69	Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List	70
Home or Self-Care	1																																																						
Short-Term General Hospital for Inpatient Care	2																																																						
Medicare Certified Skilled Nursing Facility	3																																																						
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Discharged/Transferred to Healthcare Institution Not Defined Elsewhere in the Code List	70																																																						

**PATIENT ADMINISTRATIVE DATA RECORD**

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
					Discharged to Home or Self-Care with a Planned Acute Care Hospital Inpatient Readmission 81
					Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission 82
					Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission 83
					Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission 84
					Discharged/Transferred to a Designated Cancer Center or Children’s Hospital with a Planned Acute Care Hospital Inpatient Readmission 85
					Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission 86
					Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission 87
					Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission 88
					Discharged/Transferred to a Hospital-based Medicare-Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission 89

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
					Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission 90 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission 91 Discharged/Transferred to a Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission 92 Discharged/Transferred to a Psychiatric Distinct Part unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission 93 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission 94 Discharged/Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission 95 Missing M
Strata Name <strata-name>	If sampling type is DSRS, this is the name of the stratum the patient belongs to	A	45	Yes, if DSRS	If not DSRS, do not include this tag in XML file.  If DSRS, use one of the names previously defined in the header record.

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Final Survey Status <survey-status>	Disposition of survey	A	2	Yes	Completed survey 1 Ineligible: Deceased 2 Ineligible: Not in eligible population 3 Ineligible: Language barrier 4 Ineligible: Mental/physical incapacity 5 Non-response: Break off 6 Non-response: Refusal 7 Non-response: Non-response after maximum attempts 8 Non-response: Bad address 9 Non-response: Bad/no phone number 10 Missing M  <i>Note: It is anticipated that the Final Survey Status will not be coded as "Missing."</i>
Survey Completion Mode <survey-completion-mode>	Survey Mode used to complete a survey administered in the Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone modes	N	2	Yes, if Survey Mode is Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone and Survey Status is "1-Completed Survey" or "6-Non-response: Break off"	Mail-Phone mode-mail 1 Mail-Phone mode-phone 2 Web-Mail mode-web 3 Web-Mail mode-mail 4 Web-Phone mode-web 5 Web-Phone mode-phone 6 Web-Mail-Phone mode-web 7 Web-Mail-Phone mode-mail 8 Web-Mail-Phone mode-phone 9 Not applicable 10

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Survey Attempts Phone <number-survey-attempts-phone>	Number of phone attempts	N	1	Yes, if Survey Mode is Phone Only, Mail- Phone if "Survey Completion Mode" field is "2- Mail- Phone mode- phone," Web-Phone if "Survey Completion Mode" field is "6 - Web- Phone mode- phone," or Web-Mail- Phone if "Survey Completion Mode" field is "9 - Web- Mail- Phone mode- phone"	First Phone attempt Second Phone attempt Third Phone attempt Fourth Phone attempt Fifth Phone attempt Not applicable	1 2 3 4 5 8

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Survey Attempts Mail <number-survey-attempts-mail>	Mail wave for which the survey was completed or final survey status determined	N	1	Yes, if Survey Mode is Mail Only or Survey Mode is Web-Mail if "Survey Completion Mode" field is "4 – Web-Mail mode-mail"	First wave mailing 1 Second wave mailing 2 Not applicable 8
Survey Attempts Web <number-survey-attempts-web>	Email invitation for which the survey was completed or final survey status code is determined	N	1	Yes, if Survey Mode is Web-Mail if "Survey Completion Mode" field is "3 – Web-Mail mode-web," Survey Mode is Web-Phone if "Survey Completion Mode" field is "5 – Web-Phone mode-web," or Survey Mode is Web-Mail-Phone if "Survey Completion Mode" field is "7 – Web-Mail-Phone mode-web"	First email invitation 1 Second email invitation 2 Third email invitation 3 Not applicable 8



## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values	
Email Status <email-status>	Indicates if a valid patient email address was provided	N	1	Yes, if Survey Mode is Web-Mail, Web-Phone, or Web-Mail-Phone	Yes No Not applicable	1 2 8
Survey Language <language>	Identify survey language in which the survey was administered (or attempted to be administered)	N	2	Yes	English Spanish Chinese Russian Vietnamese Portuguese German Tagalog Arabic Not applicable	1 2 3 4 5 6 7 8 9 20
Lag Time <lag-time>	Number of days between the patient's discharge date and the end of data collection for that patient	N	3	Yes	000–365 888 = Not applicable  <i>Note: The Lag Time must be included for all HCAHPS Final Survey Status codes. It is anticipated that the Lag Time will not be coded as "Missing or 888."</i>	
Supplemental Question Count <supplemental-question-count>	The count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered	A	2	Yes for all HCAHPS Final Survey Status Codes	0–12 M – Missing  <i>Note: It is anticipated that the Supplemental Question Count will not be coded as "Missing."</i>	
Patient Sex <patient-sex>	Patient's sex (same as UB-04 field location 11)	A	1	Yes	Male Female Missing	1 2 M

## PATIENT ADMINISTRATIVE DATA RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values																																		
Age at Admission <patient-age>	Patient's age at hospital admission	A	2	Yes	<table style="width: 100%; border: none;"> <tr><td>Under 18</td><td style="text-align: right;">0</td></tr> <tr><td>18–24</td><td style="text-align: right;">1</td></tr> <tr><td>25–29</td><td style="text-align: right;">2</td></tr> <tr><td>30–34</td><td style="text-align: right;">3</td></tr> <tr><td>35–39</td><td style="text-align: right;">4</td></tr> <tr><td>40–44</td><td style="text-align: right;">5</td></tr> <tr><td>45–49</td><td style="text-align: right;">6</td></tr> <tr><td>50–54</td><td style="text-align: right;">7</td></tr> <tr><td>55–59</td><td style="text-align: right;">8</td></tr> <tr><td>60–64</td><td style="text-align: right;">9</td></tr> <tr><td>65–69</td><td style="text-align: right;">10</td></tr> <tr><td>70–74</td><td style="text-align: right;">11</td></tr> <tr><td>75–79</td><td style="text-align: right;">12</td></tr> <tr><td>80–84</td><td style="text-align: right;">13</td></tr> <tr><td>85–89</td><td style="text-align: right;">14</td></tr> <tr><td>90 or older</td><td style="text-align: right;">15</td></tr> <tr><td>Missing/Unknown</td><td style="text-align: right;">M</td></tr> </table> <p style="font-style: italic; margin-top: 10px;">Note: Sampled patients must be age 18 or above at the time of admission.</p>	Under 18	0	18–24	1	25–29	2	30–34	3	35–39	4	40–44	5	45–49	6	50–54	7	55–59	8	60–64	9	65–69	10	70–74	11	75–79	12	80–84	13	85–89	14	90 or older	15	Missing/Unknown	M
Under 18	0																																						
18–24	1																																						
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60–64	9																																						
65–69	10																																						
70–74	11																																						
75–79	12																																						
80–84	13																																						
85–89	14																																						
90 or older	15																																						
Missing/Unknown	M																																						

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q1 <nurse-courtesy-respect>	“During this hospital stay, how often did nurses treat you with courtesy and respect?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q2 <nurse-listen>	“During this hospital stay, how often did nurses listen carefully to you?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q3 <nurse-explain>	“During this hospital stay, how often did nurses explain things in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q4 <dr-courtesy-respect>	“During this hospital stay, how often did doctors treat you with courtesy and respect?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q5 <dr-listen>	“During this hospital stay, how often did doctors listen carefully to you?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q6 <dr-explain>	“During this hospital stay, how often did doctors explain things in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q7 <cleanliness>	“During this hospital stay, how often were your room and bathroom kept clean?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q8 <rest>	“During this hospital stay, how often were you able to get the rest you needed?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q9 <quiet>	“During this hospital stay, how often was the area around your room quiet at night?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q10 <informed-care>	“During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q11 <hosp-staff>	“During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Missing/Don’t Know M
Q12 <bathroom-screener>	“During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?” <b>(Screener 1)</b>	A	1	Yes	Yes 1 No 2 Missing/Don’t Know M
Q13 <bathroom-help>	“How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q14 <help-right-away>	“During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 I never asked for help right away 9 Missing/Don’t Know M
Q15 <new-med-screener>	“During this hospital stay, were you given any medicine that you had not taken before?” <b>(Screener 2)</b>	A	1	Yes	Yes 1 No 2 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q16 <med-for>	“Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q17 <side-effects>	“Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”	A	1	Yes	Never 1 Sometimes 2 Usually 3 Always 4 Not applicable 8 Missing/Don’t Know M
Q18 <rest-recovery>	“During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?”	A	1	Yes	Yes, definitely 1 Yes, somewhat 2 No 3 Missing/Don’t Know M
Q19 <care-after-stay>	“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?”	A	1	Yes	Yes, definitely 1 Yes, somewhat 2 No 3 Missing/Don’t Know M
Q20 <information-about-symptoms>	“Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?”	A	1	Yes	Yes, definitely 1 Yes, somewhat 2 No 3 I did not have family or a caregiver watch for symptoms or health problems 9 Missing/Don’t Know M
Q21 <discharge-screener>	“When you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?” <b>(Screener 3)</b>	A	1	Yes	Own Home 1 Someone else’s home 2 Another health facility 3 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q22 <help-after-discharge>	“During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?”	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don’t Know M
Q23 <symptoms>	“During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”	A	1	Yes	Yes 1 No 2 Not Applicable 8 Missing/Don’t Know M
Q24 <overall-rate>	“Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?”	A	2	Yes	Worst hospital possible 0 1 2 3 4 5 6 7 8 9 Best hospital possible 10 Missing/Don’t Know M
Q25 <recommend>	“Would you recommend this hospital to your friends and family?”	A	1	Yes	Definitely no 1 Probably no 2 Probably yes 3 Definitely yes 4 Missing/Don’t Know M
Q26 <planned-stay>	“Was this hospital stay planned in advance?”	A	1	Yes	Yes, definitely 1 Yes, somewhat 2 No 3 Missing/Don’t Know M
Q27 <overall-health>	“In general, how would you rate your overall health?”	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q28 <mental-health>	“In general, how would you rate your overall mental or emotional health?”	A	1	Yes	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Missing/Don’t Know M
Q29 <language-speak>	“What language do you mainly speak at home?”	A	2	Yes	English 1 Spanish 2 Chinese 3 Another language 20 Missing/Don’t Know M
Q30 <education>	“What is the highest grade or level of school that you have completed?”	A	1	Yes	8 <sup>th</sup> grade or less 1 Some high school, but did not graduate 2 High school graduate or GED 3 Some college or 2-year degree 4 4-year college graduate 5 More than a 4-year college degree 6 Missing/Don’t Know M
Q31 <ethnic>	“Are you of Spanish, Hispanic, or Latino origin?”	A	1	Yes	No, not Spanish/Hispanic/Latino 1 Yes, Cuban 2 Yes, Mexican, Mexican American, Chicano 3 Yes, Puerto Rican 4 Yes, other Spanish/Hispanic/Latino 5 Missing/Don’t Know M
Q32 <race-amer-indian-ak>	“What is your race? Please choose one or more.”	A	1	Yes	American Indian or Alaska Native 1 Not American Indian or Alaska Native 0 Missing/Don’t Know M
Q32 <race-asian>	“What is your race? Please choose one or more.”	A	1	Yes	Asian 1 Not Asian 0 Missing/Don’t Know M
Q32 <race-african-amer>	“What is your race? Please choose one or more.”	A	1	Yes	Black or African American 1 Not Black or African American 0 Missing/Don’t Know M

## PATIENT RESPONSE RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Q32 <race-hi-pacific-islander>	“What is your race? Please choose one or more.”	A	1	Yes	Native Hawaiian or Other Pacific Islander      1 Not Native Hawaiian or Other Pacific Islander      0 Missing/Don’t Know      M
Q32 <race-white>	“What is your race? Please choose one or more.”	A	1	Yes	White      1 Not White      0 Missing/Don’t Know      M



## **APPENDIX AA**

### **XML File Layout Version 4.7**

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## Hospital CAHPS XML File Specification Version 4.7

This XML file specification (Version 4.7) applies to **1Q 2025 discharges and forward**.

Each file submission will represent one month of survey data for each hospital.

An HCAHPS XML file is made up of 3 parts: **1) header record 2) administrative data record 3) survey results record**.

There should be only one header record for each HCAHPS XML file. Each patient within the HCAHPS XML file should have an administrative data record, and if survey results are being submitted for the patient, they should have the survey results record.

Each field (except fields **strata-name**, **dsrs-inpatient**, **dsrs-eligible**, **dsrs-samplesize** and **npi** - see data element description for more details) of the header record and administrative data requires an entry for a valid data submission.

Survey results records are not required for a valid data submission but if survey results are included, then all answers must have an entry. Survey results records are required if the final <survey-status> is "1 - Completed survey" or "6 - Non-response: Break off".

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;monthlydata&gt;</b> Opening Tag, defines the monthly survey data	This is the opening element of the file. The closing tag for this element will be at the end of the file. Attributes describe the element and are included within the opening and closing <> This XML tag should be defined with its attributes as shown below - <b>&lt;monthlydata xmlns="http://hcahps.ifmc.org" xmlns:xsi="http://www.w3.org/2025/XMLSchema-instance"&gt;</b>					
	See example.	N/A	N/A	NA	N/A	Yes
<b>The following section defines the format of the header record.</b>						
<b>&lt;header&gt;</b> Opening Tag, defines the header record of monthly survey data	This is the opening element of the header record. The closing tag for this element will be at the end of the header record. <b>Note:</b> This tag is required in the XML document, however, it contains no data. This header element should only occur once per file.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-name&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example:</b> <b>&lt;provider-name&gt;Sample Hospital&lt;/provider-name&gt;</b>					
	None	Name of the hospital represented by the survey.	N/A	Alphanumeric Character	100	Yes
<b>&lt;provider-id&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example:</b> <b>&lt;provider-id&gt;123456&lt;/provider-id&gt;</b>					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
<b>&lt;npi&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag, but with a forward slash. This header element should only occur once per file. This is an optional data element at this time but may be required in the future. <b>Example:</b> <b>&lt;npi&gt;1234567890&lt;/npi&gt;</b>					
	None	National Provider Identifier	Valid 10 digit National Provider Identifier.	Numeric	10	No
<b>&lt;discharge-yr&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example:</b> <b>&lt;discharge-yr&gt;2025&lt;/discharge-yr&gt;</b>					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;discharge-month&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example: &lt;discharge-month&gt;1&lt;/discharge-month&gt;</b>					
	None	Month patient was discharged from the hospital.	MM MM = (1-12) (cannot be 00, 13-99)	Numeric	2	Yes
<b>&lt;survey-mode&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. <i>Note: The Survey Mode must be the same for all three months within a quarter.</i> <b>Example: &lt;survey-mode&gt;1&lt;/survey-mode&gt;</b>					
	None	Mode of survey administration. Survey Mode must be the same for all three months within a quarter. Survey Mode cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - Mail Only	Numeric	1	Yes
			2 - Phone Only			
			3 - Mail-Phone			
			4 - Web-Mail			
			5 - Web-Phone			
6 - Web-Mail-Phone						
<b>&lt;determination-of-service-line&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header data element should only occur once per file. <i>Note: The Determination of Service Line must be the same for all three months within a quarter.</i> <b>Example: &lt;determination-of-service-line&gt;1&lt;/determination-of-service-line&gt;</b>					
	None	Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS Survey. Determination of Service Line must be the same for all three months within a quarter. Determination of Service Line cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, or V.25 MS-DRG codes	Numeric	2	Yes
			2 - CMS V.24 DRG codes			
			3 - Mix of V.43, V.42, V.41, V.40, V.39, V.38, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25 or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes			
			4 - ICD-10 or ICD-9 codes			
			5 - Hospital unit			
			6 - APR-DRG codes			
			7 - Other - Approved Exception Request only			
			8 - Single Service Line - Maternity Care Only			
			9 - Single Service Line - Medical Only			
			10 - Single Service Line - Surgical Only			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;number-inpatient-discharge&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;number-inpatient-discharge&gt;800&lt;/number-inpatient-discharge&gt;</b>					
	None	Number of inpatients discharged from the hospital for the month.	N/A	Numeric	10	Yes
<b>&lt;number-eligible-discharge&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;number-eligible-discharge&gt;650&lt;/number-eligible-discharge&gt;</b>					
	None	Number of eligible patients discharged from the hospital for the month.	N/A	Numeric	10	Yes
<b>&lt;sample-size&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example: &lt;sample-size&gt;600&lt;/sample-size&gt;</b>					
	None	Number of eligible patients drawn into the sample for survey administration.	N/A	Numeric	10	Yes
<b>&lt;sample-type&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <i>Note: Sample Type must be the same for all three months within a quarter.</i> <b>Example: &lt;sample-type&gt;3&lt;/sample-type&gt;</b>					
	None	Sample type must be the same for all three months within a quarter. Sample Type cannot be modified once two months of data in the quarter have been submitted and accepted.	1 - Simple random sample	Numeric	1	Yes
			2 - Proportionate stratified random sample			
			3 - Disproportionate stratified random sample			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;dsrs-strata&gt;</b> Sub-element of header</p>		<p>This is the beginning tag for the section that is used to collect data elements for sample type of Disproportionate Stratified Random Sample (DSRS). This tag is only used if the sampling type is DSRS (sample-type = 3). If the sampling type is DSRS, the XML file must include one <b>&lt;dsrs-strata&gt;</b> tag for each strata being defined. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b></p> <p>Each &lt;dsrs-strata&gt; section, must have one each of the following associated data elements as shown below -</p> <p><b>Example: The following is an example that displays two strata being defined -</b></p> <pre> &lt;dsrs-strata&gt;   &lt;strata-name&gt;example strata one&lt;/strata-name&gt;   &lt;dsrs-inpatient&gt;800&lt;/dsrs-inpatient&gt;   &lt;dsrs-eligible&gt;200&lt;/dsrs-eligible&gt;   &lt;dsrs-samplesize&gt;125&lt;/dsrs-samplesize&gt; &lt;/dsrs-strata&gt; &lt;dsrs-strata&gt;   &lt;strata-name&gt;example strata two&lt;/strata-name&gt;   &lt;dsrs-inpatient&gt;500&lt;/dsrs-inpatient&gt;   &lt;dsrs-eligible&gt;300&lt;/dsrs-eligible&gt;   &lt;dsrs-samplesize&gt;170&lt;/dsrs-samplesize&gt; &lt;/dsrs-strata&gt;                     </pre>				
<p><b>&lt;strata-name&gt;</b> Sub-element of dsrs-strata</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one &lt;strata-name&gt; tag for each strata defined. This data element, which belongs to the &lt;dsrs-strata&gt; section, should only occur once per &lt;dsrs strata&gt; section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b></p> <p><b>Example: &lt;strata-name&gt;strata one&lt;/strata-name&gt;</b></p>				
	None	<p>If sample type selected is Disproportionate Stratified Random Sample (DSRS), <b>there should be at least two &lt;dsrs-strata&gt; sections.</b> Additional strata can be defined as needed. There should be one &lt;dsrs-strata&gt; tag for each strata defined.</p>	N/A	NA	N/A	No. Required only if sample-type is DSRS.
	None	<p>If sample type selected is Disproportionate Stratified Random Sample, <b>then at least two strata names should be defined.</b> No two strata names can be the same within one file. Strata names must be the same for all three months within a quarter. Strata names cannot be modified once two months of data in the quarter have been submitted and accepted. Strata names can be changed, added or deleted in subsequent quarters.</p>	NA	Alphanumeric Character	45	No. Required only if sample-type is DSRS.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;dsrs-inpatient&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-inpatient> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;dsrs-inpatient&gt;800&lt;/dsrs-inpatient&gt;</b>					
	None	If disproportionate stratified random sample is utilized, this is the number of inpatient discharges within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<b>&lt;dsrs-eligible&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-eligible> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs-strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;dsrs-eligible&gt;650&lt;/dsrs-eligible&gt;</b>					
	None	If disproportionate stratified random sample is utilized, this is the number of eligible patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<b>&lt;dsrs-samplesize&gt;</b> Sub-element of dsrs-strata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. There should be one <dsrs-samplesize> tag for each strata defined. This data element which belongs to the <dsrs-strata> section, should only occur once per <dsrs strata> section. <b>This tag should not be included in the XML file if the sampling type utilized is not DSRS.</b> <b>Example: &lt;dsrs-samplesize&gt;650&lt;/dsrs-samplesize&gt;</b>					
	None	If disproportionate stratified random sample is utilized, this is the number of sampled patients within the associated strata.	NA	Numeric	10	No. Required only if sample-type is DSRS.
<b>&lt;/dsrs-strata&gt;</b> Closing tag for dsrs-strata	None	<b>Note:</b> This closing tag is required in the XML document, if the sample type utilized is "3 - Disproportionate stratified random sample," however, it contains no data. This closing tag should occur once for each <dsrs-strata> section.				
<b>&lt;/header&gt;</b> Closing tag for header	None	<b>Note:</b> This closing element for the header is required in the XML document, however, it contains no data. This header element should only occur once per file.				



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>The following section defines the format of the patient level data record.</b>						
<b>&lt;patientleveldata&gt;</b>  Opening Tag, defines the patient level data record of monthly survey data	This is the opening element of the patient level data record. The closing tag for this element will be at the end of the patient level data record. <b>Note:</b> The <patientleveldata> section includes the opening and closing <patientleveldata> tags and all the tags between these two tags. The <patientleveldata> section is required in the XML file, if at least one patient is being submitted. If the <sample-size> is 0, and no patient data are being submitted, the <patientleveldata> section should not be included in the XML file. This patient level data element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<b>An administrative data record is required for each patient as follows:</b>						
<b>&lt;administration&gt;</b>  Opening Tag, defines the administrative data record within the patient level data record of monthly survey data	This is the opening element of the administrative record. The closing tag for this element will be at the end of the administrative data record. <b>Note:</b> There will be one <administration> section for each patient. The <administration> section includes the opening and closing <administration> tags and all the tags between these two tags. This <administration> section is required in the XML file for each patient being submitted. This <administration> element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-id&gt;</b>  Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the previous header record. <b>Example: &lt;provider-id&gt;123456&lt;/provider-id&gt;</b>					
	None	ID number of the hospital represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
<b>&lt;discharge-yr&gt;</b>  Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. <b>Example: &lt;discharge-yr&gt;2025&lt;/discharge-yr&gt;</b>					
	None	Year patient was discharged from the hospital.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes
<b>&lt;discharge-month&gt;</b>  Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element also occurs in the header record. <b>Example: &lt;discharge-month&gt;1&lt;/discharge-month&gt;</b>					
	None	Month patient was discharged from the hospital.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;patient-id&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration element should only occur once per patient. <b>Example: &lt;patient-id&gt;12345&lt;/patient-id&gt;</b>					
	None	Unique de-identified patient id assigned by the provider to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes
<b>&lt;admission-source&gt;</b> Point of Origin for Admission or Visit	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;admission-source&gt;1&lt;/admission-source&gt;</b>					
	None	Source of inpatient admission for the patient. (same as UB-04 field location 15)	1 - Nonhealthcare Facility Point of Origin	Alphanumeric Character	1	Yes
			2 - Clinic or Physician's Office			
			4 - Transfer from a Hospital (Different Facility)			
			5 - Transfer from a SNF, ICF or ALF			
			6 - Transfer from Another Healthcare Facility			
			8 - Court/Law Enforcement			
			9 - Information Not Available			
			D - Transfer From One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer			
			E - Transfer from Ambulatory Surgery Center			
F - Transfer from Hospice Facility G - Transfer from a Designated Disaster Alternate Care Site (ACS)						
<b>&lt;principal-reason-admission&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: If possible the Service Line should not be coded as "Missing."</b> <b>Example: &lt;principal-reason-admission&gt;1&lt;/principal-reason-admission&gt;</b>					
	None	Assignment of HCAHPS Service Line category.	1 - Maternity Care	Alphanumeric Character	1	Yes
			2 - Medical			
			3 - Surgical			
			X - Ineligible			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b> Sub-element of patientleveldata:administration</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: Patients with a Discharge Status of "Expired" (codes 20, 40, 41, or 42) must not be coded as having "Complete" surveys.</b> <b>Example: &lt;discharge-status&gt;66&lt;/discharge-status&gt;</b></p>				
	None	Status of patient's discharge. (same as UB-04 field location 17)	<ul style="list-style-type: none"> <li>1 - Home Care or Self-Care</li> <li>2 - Short-Term General Hospital for Inpatient Care</li> <li>3 - Medicare Certified Skilled Nursing Facility</li> <li>4 - Intermediate Care Facility</li> <li>5 - Designated Cancer Center or Children's Hospital</li> <li>6 - Home with Home Health Services</li> <li>7 - Left Against Medical Advice</li> <li>9 - Admitted As an Inpatient to This Hospital</li> <li>20 - Expired</li> <li>21 - Discharged/Transferred to Court/Law Enforcement</li> <li>30 - Still a Patient</li> <li>40 - Expired at Home</li> <li>41 - Expired in Medical Facility</li> <li>42 - Expired, Place Unknown</li> <li>43 - Federal Healthcare Facility</li> <li>50 - Hospice - Home</li> <li>51 - Hospice - Medical Facility</li> </ul>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b>  Sub-element of patientleveledata:administration (cont'd)</p>	None	Status of patient's discharge. (same as UB-04 field location 17)	<p>61 - Medicare Approved Swing Bed within Hospital</p> <p>62 - Inpatient Rehabilitation Facility</p> <p>63 - Long Term Care Hospital</p> <p>64 - Medicaid Certified Nursing Facility</p> <p>65 - Psychiatric Hospital or Psychiatric Unit</p> <p>66 - Critical Access Hospital</p> <p>69 - Discharged/Transferred to a Designated Disaster Alternative Care Site (An alternate care site (ACS) provides basic patient care during a disaster response to a population that would otherwise be hospitalized or in a similar level of dependent care if those rescues were available during the disaster. The federal government or state government must declare the disaster. ACS is not an institution; most likely it would be an armory or stadium.)</p> <p>70 - Discharged/Transferred to a Healthcare Institution Not Defined Elsewhere in the Code List</p> <p>81 - Discharged to home or self care with a planned acute care hospital inpatient readmission</p> <p>82 - Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission</p> <p>83 - Discharged/Transferred to a Medicare Certified Skilled Nursing Facility (SNF) with a Planned Acute Care Hospital Inpatient Readmission</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;discharge-status&gt;</b>  Sub-element of patientleveldata:administration (cont'd)</p>	None	Status of patient's discharge. (same as UB-04 field location 17)	<p>84 - Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>85 - Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>86 - Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>87 - Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>88 - Discharged/Transferred to Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>89 - Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>90 - Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission</p> <hr/> <p>91 - Discharged/Transferred to a Medicare Certified Long-term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;discharge-status&gt;</b>  Sub-element of patientleveldata:administration (cont'd)	None	Status of patient's discharge. (same as UB-04 field location 17)	92 - Discharged/Transferred to a Medicaid Certified Nursing Facility Not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission	Alphanumeric Character	2	Yes
			93 - Discharged/Transferred to a Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission			
			94 - Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission			
			95 - Discharged/Transferred to Another Type of Health-care Institution Not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;strata-name&gt;</b>  Sub-element of patientleveldata:administration		This tag is required if the sampling type is DSRS (sample type 3). Name of the strata this patient belongs to. This name must match one of the strata defined in the header section of the XML file. If the sampling type is other than 3, this tag doesn't need to be included in the XML file. <b>Example: &lt;strata-name&gt;strata one&lt;/strata-name&gt;</b>				
	None	This is the name of the strata the patient belongs to. You can only use one of the valid strata names defined in the header for the data element <strata-name>	You can only use one of the valid strata names defined in the header for the data element <strata-name>	Alphanumeric Character	45	Yes
<b>&lt;survey-status&gt;</b>  Sub-element of patientleveldata:administration	None	Disposition of survey.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <i>Note: It is anticipated that Survey Status should not be coded as "Missing."</i> <b>Example: &lt;survey-status&gt;10&lt;/survey-status&gt;</b>	Alphanumeric Character	2	Yes
			1 - Completed survey			
			2 - Ineligible: Deceased			
			3 - Ineligible: Not in eligible population			
			4 - Ineligible: Language barrier			
			5 - Ineligible: Mental/physical incapacity			
			6 - Non-response: Break off			
			7 - Non-response: Refusal			
			8 - Non-response: Non-response after maximum attempts			
			9 - Non-response: Bad address			
			10 - Non-response: Bad/no phone number			
M - Missing						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;survey-completion-mode&gt;</b>  Sub-element of patientleveldata:administration</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone and the Survey Status is 1 - Completed Survey or 6 - Non-response: Break off. The values entered must match a value corresponding to the Survey Mode defined in the header section of the XML file. If the XML Element &lt;Survey Mode&gt; is other than Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone, this tag should not be included in the XML file. <b>Example: &lt;survey-completion-mode&gt;1&lt;/survey-completion-mode&gt;</b></p> <p>Survey Mode used to complete a survey administered via the Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode.</p>				
			<p>1 - Mail-Phone mode-mail</p> <p>2 - Mail-Phone mode-phone</p> <p>3 - Web-Mail mode-web</p> <p>4 - Web-Mail mode-mail</p> <p>5 - Web-Phone mode-web</p> <p>6 - Web-Phone mode-phone</p> <p>7 - Web-Mail-Phone mode-web</p> <p>8 - Web-Mail-Phone mode-mail</p> <p>9 - Web-Mail-Phone mode-phone</p> <p>10 - Not applicable</p>	Numeric	2	Yes, if Survey Mode is Mail-Phone, Web-Mail, Web-Phone or Web-Mail-Phone and Survey Status is 1-Completed Survey or 6-Non-response: Break off.



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required						
<p><b>&lt;number-survey-attempts-phone&gt;</b>  Sub-element of patientleveldata:administration</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Phone Only, Mail-Phone with a Survey Completion Mode answer of 2 - Mail-Phone-phone, Web-Phone with a Survey Completion Mode answer of 6 - Web-Phone mode-phone, or Web-Mail-Phone with a Survey Completion Mode answer of 9 - Web-Mail-Phone mode-phone. If the XML Element &lt;Survey Mode&gt; is other than Phone Only, Mail-Phone (phone), Web-Phone (phone), or Web-Mail-Phone (phone) this tag does not need to be included in the XML file. <b>Example:</b> &lt;number-survey-attempts-phone&gt;1&lt;/number-survey-attempts-phone&gt;</p>										
	None	Number of phone contact attempt for which the survey was completed or final survey status code is determined. Phone Only, Mail-Phone, Web-Phone, or Web-Mail-Phone mode.	<table border="1"> <tr> <td data-bbox="1157 414 1543 483">1 - First Phone attempt</td> </tr> <tr> <td data-bbox="1157 483 1543 553">2 - Second Phone attempt</td> </tr> <tr> <td data-bbox="1157 553 1543 623">3 - Third Phone attempt</td> </tr> <tr> <td data-bbox="1157 623 1543 693">4 - Fourth Phone attempt</td> </tr> <tr> <td data-bbox="1157 693 1543 763">5 - Fifth Phone attempt</td> </tr> <tr> <td data-bbox="1157 763 1543 1166">8 - Not applicable</td> </tr> </table>	1 - First Phone attempt	2 - Second Phone attempt	3 - Third Phone attempt	4 - Fourth Phone attempt	5 - Fifth Phone attempt	8 - Not applicable	Numeric	1	Yes, if the Survey Mode is Phone Only mode, Mail-Phone mode with Survey Completion Mode = 2- Mail-Phone mode-phone, Web-Phone mode with Survey Completion Mode = 6-Web-Phone mode-phone, or Web-Mail-Phone mode with Survey Completion Mode = 9-Web-Mail-Phone mode-phone.
1 - First Phone attempt												
2 - Second Phone attempt												
3 - Third Phone attempt												
4 - Fourth Phone attempt												
5 - Fifth Phone attempt												
8 - Not applicable												

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;number-survey-attempts-mail&gt;</b> Sub-element of patientleveldata:administration</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Mail Only or Web-Mail with a Survey Completion Mode answer of 4 - Web-Mail mode-mail. If the XML Element &lt;Survey Mode&gt; is other than Mail Only or Web-Mail (mail), this tag does not need to be included in the XML file. <b>Example: &lt;number-survey-attempts-mail&gt;1&lt;/number-survey-attempts-mail&gt;</b></p>				
	None	Mail wave for which the survey was completed or final survey status code is determined. Mail Only or Web-Mail mode.	<p>1 - First wave mailing</p> <p>2 - Second wave mailing</p> <p>8 - Not applicable</p>	Numeric	1	Yes, if the Survey Mode is Mail Only mode or Survey Mode is Web-Mail mode with Survey Completion Mode = 4-Web-Mail mode-mail.
<p><b>&lt;number-survey-attempts-web&gt;</b> Sub-element of patientleveldata:administration</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Web-Mail with a Survey Completion Mode answer of 3 - Web-Mail mode-web, Web-Phone with a Survey Completion Mode answer of 5 - Web-Phone mode-web, or Web-Mail-Phone with a Survey Completion Mode answer of 7 - Web-Mail-Phone mode-web. If the XML Element &lt;Survey Mode&gt; is other than Web-Mail (web), Web-Phone (web) or Web-Mail-Phone (web), this tag does not need to be included in the XML file. <b>Example: &lt;number-survey-attempts-web&gt;1&lt;/number-survey-attempts-web&gt;</b></p>				
	None	Email invitation for which the survey was completed or final survey status code is determined. Web-Mail, Web-Phone or Web-Mail-Phone mode.	<p>1 - First email invitation</p> <p>2 - Second email invitation</p> <p>3 - Third email invitation</p> <p>8 - Not applicable</p>	Numeric	1	Yes, if the Survey Mode is Web-Mail mode with Survey Completion Mode = 3-Web-Mail mode-web, Survey Mode is Web-Phone mode with Survey Completion Mode = 5-Web-Phone mode-web, or Web-Mail-Phone mode with Survey Completion Mode = 7-Web-Mail-Phone mode-web.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;email-status&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the Survey Mode is Web-Mail, Web-Phone or Web-Mail-Phone. If the XML Element <Survey Mode> is other than Web-Mail, Web-Phone or Web-Mail-Phone this tag does not need to be included in the XML file. <b>Example: &lt;email-status&gt;1&lt;/email-status&gt;</b>					
	None	Indicates if a patient email address was provided.	1 - Yes 2 - No 8 - Not applicable	Numeric	1	Yes, if Survey Mode is Web-Mail, Web-Phone, or Web-Mail-Phone.
<b>&lt;language&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;language&gt;1&lt;/language&gt;</b>					
	None	Identify survey language in which the survey was administered (or attempted to be administered) (English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic)	1 - English 2 - Spanish 3 - Chinese 4 - Russian 5 - Vietnamese 6 - Portuguese 7 - German 8 - Tagalog 9 - Arabic 20 - Not applicable	Numeric	2	Yes
<b>&lt;lag-time&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: The Lag Time should not be coded as "Missing" or "888."</b> <b>Example: &lt;lag-time&gt;91&lt;/lag-time&gt;</b>					
	None	Number of days between patient's discharge date from the hospital and the date that data collection activities ended for the patient.	0-365 888 - Not applicable	Numeric	3	Yes
<b>&lt;supplemental-question-count&gt;</b>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Note: The "Supplemental Question Count" should not be coded as "Missing."</b> <b>Example: &lt;supplemental-question-count&gt;4&lt;/supplemental-question-count&gt;</b>					
	None	The count is the maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered.	0-12 M - Missing	Alphanumeric Character	2	Yes. Required for all HCAHPS Final Survey Status Codes.

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;patient-sex&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;patient-sex&gt;1&lt;/patient-sex&gt;</b>					
	None	Patient sex.	1 - Male	Alphanumeric Character	1	Yes
			2 - Female			
			M - Missing			
<b>&lt;patient-age&gt;</b> Sub-element of patientleveldata:administration	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This administration data element should only occur once per patient. <b>Example: &lt;patient-age&gt;1&lt;/patient-age&gt;</b>					
	None	Patient age at admission.	0 - Under 18	Alphanumeric Character	2	Yes
			1 - 18 to 24			
			2 - 25 to 29			
			3 - 30 to 34			
			4 - 35 to 39			
			5 - 40 to 44			
			6 - 45 to 49			
			7 - 50 to 54			
			8 - 55 to 59			
			9 - 60 to 64			
			10 - 65 to 69			
			11 - 70 to 74			
			12 - 75 to 79			
			13 - 80 to 84			
			14 - 85 to 89			
15 - 90 or older						
		M - Missing/Unknown				
<b>&lt;/administration&gt;</b> Closing tag for administration	None	<b>Note:</b> This tag is required in the XML file, however, it contains no data. This administration element should only occur once per patient.				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>A survey results (patient response) record is defined as the &lt;patient response&gt; and is defined as follows:</b>                      (Note: Survey results (patient response) records are not required for a valid data submission, however if survey results are included then all answers must have an entry. Survey results (patient response) record is required, if the final &lt;survey-status&gt; is "1 - Completed survey" or "6 - Nonresponse: Break off".)</p>						
<p><b>&lt;patientresponse&gt;</b>                       Opening Tag, defines the patient response data record within the patient level data record of monthly survey data</p>	<p>None</p>	<p>This is the opening element of the patient response record. The closing tag for this element will be at the end of the patient response record.  <b>Note:</b> There will be one &lt;patientresponse&gt; section for each patient if survey results are being submitted for the patient. The &lt;patientresponse&gt; section includes the opening and closing &lt;patientresponse&gt; tags and all the tags between these two tags. This &lt;patientresponse&gt; section is required in the XML file only if survey results are being submitted for the patient. If survey results are not being submitted for the patient, the &lt;patientresponse&gt; section should not be submitted. This patient response element should only occur once per patient.</p>	<p>N/A</p>	<p>NA</p>	<p>N/A</p>	<p>Yes</p>
<p><b>&lt;nurse-courtesy-respect&gt;</b>                       Sub-element of patientleveldata: patientresponse</p>	<p>None</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;nurse-courtesy-respect&gt;4&lt;/nurse-courtesy-respect&gt;</b>                       Question 1: Nurses courtesy and respect</p>	<p>1 - Never                      2 - Sometimes                      3 - Usually                      4 - Always                      M - Missing/Don't know</p>	<p>Alphanumeric Character</p>	<p>1</p>	<p>Yes</p>
<p><b>&lt;nurse-listen&gt;</b>                       Sub-element of patientleveldata: patientresponse</p>	<p>None</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;nurse-listen&gt;4&lt;/nurse-listen&gt;</b>                       Question 2: Nurses listen.</p>	<p>1 - Never                      2 - Sometimes                      3 - Usually                      4 - Always                      M - Missing/Don't know</p>	<p>Alphanumeric Character</p>	<p>1</p>	<p>Yes</p>
<p><b>&lt;nurse-explain&gt;</b>                       Sub-element of patientleveldata: patientresponse</p>	<p>None</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;nurse-explain&gt;4&lt;/nurse-explain&gt;</b>                       Question 3: Nurses explain.</p>	<p>1 - Never                      2 - Sometimes                      3 - Usually                      4 - Always                      M - Missing/Don't know</p>	<p>Alphanumeric Character</p>	<p>1</p>	<p>Yes</p>

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;dr-courtesy-respect&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 4: Doctors courtesy and respect.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;dr-listen&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 5: Doctors listen.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;dr-explain&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 6: Doctors explain.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;cleanliness&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;cleanliness&gt;4&lt;/cleanliness&gt;</b>					
	None	Question 7: Cleanliness	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;rest&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;rest&gt;4&lt;/rest&gt;</b>					
	None	Question 8: Restfulness	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;quiet&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;quiet&gt;4&lt;/quiet&gt;</b>					
	None	Question 9: Quiet.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<b>&lt;informed-care&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;informed-care&gt;4&lt;/informed-care&gt;</b>					
	None	Question 10: Informed Care	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;hosp-staff&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 11: Hospital Staff	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't know			
<p><b>&lt;bathroom-screener&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 12: Bathroom (screener 1).	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<p><b>&lt;bathroom-help&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 13: Bathroom help.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			
<p><b>&lt;help-right-away&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 14: Help right away	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			9 - I never asked for help right away			
			M - Missing/Don't know			



XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;new-med-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;new-med-screener&gt;1&lt;/new-med-screener&gt;</b>					
	None	Question 15: New meds (screener 2).	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			M - Missing/Don't know			
<b>&lt;med-for&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;med-for&gt;4&lt;/med-for&gt;</b>					
	None	Question 16: Medicine for.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
			M - Missing/Don't know			
<b>&lt;side-effects&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;side-effects&gt;4&lt;/side-effects&gt;</b>					
	None	Question 17: Side effects.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			8 - Not applicable			
M - Missing/Don't know						
<b>&lt;rest-recovery&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;rest-recovery&gt;4&lt;/rest-recovery&gt;</b>					
	None	Question 18: Rest and recovery	1 - Yes, definitely	Alphanumeric Character	1	Yes
			2 - Yes, somewhat			
			3 - No			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;care-after-stay&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;care-after-stay&gt;4&lt;/care-after-stay&gt;</b>					
	None	Question 19: Care After Stay	1 - Yes, definitely	Alphanumeric Character	1	Yes
			2 - Yes, somewhat			
			3 - No			
			M - Missing/Don't know			
<b>&lt;information-about-symptoms&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;information-about-symptoms&gt;4&lt;/information-about-symptoms&gt;</b>					
	None	Question 20: Information about Symptoms	1 - Yes, definitely	Alphanumeric Character	1	Yes
			2 - Yes, somewhat			
			3 - No			
			9 - I did not have family or a caregiver watch for symptoms or health problems			
M - Missing/Don't know						
<b>&lt;discharge-screener&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;discharge-screener&gt;1&lt;/discharge-screener&gt;</b>					
	None	Question 21: Discharge (screener 3).	1 - Own home	Alphanumeric Character	1	Yes
			2 - Someone else's home			
			3 - Another health facility			
			M - Missing/Don't know			
<b>&lt;help-after-discharge&gt;</b> Sub-element of patientleveldata: patientresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;help-after-discharge&gt;1&lt;/help-after-discharge&gt;</b>					
	None	Question 22: Help after discharge.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			8 - Not applicable			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;symptoms&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 23: Symptoms.	1 - Yes	Alphanumeric Character	1	Yes
			2 - No			
			8 - Not applicable			
			M - Missing/Don't know			
<b>&lt;overall-rate&gt;</b> Sub-element of patientleveldata: patientresponse	None	Question 24: Overall rating.	0 - Worst hospital possible	Alphanumeric Character	2	Yes
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10 - Best hospital possible			
			M - Missing/Don't know			
			<b>&lt;recommend&gt;</b> Sub-element of patientleveldata: patientresponse			
2 - Probably no						
3 - Probably yes						
4 - Definitely yes						
M - Missing/Don't know						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;planned-stay&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 26: Stay planned in advance	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;planned-stay&gt;4&lt;/planned-stay&gt;</b>	Alphanumeric Character	1	Yes
			1 - Yes, definitely			
			2 - Yes, somewhat			
			3 - No			
			M - Missing/Don't know			
<p><b>&lt;overall-health&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 27: Overall health.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;overall-health&gt;4&lt;/overall-health&gt;</b>	Alphanumeric Character	1	Yes
			1 - Excellent			
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			
<p><b>&lt;mental-health&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 28: Mental health.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;mental-health&gt;4&lt;/mental-health&gt;</b>	Alphanumeric Character	1	Yes
			1 - Excellent			
			2 - Very good			
			3 - Good			
			4 - Fair			
			5 - Poor			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;language-speak&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 29: Language.	1 - English	Alphanumeric Character	2	Yes
			2 - Spanish			
			3 - Chinese			
			20 - Another language			
			M - Missing/Don't know			
<p><b>&lt;education&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 30: Education.	1 - 8th grade or less	Alphanumeric Character	1	Yes
			2 - Some high school, but did not graduate			
			3 - High school graduate or GED			
			4 - Some college or 2-year degree			
			5 - 4-year college graduate			
			6 - More than 4-year college degree			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;ethnic&gt;</b> Sub-element of patientleveldata: patientresponse</p>	None	Question 31: Ethnicity.	1 - No, not Spanish/Hispanic/Latino	Alphanumeric Character	1	Yes
			2 - Yes, Cuban			
			3 - Yes, Mexican, Mexican American, Chicano			
			4 - Yes, Puerto Rican			
			5 - Yes, other Spanish/Hispanic/Latino			
			M - Missing/Don't know			
			<p><b>&lt;race-amer-indian-ak&gt;</b> Sub-element of patientleveldata: patientresponse</p>			
0 - Not American Indian or Alaska native						
M - Missing/Don't know						
<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;ethnic&gt;1&lt;/ethnic&gt;</b></p> <p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient.  <b>Example: &lt;race-amer-indian-ak&gt;0&lt;/race-amer-indian-ak&gt;</b></p> <p>If the check box for the race 'American Indian or Alaska native' is selected, enter value '1' for this data element                      If the check box for the race 'American Indian or Alaska native' is not selected (and at least one other check box for race is selected), enter value '0' for this data element                      If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements</p>						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;race-asian&gt;</b>  Sub-element of patientleveldata: patientresponse</p>	None	Question 32: Race, Asian.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;race-asian&gt;0&lt;/race-asian&gt;</b> If the check box for the race 'Asian' is selected, enter value '1' for this data element If the check box for the race 'Asian' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements	Alphanumeric Character	1	Yes
			1 - Asian			
			0 - Not Asian			
			M - Missing/Don't know			
<p><b>&lt;race-african-amer&gt;</b>  Sub-element of patientleveldata: patientresponse</p>	None	Question 32: Race, African-American.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example: &lt;race-african-amer&gt;0&lt;/race-african-amer&gt;</b> If the check box for the race 'Black or African-American' is selected, enter value '1' for this data element If the check box for the race 'Black or African-American' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements	Alphanumeric Character	1	Yes
			1 - Black or African-American			
			0 - Not Black or African-American			
			M - Missing/Don't know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><b>&lt;race-hi-pacific-islander&gt;</b> Sub-element of patientleveldata: patientresponse</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example:</b> &lt;race-hi-pacific-islander&gt;0&lt;/race-hi-pacific-islander&gt; If the check box for the race 'Native Hawaiian or Pacific Islander' is selected, enter value '1' for this data element If the check box for the race 'Native Hawaiian or Pacific Islander' is not selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements</p>	<p>1 - Native Hawaiian or Pacific Islander 0 - Not Native Hawaiian or Pacific Islander M - Missing/Don't know</p>	Alphanumeric Character	1	Yes
<p><b>&lt;race-white&gt;</b> Sub-element of patientleveldata: patientresponse</p>		<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This patient response data element should only occur once per patient. <b>Example:</b> &lt;race-white&gt;1&lt;/race-white&gt; If the check box for the race 'White' is selected, enter value '1' for this data element If the check box for the race 'White' is <b>not</b> selected (and at least one other check box for race is selected), enter value '0' for this data element If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements</p>	<p>1 - White 0 - Not White M - Missing/Don't know</p>	Alphanumeric Character	1	Yes
<p><b>&lt;/patientresponse&gt;</b> Closing tag for patientresponse</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This patient response element should only occur once per patient.</p>				
<p><b>&lt;/patientleveldata&gt;</b> Closing tag for patientleveldata</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This patient level data element should only occur once per patient.</p>				
<p><b>&lt;/monthlydata&gt;</b> Closing tag, defines the monthly survey data</p>	None	<p><b>Note:</b> This tag is required in the XML file, however, it contains no data. This monthly data element should only occur once per patient.</p>				



## **APPENDIX BB**

### **HCAHPS Quality Assurance Plan Outline and Survey Materials Checklist**

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# HCAHPS Survey

## Quality Assurance Plan Outline and Survey Materials Checklist

### Quality Assurance Plan Outline

The Quality Assurance Plan (QAP) is a comprehensive working document that is prepared by survey vendors and self-administering hospitals. The QAP documents the implementation and administration of the HCAHPS Survey, and compliance with HCAHPS protocols and guidelines. The QAP also serves as a key resource in the training of staff and subcontractors.

**The QAP must specify who will do what, when they will do it, and how they will get it done.**

The HCAHPS Project Team provides this outline to assist survey vendors/hospitals in the development of the organization's QAP. **New items added to the V19.0 QAP outline can be found in red.** **The HCAHPS Project Team strongly recommends that survey vendors/hospitals use this outline as a template for developing and updating the organization's QAP. All submissions of the QAP must be dated, and changes from previous versions must be clearly highlighted (i.e., use of Track Changes in Microsoft Word. *Accept the prior years' Track Changes before updating for current year.***

Contact the HCAHPS Project Team with any questions.

### **Organizational Background and Structure**

*1. Provide survey vendor/hospital contact information, including:*

- A. Survey vendor/Hospital name
- B. Hospital CMS Certification Number (formerly known as Medicare Provider Number) for self-administering hospitals
- C. Number of beds, if applicable (self-administering hospitals)
- D. Number of contracted client hospitals, if applicable (survey vendors)
- E. Subcontractor name(s) and role(s), if applicable
- F. Approved survey mode(s)
- G. Language(s) survey administered in by mode
- H. Names of primary and secondary contact persons, including direct phone numbers and email addresses
- I. Survey vendor's/Hospital's mailing address
- J. Physical location (the QAP must also contain the survey vendor's/hospital's mailing address, if different)
- K. Website address, if applicable
- L. Date of the QAP revision/update

2. *Briefly describe the survey vendor's/hospital's history and affiliations, including the scope of business and number of years in business.*
3. *Describe the survey vendor's/hospital's survey experience with all patient populations, including a description of each mode of HCAHPS Survey administration that the survey vendor/hospital is approved to administer, including the number of years they have administered surveys in each mode.*
4. *Provide an HCAHPS organizational chart that identifies (by name, title and location, if applicable) the staff, subcontractors and any other organizations, if applicable, responsible for each of the major project tasks. Include the reporting relationships for all HCAHPS project staff and identify any key staff who work from remote locations. Also, specify the name and title of the staff members (primary and secondary/backup) who perform the following project tasks:*
  - A. Overall project management, including training and supervision
  - B. Tracking of key survey events
  - C. Creation of the sample frame
  - D. Drawing the sample
  - E. Assignment of the random, unique de-identified patient identification numbers
  - F. Administering the survey by the approved mode (Mail, Phone, Mail-Phone, **Web-Mail, Web-Phone, Web-Mail-Phone**)
  - G. Data receipt and data entry
  - H. Data submission; list all staff members authorized to upload data to the HCAHPS Data Warehouse as well as members with the QualityNet Administrator role for HCAHPS
  - I. Review of HCAHPS Data Submission and/or HCAHPS Feedback Reports
  - J. Quality checks of all key events including, but not limited to, survey administration, sample frame creation, data entry, data submission, electronic backup systems, etc.
5. *Describe the background and qualifications of all key personnel involved in the HCAHPS Survey administration, including a description of the capabilities of all subcontractors and the survey vendor's/hospital's experience with current subcontractors, if applicable. Background and qualifications of all key personnel and subcontractor(s) should include experience in conducting patient surveys and experience in the appropriate project task(s) assigned to the project staff. Staff resumes are not required; however, these resumes may be requested during oversight activities.*
6. *Identify who participated in HCAHPS training in the current year. Describe the training that has been or will be provided to all personnel involved in HCAHPS Survey administration, including subcontractors and any other organizations, if subcontractors or other organizations are used during the HCAHPS Survey administration process. Survey vendors should also describe the training provided to client hospitals.*

## **Work Plan for Survey Administration**

This section of the QAP should be written in a manner so that a new member of the organization's project team could carry out the processes necessary to administer the HCAHPS Survey. **The QAP should provide sufficient detail for this person to completely understand and accurately follow the processes to administer the survey, and should include a comprehensive timeline of key events (number of days between key events), showing who will do what, when they will do it, and how they will get it done.** The QAP should be free of extraneous information. The emphasis should be on providing concise explanations of required HCAHPS processes.

***Note: If approved for multiple modes of survey administration, list responses separately for each mode.***

7. *Provide the information requested below for the survey vendor's/hospital's approved mode(s) of survey administration, including a timeline of key survey administration events.*
  - A. Mail Only mode – describe the process for updating addresses, producing mailing materials, and process for mailing out the surveys (Mail Only Survey Administration chapter)
  - B. Phone Only mode – describe the process for updating phone numbers, programming and operating the interviewing systems, and contacting sampled patients (Phone Only Survey Administration chapter)
    1. Describe how interviews are redirected if the interviewer is known personally by the patient
    2. Describe how patients with multiple phone numbers are handled, including how the phone numbers are prioritized
  - C. Mail-Phone mode – see above for Mail Only and Phone Only (Mail-Phone Survey Administration chapter)
  - D. Web-First modes – describe the process for obtaining and updating patient email addresses, programming and administering web surveys, and process for sending out email invitations. See above for Mail Only and Phone Only (Web-Mail, Web-Phone and Web-Mail-Phone Survey Administration chapters).
    1. Describe the process for tracking surveys throughout the web, mail and/or phone phases of survey administration, and identifying non-respondents for mail and/or phone follow-up
    2. Describe the quality checks and testing to ensure the web survey presents similarly across different browser applications, browser sizes and platforms (mobile, tablet, computer)
  
8. *Describe the steps involved in creating the sample frame and selecting the sample size. (Do not include programming code.)*
  - A. Describe the process for receiving and updating the patient discharge information, including electronic security utilized for exchange of patient discharge files between client hospitals and survey vendors. For survey vendors, describe what the hospital will provide for sample frame creation.
    1. Include a list of all data elements the hospital provides
  - B. Describe the database(s)/document(s) used to identify the eligible patients
  - C. Describe the method of sampling to be used, including the process for selecting the sample size (Sampling Protocol chapter)

- D. Describe the procedure for ensuring hospitals with sufficient eligible population sizes achieve at least 300 completed surveys in a 12-month time frame
  - E. List the HCAHPS eligibility and exclusion criteria and describe the process for applying them to determine patient eligibility for inclusion in the HCAHPS Sample Frame (Sampling Protocol chapter)
  - F. Describe the method used to determine HCAHPS Service Line (Sampling Protocol chapter)
    - 1. **If determining service line based on a single service line, include the process for maintaining documentation from client hospitals that confirms which patient populations are served on an annual basis, at minimum**
  - G. Describe the process of de-duplicating by multiple discharges and by household (Sampling Protocol chapter)
  - H. **Describe the process for administering the HCAHPS Survey in Spanish to Spanish language-preferring patients**
  - I. If administering the survey in **other HCAHPS official languages (beyond English and Spanish)**, identify the language(s) and describe how the survey language that will be administered to the eligible patient is chosen
9. *Describe the process and steps used to assign the random, unique de-identified patient identification numbers (Patient ID). Note: Identification numbers must not be based on a coding structure that could potentially reveal patient identities, such as those that incorporate the patient's last name, initials, date of birth, date of discharge, hospital account number, month, date, and/or year, etc. Do not use symbols or special characters (^\*#@#&) of any kind as they are not valid for data submission. Patient identification numbers should not be assigned sequentially, unless the patient discharge list is randomized prior to assigning the Patient ID.*
10. *Describe the data receipt and data entry procedures. (Do not include programming code.)*
- A. Describe how the surveys are handled and recorded when they are responded to by mail, phone or web, as applicable
  - B. Describe the use of the decision rules, if applicable
  - C. Describe the scanning procedure, if applicable
  - D. Describe how and when in the process the final survey status code is assigned
  - E. Provide the crosswalk of the organization's interim disposition codes to final HCAHPS disposition codes, if applicable
  - F. **Describe any unique processes for accepting proxy respondents, if applicable**
11. *Describe the data preparation and submission procedures. (Do not include programming code.)*
- A. Describe the calculation of lag time
  - B. Describe the process of updating the eligibility status of patients (i.e., process for updating any missing fields in the patient discharge file received from the client hospital), if applicable
  - C. Describe the process for converting data into XML files and uploading the data to the HCAHPS Data Warehouse, if applicable
  - D. Describe the process for online data entry, if applicable (only available for self-administering hospitals)
  - E. Describe the time frames for completing data submission

## **Survey and Data Management System and Quality Controls**

12. Describe the system resources (hardware and software) available, *if not previously described in sections above, such as:*
- A. Telephone or electronic (CATI) interviewing system
  - B. Web survey system
  - C. Mailing equipment
  - D. Scanning systems
  - E. Software used for tracking, assigning de-identifying numbers, generating sample frame, producing mail survey packets, phone survey administration, web survey administration and XML file generation
  - F. Address, phone number and email address updating resources
13. Describe how the customer support line (and email, if applicable) will be operated.
- A. Identify who is responsible for responding to phone and email questions regarding HCAHPS
  - B. Specify the customer support phone number and email address, if applicable
  - C. Include a written transcript of the voice mail message that specifies the caller can leave a message about the HCAHPS or hospital survey
  - D. Describe the process for training and monitoring of English and Spanish-language customer support staff
  - E. Include the hours of live/voice mail operations for the customer support line and the time frame for returning voice mail messages and email inquiries within one business day
  - F. Describe the process for how customer support calls (and emails, if applicable) are documented
14. Tracking of key events should be part of a survey vendor's/hospital's quality oversight processes. Describe how key events are tracked throughout the survey process, including, but not limited to:
- A. Receipt of the patient discharge list
  - B. Creation of the sample frame
  - C. Drawing the sample
  - D. Assignment of random, unique de-identified patient identification numbers
  - E. Administering the survey by the approved mode(s) of administration
  - F. Data receipt
  - G. Data entry
  - H. Data submission
  - I. Data retention

### **For items 16 – 21, include the following in each description:**

- ◆ Identify who performs the checks
- ◆ Identify what checks are performed
- ◆ Identify how the checks are performed
- ◆ Identify how frequently the checks occur
- ◆ Identify the number or percentage of records that are checked
- ◆ Identify the documentation that provides evidence that the checks are performed

15. Describe the process for monitoring on-site work and subcontractors' work (if applicable) to ensure high quality results. Include monitoring of phone interviewers, checks of printed mailing materials, *and checks of web survey systems.*
16. Describe the quality control checks implemented to validate that eligibility and exclusion criteria are applied correctly and that sample frame creation is accurate.
  - A. Describe the method used to verify the sample is a random selection (unless using 100% census sampling)
17. Describe the quality control process to validate the accuracy of manual data entry and/or electronic scanning procedures. Include the quality control process to verify the accuracy of the application of HCAHPS decision rules (mail surveys).
18. Describe the quality control checks of telephone or electronic (CATI) procedures to confirm that programming is accurate and in accordance with HCAHPS protocols, and that data integrity is maintained (if applicable).
19. *Describe the quality control checks of web survey procedures to confirm that programming is accurate and in accordance with HCAHPS protocols, and that data integrity is maintained (if applicable).*
20. Describe the quality control process to validate the accuracy of data submission including the review of the HCAHPS Warehouse Submission Reports and HCAHPS Submission Results Reports (formerly the Review and Correction Reports).
21. Describe the backup process of patient files, including the quality control checks, conducted at a minimum on a quarterly basis, that are in place to ensure the backup files are easily retrievable and working.

### **Disaster Recovery, Confidentiality, Privacy and Security Procedures**

22. Describe the disaster recovery plan for conducting ongoing business operations in the event of a disaster.
23. Provide templates of any confidentiality agreements and business associate agreements, which include language related to HIPAA regulations and the protection of patient information, used for staff, subcontractors and any other organizations involved in any aspect of survey administration. Specify the frequency in which agreements are reviewed and re-signed.
24. Describe the physical and electronic security and storage procedures to protect patient-identified files, survey questionnaires, recorded interviews, *web survey data* and sample files, including the length of time that the survey materials will be retained. In addition, describe the destruction process for HCAHPS materials, if applicable.



## **QAP Update: Discussion of Results of Quality Control Activities**

**This section must be completed as part of the QAP submission for all survey vendors and self-administering hospitals.**

25. *Discuss the results and “lessons learned” from the quality review activities listed below. Describe in detail the outcomes of these reviews.*
- A. Describe HCAHPS Survey administration challenges and how these were handled
  - B. Describe the discovery of any variations from HCAHPS protocols and how these variations were corrected
  - C. Describe the process for communicating the results of quality checks to upper management
  - D. Describe any opportunities for improvement to the organization’s HCAHPS Survey administration processes that were identified
  - E. Document in the QAP any changes in survey administration resulting from quality process improvement activities

### **Other**

26. *Any forms used in HCAHPS administration that may assist the HCAHPS Project Team in reviewing the survey vendor’s/hospital’s processes (e.g., tracking logs, sample frame format, etc.). **Note: These items should be templates only and must not contain any Protected Health Information (PHI).***
27. *Identify the specific timeline for incorporating the **current Quality Assurance Guidelines** changes into the survey vendor’s/hospital’s survey administration process or confirm that the QAP has been updated per the current Quality Assurance Guidelines V19.0 changes.*

## HCAHPS Survey Materials Checklist

Survey vendors/Hospitals must submit HCAHPS Survey materials that will be used for January 1, 2025 patient discharges and forward for review to HCAHPS Technical Assistance via email at [hcahps@hsag.com](mailto:hcahps@hsag.com) by the date determined by CMS.

This checklist is intended to aid the organization in the submission process by listing all relevant survey material elements that should be included. **Survey vendors/Hospitals must follow the guidelines described in the HCAHPS QAG V19.0 when developing survey materials.** This checklist is not intended to replace a survey vendor's or self-administering hospital's internal quality control processes for review of survey materials.

### HCAHPS Survey Materials by Mode

Survey Material Element (see details in tables below)	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Mail Questionnaire	✓		✓	✓		✓
Initial Cover Letter	✓		✓	✓		✓
Follow-up Cover Letter	✓			✓		✓
Outgoing and Return Envelopes	✓		✓	✓		✓
Phone Script		✓	✓		✓	✓
Interviewer Screen Shots (if using an electronic interviewing system)		✓	✓		✓	✓
Web Survey Screen Shots				✓	✓	✓
Web Survey Link for Testing				✓	✓	✓
Initial Email Invitation				✓	✓	✓
Reminder Email Invitation				✓	✓	✓

*Note: The HCAHPS Project Team will check for the key items below when reviewing survey vendors'/hospitals' submitted survey materials.*

<b>Mail Administration</b>	
<b>Survey questionnaire template</b> in each official HCAHPS translation the organization plans to administer ( <b>English and Spanish, at minimum</b> )	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Font size of 12-point at minimum</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include a placeholder or example of the de-identified patient identification number</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include mandatory survey title (Hospital Experience Survey)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include the copyright statement on the last page of the questionnaire, no smaller than 10-point minimum</li> </ul>	<input type="checkbox"/>
<b>Initial Cover Letter template</b> in each official HCAHPS translation the organization plans to administer ( <b>English and Spanish, at minimum</b> )	<input type="checkbox"/>
<b>Follow-Up Cover Letter template</b> in each official HCAHPS translation the organization plans to administer ( <b>English and Spanish, at minimum</b> )	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Font size of 12-point at a minimum</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include required verbatim language</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include a customer support phone number (and email address, if applicable)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include a signature of the hospital administrator (preferred) or hospital/survey vendor project director. A placeholder or electronic signature is acceptable.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• The signature must correspond with the organization on the letterhead (it is acceptable to display two logos [e.g., client hospital and survey vendor])</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include a note in Spanish for the patient to request a survey in Spanish</li> </ul>	<input type="checkbox"/>
<b>Outgoing and Return Envelopes</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Font size of 10-point at a minimum</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Include survey vendor's/hospital's return address and banner, if applicable (Outgoing)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Specify use of a window envelope and how the patient address is displayed, if applicable</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Postage indicia or postage placeholder is included (Return)</li> </ul>	<input type="checkbox"/>
Include OMB verbatim, no smaller than 10-point minimum, on either the questionnaire (preferred) or cover letters	<input type="checkbox"/>
Include relevant Exception Request number(s) for survey materials, if applicable	<input type="checkbox"/>

<b>Phone Administration</b>	
<b>Phone Script (Interviewer screen shots if using an electronic interviewing system) in each official HCAHPS translation the organization plans to administer (English and Spanish, at minimum)</b>	<input type="checkbox"/>
Display all interviewer instructions clearly and completely	<input type="checkbox"/>
Include skip pattern logic clearly and completely	<input type="checkbox"/>
Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added	<input type="checkbox"/>

<b>Web Administration</b>	
<b>Web Survey template/screen shots in each official HCAHPS translation the organization plans to administer (English and Spanish, at minimum)</b>	<input type="checkbox"/>
• Font size of 12-point at minimum	<input type="checkbox"/>
• Include OMB language (Welcome web screen) and copyright statement (Thank You screen) in no smaller than 10-point at minimum	<input type="checkbox"/>
• Include skip pattern logic clearly and completely	<input type="checkbox"/>
• Include mandatory transition statement if adding supplemental questions or confirm no supplemental questions are added	<input type="checkbox"/>
• Include mandatory survey title (Hospital Experience Survey) on Welcome web screen	<input type="checkbox"/>
• Hospital logo may be included on the Welcome web screen	<input type="checkbox"/>
<b>Initial Email Invitation template in each official HCAHPS translation the organization plans to administer (English and Spanish, at minimum)</b>	<input type="checkbox"/>
<b>Reminder Email Invitation template in each official HCAHPS translation the organization plans to administer (English and Spanish, at minimum)</b>	<input type="checkbox"/>
• Font size of 12-point at a minimum	<input type="checkbox"/>
• Include required verbatim language	<input type="checkbox"/>
• Include a customer support phone number (and email address, if applicable)	<input type="checkbox"/>
• Include an electronic signature of the hospital administrator (preferred) or hospital/survey vendor project director	<input type="checkbox"/>
• Include a note in Spanish for the patient to request a survey in Spanish	<input type="checkbox"/>
<b>Web Survey link(s) for testing</b>	<input type="checkbox"/>

## **APPENDIX CC**

### **Participation Form for Hospitals Self-administering Survey**

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# HCAHPS Survey

## Participation Form

### For Hospitals

### Self-administering Survey

*This Participation Form is to be completed only by hospitals requesting to become approved to self-administer the CAHPS® Hospital Survey (HCAHPS) (without using a survey vendor) or by hospitals self-administering the HCAHPS Survey who have significant changes to their survey administration process (e.g., adding an administration mode). To submit the Participation Form online, visit the HCAHPS Website at <https://www.hcahpsonline.org>.*

PARTICIPATION FORM TYPE (Check One)	DATE SUBMITTED
<input type="checkbox"/> New Participation Form <input type="checkbox"/> Update to Previous Participation Form	

#### I. General Participation Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION		
1a. ORGANIZATION NAME		
1b. CMS CERTIFICATION NUMBER (CCN) - <i>Formerly known as Medicare Provider Number</i>		
1c. MAILING ADDRESS 1		
1d. MAILING ADDRESS 2		
1e. CITY	1f. STATE	1g. ZIP CODE
1h. TELEPHONE <i>(Area code, number and extension)</i>	1i. WEBSITE	

2. APPLICANT PRIMARY CONTACT PERSON		
2a. First Name	2b. Middle Initial	2c. Last Name
2d. TITLE	2e. DEGREE (e.g., RN, MD, PhD)	
2f. CITY	2g. STATE	2h. ZIP CODE
2i. TELEPHONE <i>(Area code, number and extension)</i>	2j. EMAIL ADDRESS	

**3. TYPE(S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply): <sup>1</sup>**

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mail Only | <input type="checkbox"/> Phone Only | <input type="checkbox"/> Mail-Phone     |
| <input type="checkbox"/> Web-Mail  | <input type="checkbox"/> Web-Phone  | <input type="checkbox"/> Web-Mail-Phone |

**II. CAHPS Hospital Survey Minimum Business Requirements**

A hospital must be approved by CMS in order to self-administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Hospitals self-administering the HCAHPS Survey and their subcontractor(s)/partner(s), and any other organization(s) performing major HCAHPS Survey administration functions, if applicable, must meet **all** of the following Minimum Business Requirements.

To become approved to self-administer the HCAHPS Survey, hospitals must submit this HCAHPS Participation Form and agree to the Rules of Participation (See section V). 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 of meeting survey experience requirements). 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 subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.

In addition, approved HCAHPS self-administering hospitals must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: “Approved HCAHPS 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.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, as applicable for requested mode(s).

<b>1. Relevant Survey Experience</b> <i>Demonstrated recent (e.g., 2021 – 2023) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).</i>	
<b>Patient-Specific Survey Experience:</b> <ul style="list-style-type: none"> <li>Minimum of two continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent two-year time period</li> <li>Minimum of one year continuous web patient-specific survey experience for the most recent one-year time period</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Multiple Survey Languages:</b> <ul style="list-style-type: none"> <li>Capacity to conduct surveys in both English and Spanish</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Years in Business:</b> <ul style="list-style-type: none"> <li>Minimum of three years</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sampling Experience (Must not be subcontracted):</b> <ul style="list-style-type: none"> <li>One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period</li> <li>Adequately document sampling process</li> </ul> <i>Note: Hospitals are responsible for conducting the sampling process and must not subcontract this activity.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone).



<p><b>2. Organizational Survey Capacity</b>  <i>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.</i></p>	
<p><b>Personnel:</b>  Designated personnel:</p> <ul style="list-style-type: none"> <li>• HCAHPS Project Manager with minimum one year prior experience conducting patient-specific mail and/or phone surveys</li> <li>• Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of one-year prior experience for web surveys</li> <li>• Web Programmer (subcontractor designee, if applicable) with a minimum of one-year prior experience programming, testing, and collecting data via web survey instruments</li> <li>• Have appropriate organizational back-up staff for coverage of key staff</li> </ul> <p><i>Note: Hospitals must not use volunteers in any capacity for HCAHPS Survey administration.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>System Resources:</b></p> <ul style="list-style-type: none"> <li>• Physical plant resources available to handle the volume of surveys being administered</li> <li>• A systematic process to: <ul style="list-style-type: none"> <li>○ track fielded surveys through the protocol, avoiding respondent burden and losing respondents</li> <li>○ assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>• 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)</li> </ul> <p><i>Note: All System Resources are subject to oversight activities including on-site visits to physical locations.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Sample Frame Creation (Must not be subcontracted):</b></p> <ul style="list-style-type: none"> <li>• Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria</li> <li>• Draw the sample of discharges for the survey, who meet the eligible population criteria</li> </ul> <p><i>Note: Hospitals are responsible for conducting the sampling process and must not subcontract this activity.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Mail Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• Obtain and update addresses</li> <li>• Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review</li> <li>• Mail out of survey materials</li> <li>• Process survey data (including key-entry or scanning)</li> <li>• Identify non-respondents for follow-up mailing</li> </ul> <p><i>Note: Mail survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Not Requested

<p><b>Phone Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• Obtain and update all phone numbers</li> <li>• Collect phone interview data for the survey; a sample of the phone script and interviewer screen shots must be submitted for review</li> <li>• Identify non-respondents for follow-up phone calls</li> <li>• Schedule and conduct callback appointments</li> </ul> <p><i>Note: Phone interviews/monitoring must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place. Phone interviews/monitoring cannot be conducted by staff that provide direct patient care.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Mail-Phone Survey Administration (if applicable):</b>  See both of the above referenced Mail Mode of Survey Administration and Phone Mode of Survey Administration requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Web Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Obtain and update patient email addresses</li> <li>• Collect web survey data</li> <li>• Identify non-respondents for follow-up mail and/or phone administration <ul style="list-style-type: none"> <li>○ See above referenced Mail Administration and Phone Administration requirements</li> </ul> </li> <li>• Submit a sample of survey materials for review, if applicable: <ul style="list-style-type: none"> <li>○ Invitation and reminder emails</li> <li>○ Web survey screenshots 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</li> <li>○ Hard copy letter(s) and questionnaire</li> <li>○ Phone script and interviewer screenshots</li> </ul> </li> </ul> <p><i>Note: Web survey administration activities must not be conducted from a residence or non-business location <u>unless</u> an approved Exception Request is in place.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Data Submission (Must not be subcontracted):</b></p> <ul style="list-style-type: none"> <li>• One year prior experience transmitting data via secure methods (HIPAA-compliant)</li> <li>• Registered user of the Hospital Quality Reporting (HQR) system (<a href="https://hqr.cms.gov/">https://hqr.cms.gov/</a>)</li> <li>• Prepare final patient-level data files for submission</li> <li>• Access and submit data electronically via the HQR system</li> </ul> <p><i>Note: Hospitals are responsible for data submission and must not subcontract this process.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Data Security:</b> Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files</li> <li>• Implement access levels and security passwords so that only authorized users have access to sensitive data</li> <li>• Implement daily data backup procedures that adequately safeguard system data</li> <li>• Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working</li> <li>• Perform frequent saves to media to minimize data losses in the event of power interruption</li> <li>• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Data Retention and Storage:</b> Take the following actions to securely store all survey administration related data for all survey modes:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Store returned mail questionnaires in a secure and environmentally safe 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.</li> <li>• Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location; obtain a certificate of the destruction of data</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Technical Assistance/Customer Support:</b></p> <ul style="list-style-type: none"> <li>• One year prior experience providing phone customer support</li> <li>• Provide a customer support line in all languages administered</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Organizational Confidentiality Requirements:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Execute Business Associate Agreement(s) in accordance with HIPAA regulations</li> <li>• Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)</li> <li>• Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. Quality Control Procedures</b> <i>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.</i>	
<b>Demonstrated Quality Control Procedures:</b> Established systems for conducting and documenting quality control activities including: <ul style="list-style-type: none"> <li>• In-house training of staff and subcontractors involved in survey operations</li> <li>• Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone)</li> <li>• Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions</li> <li>• Printing, mailing and recording of receipt of survey information, if applicable</li> <li>• Phone administration of survey, if applicable</li> <li>• Web administration of survey, if applicable</li> <li>• Coding and editing or keying in survey data</li> <li>• Preparing of final patient-level data files for submission</li> <li>• All other functions and processes that affect the administration of the HCAHPS Survey</li> <li>• Compliance with the HCAHPS Project Team's oversight activities</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Quality Assurance Plan (QAP) Documentation Requirements:</b> <ul style="list-style-type: none"> <li>• Develop and maintain a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> 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, following approval</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Past Performance:</b> The HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: <ul style="list-style-type: none"> <li>• Occurrence of substantive errors within or across projects</li> <li>• Compliance with required protocols</li> <li>• Receipt of a corrective action memo from CMS</li> <li>• CMS requests for quality improvement plans</li> <li>• Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)</li> </ul> <i>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.</i>	<input type="checkbox"/> Agree

<b>4. Survey Experience</b> <i>Provide a brief description of your organization's experience in conducting patient-specific surveys in each of the requested mode(s) of survey administration. Please limit to patient-specific surveys conducted within the most recent time period (e.g., 2021 – 2023).</i>

### III. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	Role	Email	Telephone
1.	Project Director		
2.	Project Manager		
3.	Web Subject Matter Expert		
4.	Web Programmer		

#### IV. List of Subcontractors

Check here  if you currently do not use subcontractors. Go to Section V.

**LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). Note: 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 subcontractors, the HCAHPS Project Team must be notified immediately.**

Subcontractor Name	Role	Organization Address	Contact Name	Contact Email Address
1.				
2.				
3.				

#### V. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in HCAHPS training and all subsequent HCAHPS trainings. At a minimum, the organization's Project Manager must participate in training as a representative of the organization. The organization's subcontractors/partners and any other organizations that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web operations) must also participate in HCAHPS training.
2. Participate in teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
4. Attest to the accuracy of the organization's data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks will be conducted.
5. Develop and maintain an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing/return envelopes), phone scripts, and/or web materials (e.g., invitation and reminder emails and web survey screenshots).
6. Create a HARP (HCQIS Access Roles and Profile) account or ensure that the account is active by logging into the Hospital Quality Reporting (HQR) system at <https://hqr.cms.gov/>.
7. Become a registered user of the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) for Data Collection.
8. Participate and cooperate (including subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
9. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - a. <https://www.hhs.gov/HIPAA/>
10. Meet all HCAHPS due dates including data submission.
11. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

**VI. Applicant Organization Certification and Acceptance:**

I certify that: <ul style="list-style-type: none"><li>• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS).</li><li>• The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) <i>Minimum Business Requirements</i>.</li></ul>	AUTHORIZED REPRESENTATIVE: Name: _____ Title: _____ Organization: _____ Date: _____
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If not submitting this form online at <https://www.hcahponline.org>, please email or fax form back to:

Email  
[hcahps@hsag.com](mailto:hcahps@hsag.com)

Fax  
(602) 308-7105  
Attn: HCAHPS

## **APPENDIX DD**

### **Participation Form for Survey Vendors**

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# HCAHPS Survey Participation Form For Survey Vendors

*This Participation Form is to be completed by survey vendors requesting to become approved to administer the CAHPS® Hospital Survey (HCAHPS) or by approved HCAHPS Survey vendors who have significant changes to their survey administration process (e.g., adding an administration mode). To submit the Participation Form online, visit the HCAHPS Website at <https://www.hcahpsonline.org>.*

PARTICIPATION FORM TYPE (Check One)	DATE SUBMITTED
<input type="checkbox"/> New Participation Form <input type="checkbox"/> Update to Previous Participation Form	

## I. General Participation Information

This section is to be completed with general information for participation in HCAHPS Data Collection and Public Reporting.

1. APPLICANT ORGANIZATION		
1a. ORGANIZATION NAME		
1b. MAILING ADDRESS 1		
1c. MAILING ADDRESS 2		
1d. CITY	1e. STATE	1f. ZIP CODE
1g. TELEPHONE (Area code, number and extension)	1h. WEBSITE	

2. APPLICANT PRIMARY CONTACT PERSON		
2a. FIRST NAME	2b. MIDDLE INITIAL	2c. LAST NAME
2d. TITLE	2e. DEGREE (e.g., RN, MD, PhD)	
2f. CITY	2g. STATE	2h. ZIP CODE
2i. TELEPHONE (Area code, number and extension)	2j. EMAIL ADDRESS	

3. TYPE(S) OF MODE OF SURVEY ADMINISTRATION FIELDING FOR THE CAHPS HOSPITAL SURVEY (Check all that apply): <sup>1</sup>		
<input type="checkbox"/> Mail Only	<input type="checkbox"/> Phone Only	<input type="checkbox"/> Mail-Phone
<input type="checkbox"/> Web-Mail	<input type="checkbox"/> Web-Phone	<input type="checkbox"/> Web-Mail-Phone

<sup>1</sup> No alternative modes of survey administration will be permitted for use other than those prescribed for the survey (Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone).

## II. CAHPS Hospital Survey Minimum Business Requirements

An organization must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. Survey vendors and their subcontractor(s) must meet **all** of the following Survey Vendor Minimum Business Requirements. 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 Minimum Business Requirements that pertain to that role.

To become approved to administer the HCAHPS Survey, survey vendors must submit this HCAHPS Participation Form and agree to the Rules of Participation (See section VI). 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 of meeting survey experience requirements). 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 subcontractors, the HCAHPS Project Team must be notified immediately. These changes may be subject to review and evaluation by the HCAHPS Project Team.

In addition, approved HCAHPS Survey vendors must fully comply with the HCAHPS oversight activities. The FY 2014 IPPS Final Rule states: "Approved HCAHPS Survey vendors 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.

Please check Yes or No for each item below to indicate that the organization has read and meets the following *Minimum Business Requirements*, as applicable for requested mode(s).

<b>1. Relevant Survey Experience</b> <i>Demonstrated recent (e.g., 2021 – 2023) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Phone, Mail-Phone, or Web).</i>	
<b>Patient-Specific Survey Experience:</b> <ul style="list-style-type: none"> <li>Minimum of three continuous years Mail, Phone, or Mail-Phone patient-specific survey experience for the most recent three-year time period</li> <li>Minimum of two continuous years web patient-specific survey experience for the most recent two-year time period</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Multiple Survey Languages:</b> <ul style="list-style-type: none"> <li>Capacity to conduct surveys in both English and Spanish</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Years in Business:</b> <ul style="list-style-type: none"> <li>Minimum of four years</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sampling Experience (Must not be subcontracted):</b> <ul style="list-style-type: none"> <li>Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period</li> <li>Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes</li> <li>Adequately document the sampling process</li> </ul> <i>Note: Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>2. Organizational Survey Capacity</b>  <i>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.</i></p>	
<p><b>Personnel:</b>  Designated HCAHPS personnel:</p> <ul style="list-style-type: none"> <li>• Project Manager with minimum two years prior experience conducting patient-specific mail and/or phone surveys</li> <li>• Staff with minimum one year prior experience in sample frame development and sample selection</li> <li>• Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files</li> <li>• Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role</li> <li>• Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys</li> <li>• Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments</li> <li>• Have appropriate organizational staff back-up for coverage of key staff</li> </ul> <p><i>Note: Survey vendors must not use volunteers in any capacity for HCAHPS Survey administration.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>System Resources:</b></p> <ul style="list-style-type: none"> <li>• Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment</li> <li>• Electronic survey management system to <ul style="list-style-type: none"> <li>○ track fielded surveys through the protocol, avoiding respondent burden and losing respondents</li> <li>○ assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient</li> </ul> </li> <li>• 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)</li> </ul> <p><i>Note: All System Resources are subject to oversight activities including on-site visits to physical locations.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Sample Frame Creation (Must not be subcontracted):</b></p> <ul style="list-style-type: none"> <li>• Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria</li> <li>• Draw the sample of discharges for the survey, who meet the eligible population criteria</li> </ul> <p><i>Note: Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Mail Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• Obtain and update addresses</li> <li>• Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review</li> <li>• Mail out of survey materials</li> <li>• Process survey data (including key-entry or scanning)</li> <li>• Identify non-respondents for follow-up mailing</li> </ul> <p><i>Note: Mail survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Not Requested

<p><b>Phone Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• Obtain and update all phone numbers</li> <li>• 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</li> <li>• Identify non-respondents for follow-up phone calls</li> <li>• Schedule and conduct callback appointments</li> </ul> <p><i>Note: Phone interviews/monitoring must not be conducted from a residence or non-business location unless an approved Exception Request is in place.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Mail-Phone Survey Administration (if applicable):</b> See both of the above referenced Mail Mode of Survey Administration and Phone Mode of Survey Administration requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Web Survey Administration (if applicable):</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Obtain and update patient email addresses provided by client hospital(s)</li> <li>• Collect web survey data</li> <li>• Identify non-respondents for follow-up mail and/or phone administration <ul style="list-style-type: none"> <li>○ See above referenced Mail Administration and Phone Administration requirements</li> </ul> </li> <li>• Submit a sample of survey materials for review, if applicable: <ul style="list-style-type: none"> <li>○ Invitation and reminder emails</li> <li>○ Web survey screenshots 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</li> <li>○ Hard copy letter(s) and questionnaire</li> <li>○ Phone script and interviewer screenshots</li> </ul> </li> </ul> <p><i>Note: Web survey administration activities must not be conducted from a residence or non-business location unless an approved Exception Request is in place.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Requested
<p><b>Data Submission (Must not be subcontracted):</b></p> <ul style="list-style-type: none"> <li>• Two years prior experience transmitting data via secure methods (HIPAA-compliant)</li> <li>• Registered user of the Hospital Quality Reporting (HQR) system (<a href="https://hqr.cms.gov/">https://hqr.cms.gov/</a>)</li> <li>• Obtain the HQR system survey vendor authorization from contracted hospitals</li> <li>• Prepare final patient-level data files for submission</li> <li>• Access and submit data electronically via the HQR system</li> </ul> <p><i>Note: Survey vendors are responsible for conducting data submission and must not subcontract this process.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Data Security:</b> Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files</li> <li>• Implement access levels and security passwords so that only authorized users have access to sensitive data</li> <li>• Implement daily data backup procedures that adequately safeguard system data</li> <li>• Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working</li> <li>• Perform frequent saves to media to minimize data losses in the event of power interruption</li> <li>• Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Data Retention and Storage:</b> Take the following actions to securely store all survey administration related data for all survey modes:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Store returned mail questionnaires in a secure and environmentally safe 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.</li> <li>• Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location; obtain a certificate of the destruction of data</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Technical Assistance/Customer Support:</b></p> <ul style="list-style-type: none"> <li>• Two years prior experience providing phone customer support</li> <li>• Provide a toll-free customer support line in all languages administered</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Organizational Confidentiality Requirements:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Execute Business Associate Agreement(s) in accordance with HIPAA regulations</li> <li>• Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI)</li> <li>• Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. Quality Control Procedures</b> <i>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.</i>	
<b>Demonstrated Quality Control Procedures:</b> Established systems for conducting and documenting quality control activities including: <ul style="list-style-type: none"> <li>• In-house training of staff and subcontractors involved in survey operations</li> <li>• Oversee transition between initial mode and follow-up mode(s) (e.g., Mail-Phone, Web-Mail, Web-Phone, Web-Mail-Phone)</li> <li>• Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major HCAHPS Survey administration functions</li> <li>• Printing, mailing and recording of receipt of survey information, if applicable</li> <li>• Phone administration of survey, if applicable</li> <li>• Web administration of survey, if applicable</li> <li>• Coding and editing; scanning or keying in survey data</li> <li>• Preparing of final patient-level data files for submission</li> <li>• All other functions and processes that affect the administration of the HCAHPS Survey</li> <li>• Compliance with the HCAHPS Project Team’s oversight activities</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Quality Assurance Plan (QAP) Documentation Requirements:</b> <ul style="list-style-type: none"> <li>• Develop and maintain a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> 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, following approval</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Past Performance:</b> The HCAHPS Project Team will review performance on CMS surveys or other patient experience surveys, including: <ul style="list-style-type: none"> <li>• Occurrence of substantive errors within or across projects</li> <li>• Compliance with required protocols</li> <li>• Receipt of a corrective action memo from CMS</li> <li>• CMS requests for quality improvement plans</li> <li>• Timeliness and completion of required documentation (e.g., QAP, survey materials, etc.)</li> </ul> <i>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.</i>	<input type="checkbox"/> Agree

<b>4. Survey Experience</b> <i>Provide a brief description of your organization’s experience in conducting patient-specific surveys in each of the requested mode(s) of survey administration. Please limit to patient-specific surveys conducted within the most recent time period (e.g., 2021 – 2023).</i>

### III. CMS Surveys or Other Patient Experience Surveys

1. Have you been approved as a vendor to implement other CMS or CAHPS Surveys in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the name of the survey(s) for which you have been approved as a vendor.	
2. Have you been a subcontractor to an approved vendor for other CMS or CAHPS Surveys in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the name of survey(s) for which you have been approved as a subcontractor to a vendor.	

### IV. List of Key Project Staff

LIST OF KEY PROJECT STAFF			
Project Staff Name	Role	Email	Telephone
1.	Project Director		
2.	Project Manager		
3.	Sampling Manager		
4.	Programmer		
5.	Call Center/Mail Center Supervisor		
6.	Web Subject Matter Expert		
7.	Web Programmer		

### V. List of Subcontractors

Check here <input type="checkbox"/> if you currently do not use subcontractors. Go to Section VI.
---

**LIST OF SUBCONTRACTORS AND ANY OTHER ORGANIZATION(S) that are responsible for major functions of HCAHPS Survey administration (add more lines if necessary or include as a separate attachment). Note: 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 subcontractors, the HCAHPS Project Team must be notified immediately.**

Subcontractor Name	Role	Organization Address	Contact Name	Contact Email Address
1.				
2.				
3.				

## VI. Rules of Participation

Any organization participating in the CAHPS Hospital Survey (HCAHPS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Participate in HCAHPS training and all subsequent HCAHPS trainings. At a minimum, the organization's Project Manager must participate in training as a representative of the organization. The organization's subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration (e.g., mail/phone/web operations) must also participate in HCAHPS training.
2. Participate in a teleconference call(s) with HCAHPS Project Team to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures.
3. Review and adhere to the HCAHPS *Quality Assurance Guidelines* and policy updates.
4. Attest to the accuracy of the organization's data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks will be conducted.
5. Develop and maintain an HCAHPS Quality Assurance Plan (QAP) by due date. In addition, upon contracting with a client hospital, submit materials relevant to HCAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires and outgoing/return envelopes), phone scripts, and/or web materials (e.g., invitation and reminder emails and web survey screenshots).
6. Create a HARP (HCQIS Access Roles and Profile) account in the Hospital Quality Reporting (HQR) system at <https://hqr.cms.gov/>.
7. Become a registered user of the Hospital Quality Reporting (HQR) system (<https://hqr.cms.gov/>) for Data Collection (survey vendors will not be listed on the HCAHPS Website until this step is completed and the QAP has been submitted and accepted in step 5 above).
8. Participate in an HCAHPS Dry Run and/or successfully submit one quarter's data to the Hospital Quality Reporting (HQR) system.
9. Participate and cooperate (including subcontractors/partners and any other organization(s) that are responsible for major functions of HCAHPS Survey administration) in all oversight activities conducted by the HCAHPS Project Team.
10. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes
  - a. <https://www.hhs.gov/HIPAA/>
11. Meet all HCAHPS due dates including data submission.
12. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results through the Centers for Medicare & Medicaid Services Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).

## VII. Applicant Organization Qualification and Acceptance:

<p>I certify that:</p> <ul style="list-style-type: none"> <li>• I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS Hospital Survey (HCAHPS).</li> <li>• The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS Hospital Survey (HCAHPS) <i>Minimum Business Requirements</i>.</li> </ul>	<p>AUTHORIZED REPRESENTATIVE:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Date: _____</p>
--	--

If not submitting this form online at <https://www.hcahpsonline.org>, please email form back to:

Email  
[hcahps@hsag.com](mailto:hcahps@hsag.com)



## **APPENDIX EE**

### **Exception Request Form**

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# HCAHPS Survey

## EXCEPTION REQUEST FORM

To complete and submit the Exception Request Form online, visit the HCAHPS Website at <https://www.hcahpsonline.org>. Survey vendors must complete and submit all Exception Request Forms on behalf of their client hospitals. The hospital(s) for which the Exception Request relates to must be listed along with each hospital's CMS Certification Number (CCN). All required fields are indicated with an asterisk (\*).

### I. Exception Request

Please complete items 1 and 2 below for each requested exception.

#### 1. Exception Request For (Check one in each box):

<input type="checkbox"/>	<b>New Exception</b>	
<input type="checkbox"/>	<b>Renewal Exception</b>	<input type="text"/> Previous Exception Request ID Number
<input type="checkbox"/>	<b>Update of List of Applicable Hospitals</b>	<input type="text"/> Previous Exception Request ID Number
<input type="checkbox"/>	<b>Appeal of Exception Denial</b>	<input type="text"/> Exception Request ID Number*

<input type="checkbox"/>	<b>Disproportionate Stratified Random Sampling</b>
<input type="checkbox"/>	<b>Determination of Service Line</b>
	<b>You must select <u>one</u> of the following.</b>
	Please Note: CAH and IPPS hospitals must be submitted on separate Exception Request Forms.
<input type="checkbox"/>	<b>CAH</b>
<input type="checkbox"/>	<b>IPPS</b>
<input type="checkbox"/>	<b>Participating in Another CMS or CMS-sponsored Inpatient Initiative</b>
<input type="checkbox"/>	<b>Survey Materials</b>
<input type="checkbox"/>	<b>Conducting Survey Operations from Remote Location</b>
<input type="checkbox"/>	<b>Other Exception (specify)</b>
	<input style="width: 500px; height: 20px;" type="text"/>

#### 2. List of Hospitals Applicable to this Exception Request

This section is to be completed by survey vendors.

Do you currently have hospitals applicable to this Exception Request?    Yes    No

Name of Hospital *	CCN *

**II. General Information**

**1. Organization** (Survey vendor or self-administering hospital)

**1a. Organization Name: \***

**1b. Organization Type: \***  
(Survey Vendor, Self-Administering Hospital or Other)

**1c. Medical Provider Number, if applicable (CCN):**

**1d. Mailing Address 1: \***

**1e. Mailing Address 2:**

**1f. City: \***

**1g. State: \***

**1h. Zip Code: \***

**1i. Telephone: \* (xxx-xxx-xxxx)**

**1j. Website:**

**2. Contact Person** for this Exception Request (Confirmation email will be sent to the Contact Person)

**2a. First Name: \***

**2b. Middle Initial:**

**2c. Last Name: \***

**2d. Title: \***

**2e. Degree (e.g., RN, MD, PhD):**

**2f. City: \***

**2g. State: \***

**2h. Zip Code: \***

**2i. Telephone: \***

**2j. Email Address: \***

**3. Description of Exception Request**

**3a. Purpose of Proposed Exception Requested (e.g., sampling, other): \***

**3b. Rationale for Proposed Exception Requested: \***

**3c. Explanation of Implementation of Proposed Exception Requested: \***

**3d. Evidence that Exception Will Not Affect Results: \***

The Exception Request Form must be completed and submitted online at <https://www.hcahpsonline.org>.

## **APPENDIX FF**

### **Discrepancy Report Form**

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# HCAHPS Survey

## DISCREPANCY REPORT FORM

Section 1 is to be completed by the organization submitting this form. The requested information regarding the affected hospitals must be provided in Section 4 in order to complete the HCAHPS Discrepancy Report. **THIS FORM MUST BE SUBMITTED ONLINE (<https://www.hcahpsonline.org>)**. All required fields are indicated with an asterisk (\*). Enter "To be updated" in "\*" required fields, only if an updated Discrepancy Report submission will be necessary.

*Note: Do not use symbols or special characters (^\*#@#&) of any kind when submitting the Discrepancy Report Form.*

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

<input type="checkbox"/>	<b>Initial Discrepancy Report *</b> (Must be submitted within 24 hours after the discrepancy has been discovered.)
<input type="checkbox"/>	<b>Updated Discrepancy Report *</b> (If needed, must be submitted within two weeks of initial Discrepancy Report.)
Date of initial Discrepancy Report submission: *	Initial Discrepancy Report ID: *
<input type="text"/>	<input type="text"/>

### 1. General Information

Unique ID	Submission Date	1a. Name of Organization submitting Discrepancy Report *
<input type="text"/>	<input type="text"/>	<input type="text"/>
1b. Type of Organization: *		
Check one:		
<input type="checkbox"/> Survey Vendor		
<input type="checkbox"/> Self-Administering Hospital		
<input type="checkbox"/> Hospital Contracted with a Survey Vendor:		
Name of Survey Vendor		<input type="text"/>

### 2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name: *	2b. Last Name: *	
<input type="text"/>	<input type="text"/>	
2c. Organization Mailing Address 1: *	2d. Mailing Address 2:	
<input type="text"/>	<input type="text"/>	
2e. City: *	2f. State: *	2g. Zip Code: *
<input type="text"/>	<input type="text"/>	<input type="text"/>
2h. Telephone: * (xxx-xxx-xxxx)	EXT:	2i. Email Address: *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Information about the Discrepancy**

3a. Description of the discrepancy: \*

3b. Description of how the discrepancy was identified: \*

3c. Description of the corrective action to fix the discrepancy, including estimated time for implementation: \*

3d. Additional information that would be helpful that has not been included above: \*

**4. List of Hospitals Applicable to this Discrepancy**

4a. Total number of Affected Hospitals: \*

4b. Add the information for the affected hospitals by populating the following 10 fields. A hospital may be added more than once if there are multiple time frames for the hospital. It is important that the effects of the Discrepancy Report are quantified; however, “unknown” will be accepted as a valid response.

Name of Hospital*	CCN*	Hospital Contact Person*	Email Address*	Number of Eligible Discharges Affected*	Avg. Number of Eligible Discharges/ Month*	Count of Sampled Patients Affected*	Avg. Number of Surveys Admin/ Month*	Time Frame Affected: Begin Date* xx/xx/xx	Time Frame Affected: End Date* xx/xx/xx

**Note: Please print completed Discrepancy Report form before submitting.**

Print Discrepancy Report

Submit Form

This form must be submitted online via the HCAHPS Web site (<https://www.hcahpsonline.org>).



## **APPENDIX GG**

### **Attestation Statement Form**

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# HCAHPS Survey

## Attestation Statement

All of the data collected and submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by \_\_\_\_\_ [NAME OF ORGANIZATION] and all subcontractors/partners and other organizations engaged in survey activities are accurate and complete. This includes the following:

1. Meet and comply with the Minimum Business Requirements specified in the current HCAHPS *Quality Assurance Guidelines* (QAG)
2. Review and adhere to the HCAHPS QAG and policy updates
3. Updates to annual Quality Assurance Plan (QAP) are complete, comprehensive and accurate
4. Attest to the accuracy of data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks have been conducted
5. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities
6. Maintain confidentiality and security of all HCAHPS patient-related and survey-related data
7. Meet all HCAHPS due dates (including data submission)
8. Report any problems or discrepancies to CMS in a timely manner
9. Participate in annual HCAHPS training
10. Participate and cooperate (including subcontractors/partners and other organizations) in all oversight activities conducted by the HCAHPS Project Team

The statements herein are true, complete and accurate to the best of my knowledge.

Organization Name: \_\_\_\_\_

Project Director or Authorized Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **APPENDIX HH**

### **Use of HCAHPS with Other Hospital Inpatient Surveys**

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# HCAHPS Survey

## Use of HCAHPS with Other Hospital Inpatient Surveys

### Overview

In an effort to promote clinical quality of care, enhance internal quality improvement (QI) activities, conduct internal studies, or meet the requirements of various accrediting bodies, hospitals are increasingly adopting survey-like questions that they would like to ask of their inpatients prior to, around the time of, or shortly after discharge. These survey-like questions frequently pose a potential conflict with the administration of the HCAHPS Survey.

In an effort to mitigate any potential conflicts and promote opportunities for hospitals to initiate QI activities and/or studies, CMS has developed guidelines specifically for the implementation of administering survey-like questions in conjunction with or prior to the administration of the HCAHPS Survey. These guidelines are strong recommendations from CMS. For further clarification, contact HCAHPS Technical Assistance via email at [hcahps@hsag.com](mailto:hcahps@hsag.com).

In general, questions that are asked in the course of conducting activities that are intended to assess clinical care/promote patient well-being are permissible. However, CMS strongly recommends such questions do not resemble HCAHPS items or their response categories, and be worded in a neutral tone and not be slanted towards a particular response. Hospitals are encouraged to focus on overall quality of care rather than on the questions/measures reported to CMS through HCAHPS. Activities and interactions that influence how patients, or which patients, respond to HCAHPS Survey items must be avoided.

To increase the likelihood that patients will respond to the HCAHPS Survey, CMS strongly recommends HCAHPS be the first inpatient survey patients receive about their experience of hospital care. “Survey” in this instance refers to a formal, HCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the survey mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital’s patient population.

### What Activities are Permissible?

The following types of activities are allowable and do not require approval from the HCAHPS Project Team (HPT):

- Clinical rounding questions that assess the patient’s well-being, needs and comfort level while the patient is in the hospital and are asked as part of clinical or leadership rounds
- Discharge-related questions about clinical status
- Post-discharge questions that focus on the patient’s **clinical status** and **discharge instructions** following discharge from the hospital and are administered within the first 72 hours from the time of discharge
- Surveys required by accrediting agencies regarding clinical conditions or medical education

## Examples of Acceptable Questions

CMS strongly recommends survey questions asked of inpatients during their hospital stay do not resemble HCAHPS items or their response categories, be worded in a neutral tone, and not be slanted toward a particular response. However, certain types of questions, if phrased carefully, are permissible. **Listed below are some examples of survey questions on topics covered by the HCAHPS Survey that may be posed prior to the administration of HCAHPS.** Please note that these questions (and their responses) must not be used in any marketing or promotional activities on behalf of the hospital. Please also note that this list is not intended to be all-inclusive.

- **Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff**
  - Did the staff address any communication barriers?
  - Did your healthcare professionals respond to your questions about your treatment plan?
  - Do you have suggestions on how we can improve the communication about your care?
  - Did your health care team include your preferences and wishes in the design of your care plan?
  - Did you ask questions about your condition or treatment plan and feel satisfied with the answers you received?
  - Were you satisfied that your needs were met while in the hospital?
  - Did your healthcare professionals respond to your concerns?
  - Are you receiving assistance from our staff when requested?
- **Communication About Medicines**
  - Did you leave the hospital with any unanswered questions about your medication(s)?
  - Do you have any questions regarding your medications?
  - Did the nurses/doctors address questions you may have had about new medications?
- **Discharge Information**
  - Do you have any questions about your discharge instructions?
  - Have questions about planning for your care at home been addressed?
  - Did you leave the hospital with any unanswered questions about managing your health?
- **Hospital Environment**
  - Is your room comfortable?
  - How is your sleep at night?
  - Did you feel that your room was sanitary?
- **Hospital Stay**
  - What can we do to make your stay more comfortable?
  - Please share with us how we could improve your hospital stay.
  - Do you have any comments on how your stay at this hospital might have been improved?
  - Tell us about your stay.
  - Do you have any comments about your hospital stay?
  - In general, how would you describe your experience at \_\_\_\_\_?
- **Recommend the Hospital**
  - Would you refer other people to \_\_\_\_\_?



## **Information for Hospitals Conducting Internal Inpatient Studies**

CMS and the HPT understand that hospitals may want to perform studies that include HCAHPS-like items that focus on a particular unit, ward, patient population, diagnosis, procedure, or surgery, and utilize a set of standardized questions that are administered to patients while they are still in the hospital or after discharge but prior to the administration of the HCAHPS Survey. In these instances, the HPT requests that hospitals submit an Exception Request prior to implementation with specific details describing the topic, scope, methodology, survey mode, and the timing and duration, along with the set of questions and response categories that will be asked. These requests are reviewed on a case by case basis and should be submitted for approval a minimum of eight (8) weeks prior to implementation.

**The review or acceptance of an Exception Request does not constitute formal CMS endorsement of those items, and the review or the outcome of the review must not be used for marketing or promotional purposes.**

### **Other Requests for Review**

Please note, the HPT does not review questions, materials and processes **not** directly associated with the implementation of a planned quality improvement activity. The HPT does not review materials for the development of marketable products or services.

