

HCAHPS Survey Training

HCAHPS Survey Training

May 2024



HCAHPS Survey Training

Welcome!

HCAHPS Training Objectives:

- Provide HCAHPS Program updates
- Review changes to Updated HCAHPS Survey content and new modes of survey administration
- Review oversight activities and data quality checks
- Provide refresher on sampling, data specifications and preparation, data submission, public reporting and mode experiment data adjustments

HCAHPS Survey Training

Day 1

- Welcome & Overview
- HCAHPS Program Updates
- Changes to Updated HCAHPS Survey Content and New Modes of Survey Administration
- Sampling, Data Specifications and Submission
- Oversight Activities

HCAHPS Survey Training

Online Question Submission

May 2024



HCAHPS Survey Training

HCAHPS Program Updates

May 2024



HCAHPS Survey Training

Overview

- Summary of Updated HCAHPS Survey Protocol Changes
- Summary of Proposed Updates to the HCAHPS Survey*
- Implementation Timeline for Updated HCAHPS Survey
- Public Reporting Timeline*
- HCAHPS Never Rests
- More Information on HCAHPS

** Pending FY 2025 Rulemaking*

HCAHPS Survey Training

Summary of Protocol Changes Finalized in FY 2024 IPPS Rule

- Tested in 2021 HCAHPS mode experiment
- Effective with January 2025 discharges
 - See <https://hcahpsonline.org/en/whats-new/>
- Three new Web-First modes of survey administration:
 - Web-Mail, Web-Phone, Web-Mail-Phone
 - Legacy modes (Mail Only, Phone Only, and Mail-Phone) remain available

See FY 2024 Final Rule at [2023-16252.pdf](#) ([govinfo.gov](#))

HCAHPS Survey Training

Summary of Protocol Changes Finalized in FY 2024 IPPS Rule (*cont'd*)

2. Limit of 12 supplemental items
 - After HCAHPS items
3. Data collection period extended from 42 to 49 calendar days
 - Applies to all modes
 - First contact (48 hours to 42 days after discharge) remains unchanged

See FY 2024 Final Rule at [2023-16252.pdf](#) ([govinfo.gov](#))

HCAHPS Survey Training

Summary of Protocol Changes Finalized in FY 2024 IPPS Rule *(cont'd)*

4. Updated HCAHPS Survey allows the patient's proxy to respond
5. Collect information on language patient speaks in hospital (English, Spanish, or another language) and administer official Spanish translation of Updated HCAHPS Survey to patients who prefer Spanish
 - Applies to ALL survey modes

See FY 2024 Final Rule at [2023-16252.pdf](#) ([govinfo.gov](#))

HCAHPS Survey Training

Summary of Protocol Changes Finalized in FY 2024 IPPS Rule *(cont'd)*

6. Remove rarely used survey administration options:
 - Active Interactive Voice Response (IVR) mode
 - “Hospitals Administering HCAHPS for Multiple Sites” option

See FY 2024 Final Rule at [2023-16252.pdf](#) ([govinfo.gov](#))

HCAHPS Survey Training

Summary of Proposed Updates to the HCAHPS Survey*

- New survey questions based on literature reviews, focus groups, cognitive interviews with patients and caregivers, and Technical Expert Panels
- Address important aspects of hospital care quality identified by patients
- Tested in 2021 HCAHPS mode experiment
- Reviewed and received consensus approval through the CMS Pre-Rulemaking Review process

** Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Summary of Proposed Updates to the HCAHPS Survey*

- 32 questions in Updated HCAHPS Survey
 - Current HCAHPS Survey: 29 items
- **Added 8 new questions:**
 - 2 questions about “Restfulness of Hospital Environment”
 - 3 questions about “Care Coordination”
 - 1 question about “Information about Symptoms”
 - 1 new question in “Responsiveness of Hospital Staff”
 - 1 new question in “About You” section (“Planned Stay”)

**Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

Summary of Proposed Updates to the HCAHPS Survey* (*cont'd*)

- **Removed** 5 current questions:
 - 1 question from “Responsiveness of Hospital Staff”
 - 3 questions from “Care Transition”
 - Entire measure removed
 - 1 question from “About You” section (‘Emergency Room admission’)

**Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

Summary of Proposed Updates to the HCAHPS Survey* *(cont'd)*

- Other minor changes to survey questions:
 - Question wording (3 questions)
 - Response options (3 questions)
 - Order of “About You” questions

** Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

Summary of Proposed Updates to the HCAHPS Survey* (*cont'd*)

- See <https://hcahpsonline.org/en/updated-hcahps-survey/> for:
 - Updated HCAHPS Survey (Mail mode)*
 - Crosswalk of current HCAHPS Survey questions (29) to Updated HCAHPS Survey questions (32)*
 - Crosswalk of Updated HCAHPS Survey questions into measures*
 - Crosswalk of Updated HCAHPS Survey questions into Hospital VBP dimensions*
 - FY 2027 to FY 2029
 - FY 2030

** Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

Implementation Timeline for the Updated HCAHPS Survey*

- **2024**
 - Fiscal Year (FY) 2025 IPPS **Proposed** Rule
 - Posted April 10, 2024
 - Public comment period ends June 10
 - Includes new, revised, and removed questions
 - Public reporting and Hospital VBP timelines
 - Spring 2024: Office of Management and Budget (OMB) Paperwork Reduction Act package

**Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

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

- **2024**

- May 2024:

- **DRAFT** HCAHPS V19.0 *Quality Assurance Guidelines* issued
- Training for HCAHPS V19.0 for survey vendors and self-administering hospitals

- June 2024:

- Submit survey materials to HPT no later than June 28, 2024

- August 2024: FY 2025 IPPS **Final** Rule

- Finalized updates to HCAHPS Survey

** Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

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

- **2024** *(cont'd)*
 - Fall 2024: HCAHPS Project Team provides feedback on Updated HCAHPS Survey materials
 - **2025**
 - January 1, 2025: Launch of Updated HCAHPS Survey
 - Q4 2024 discharges receive legacy HCAHPS Survey
 - Q1 2025 data submission deadline: July 2025
- *Pending final FY 2025 IPPS rule, anticipated August 2024*

HCAHPS Survey Training

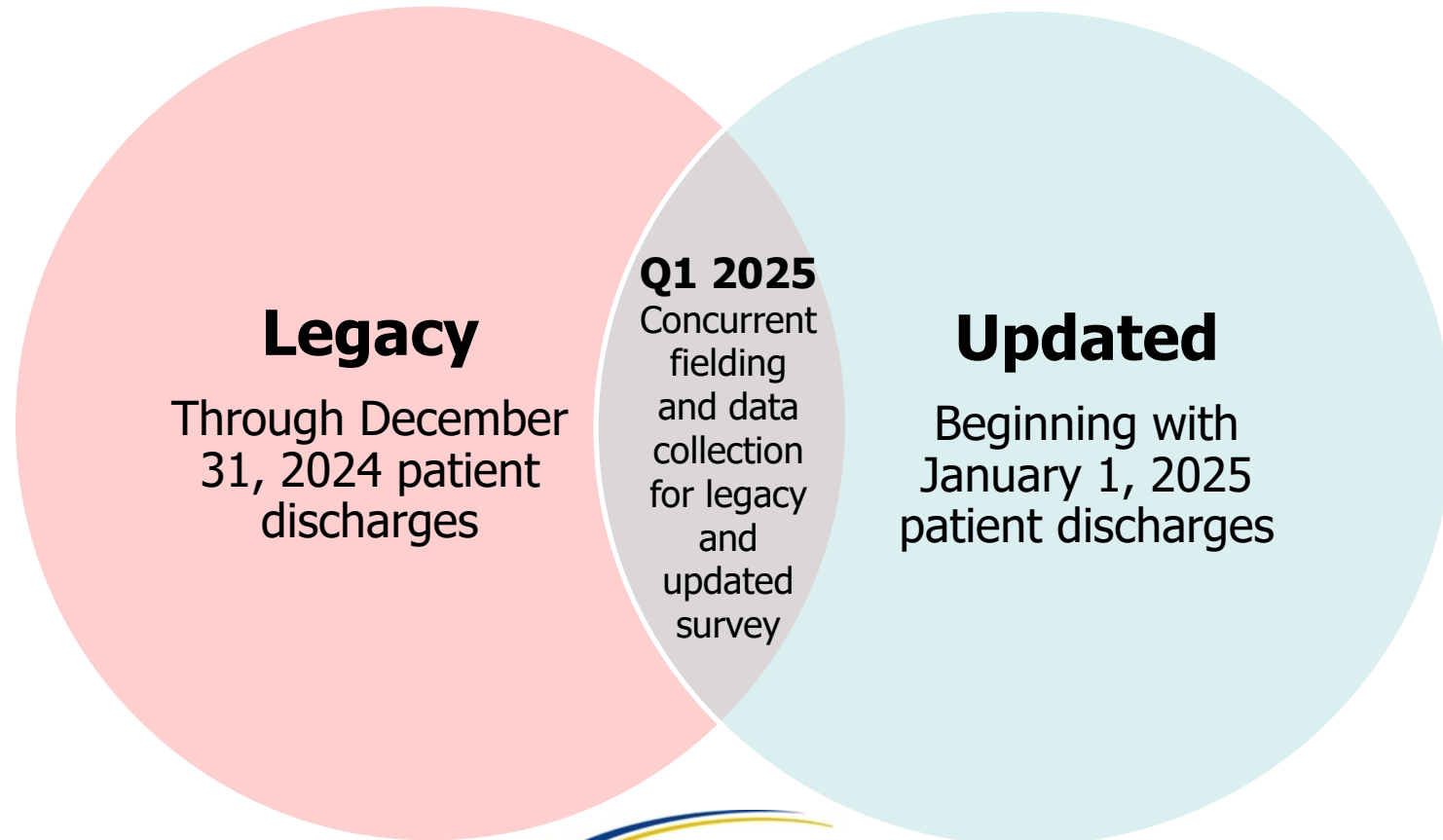
	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	July 2025
Legacy HCAHPS Survey	Field legacy survey	Field legacy survey (December 31, 2024 discharges)	Field for legacy survey (December 31, 2024 discharges)	End data collection for legacy survey	Data submission deadline for Q4 2024 - Last submission of legacy HCAHPS Survey			
Updated HCAHPS Survey*		Field Updated HCAHPS Survey beginning with January 1, 2025 discharges	Field Updated HCAHPS Survey	Field Updated HCAHPS Survey	Field Updated HCAHPS Survey	Field Updated HCAHPS Survey	Field Updated HCAHPS Survey	Data submission deadline for Q1 2025 - First submission of Updated HCAHPS Survey

**Pending FY 2025 Rulemaking*



HCAHPS Survey Training

Implementation Timeline for the Updated HCAHPS Survey *Pending FY 2025 Rulemaking*



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HCAHPS Public Reporting Timeline

Pending FY 2025 Rulemaking

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

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

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

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HCAHPS Survey Training

How HCAHPS Survey is Administered

Participating hospitals, second quarter 2023 (4,582):

- Mail: 3,853 hospitals; ~84.0%
- Phone: 678 hospitals; ~14.7%
- Mail-Phone: 51 hospitals; ~1.3%

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Who Administers the HCAHPS Survey

Second quarter 2023:

- 20 Approved survey vendors
 - 99.90% of surveys
- 18 Self-administering hospitals
 - 0.01% of surveys

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HCAHPS Never Rests

- April 2024 publicly reported scores are based on approximately **2.33 million completed surveys** from patients at **4,475 hospitals**
- **Every day** almost 6,400 patients **complete** the HCAHPS Survey
- 500+ published articles about HCAHPS on *PubMed* website

HCAHPS Survey Training

HCAHPS Website and Technical Support

<https://www.hcahpsonline.org>

- Official website for survey content, announcements, reminders and new developments
- New Button: “Updated HCAHPS Survey”
- Monitor weekly for updates under “What’s New”
- Quick links to Current News, Background, etc.

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

CAHPS® Hospital Survey

Home Page

Search

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HCAHPS Survey Training

Changes to the Updated HCAHPS Survey Content and New Modes of Survey Administration

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Changes to the Updated HCAHPS Survey Content*

**Pending FY 2025 IPPS Final Rule,
anticipated August 2024*

May 2024



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HCAHPS Survey Training

Summary of Changes*

Current HCAHPS Survey		Updated HCAHPS Survey	
Q1	During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u> ?	Q1	During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u> ?
Q2	During this hospital stay, how often did nurses <u>listen carefully to you</u> ?	Q2	During this hospital stay, how often did nurses <u>listen carefully to you</u> ?
Q3	During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?	Q3	During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	NA	Removed from Updated HCAHPS Survey

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
Q5	During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u> ?	Q4	During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u> ?
Q6	During this hospital stay, how often did doctors <u>listen carefully to you</u> ?	Q5	During this hospital stay, how often did doctors <u>listen carefully to you</u> ?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?	Q6	During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?	Q7	During this hospital stay, how often were your room and bathroom kept clean?

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
		Q8	During this hospital stay, how often were you able to get the rest you needed?
Q9	During this hospital stay, how often was the area around your room quiet at night?	Q9	During this hospital stay, how often was the area around your room quiet at night?
		Q10	During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?
		Q11	During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
Q10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?	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?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	Q13	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
		Q14	During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?
Q12	During this hospital stay, were you given any medicine that you had not taken before?	Q15	During this hospital stay, were you given any medicine that you had not taken before?

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
Q13	Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	Q16	Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
Q14	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	Q17	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
		Q18	During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?
		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?
		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?

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**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
Q15	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?	Q21	When After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
Q16	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	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 when you left the hospital?
Q17	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?	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?
Q18	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?	Q24	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?

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**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
Q19	Would you recommend this hospital to your friends and family?	Q25	Would you recommend this hospital to your friends and family?
Q20	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	NA	Removed from Updated HCAHPS Survey
Q21	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	NA	Removed from Updated HCAHPS Survey
Q22	When I left the hospital, I clearly understood the purpose for taking each of my medications.	NA	Removed from Updated HCAHPS Survey
Q23	During this hospital stay, were you admitted to this hospital through the Emergency Room?	NA	Removed from Updated HCAHPS Survey

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**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Current HCAHPS Survey		Updated HCAHPS Survey	
		Q26	Was this hospital stay planned in advance?
Q24	In general, how would you rate your overall health?	Q27	In general, how would you rate your overall health?
Q25	In general, how would you rate your overall mental or emotional health?	Q28	In general, how would you rate your <u>overall mental or emotional health</u> ?
Q29	What language do you <u>mainly</u> speak at home?	Q29	What language do you <u>mainly</u> speak at home?
Q26	What is the highest grade or level of school that you have completed?	Q30	What is the highest grade or level of school that you have completed?
Q27	Are you of Spanish, Hispanic or Latino origin or descent?	Q31	Are you of Spanish, Hispanic or Latino origin or descent ?
Q28	What is your race? Please choose one or more.	Q32	What is your race? Please choose one or more.

Note: Response categories for Q29, Q31 and Q32 have been revised for the updated HCAHPS Survey.

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

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HCAHPS Survey Training

Updates to Survey Administration by Mode

May 2024



HCAHPS Survey Training

Overview

Reminder: Updates to the QAG V19.0 (applies to patient discharges January 1, 2025 and forward)

- Program Requirements
- Updates to Survey Administration by Mode
 - All Modes
 - Web-First
 - Mail, Mail-Phone
 - Phone

Program Requirements

- **Updated Minimum Business Requirements (MBRs)**
 - Includes maintaining adequate and sufficient resources in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests
 - **Reminder:** MBRs continually apply to all HCAHPS approved survey vendors/self-administering hospitals

Program Requirements *(cont'd)*

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

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes

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HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes

- **Survey Instruments and Materials**
 - 32 Item HCAHPS Survey*
 - Mail questionnaire, translations and materials found in QAG Appendices A through I
 - Phone script and translations found in QAG Appendices J through M
 - Web survey, translations and materials found in QAG Appendices N through V

**Pending FY 2025 IPPS Final Rule, anticipated August 2024*

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- 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 Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Proxy Respondent**

- The requirement that only the patient may respond to the HCAHPS Survey has been removed
- A proxy is no longer be prohibited from responding to the survey for the patient
- It is strongly recommended that the patient provides responses to the survey

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Patient's Preferred Language and Mandatory Spanish Translation**
 - Survey vendors/hospitals are required to collect the language the patient prefers to speak while hospitalized
 - The official Spanish translation of the HCAHPS Survey **must** be administered to patients who prefer to speak Spanish

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Mandatory Survey Title**

- Survey vendors/Hospitals are required to use the mandatory survey title of “Hospital Experience Survey”

Hospital Experience Survey

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*

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Supplemental Questions**

- A maximum of 12 supplemental items may be added after all of the HCAHPS Survey questions (Questions 1-32) and after the mandatory transition statement
 - Supplemental questions will begin with Q33

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Mandatory Transition Statement**

- The mandatory transition statement below has been updated and **must** be used verbatim before any supplemental 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.”

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **OMB Paperwork Reduction Act Language**
 - OMB language has been updated with new question numbering, average time to complete the survey and expiration date
 - *"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."*

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Copyright Statement**

- The Copyright language has been updated:

- *"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."*

HCAHPS Survey Training

Updates to Survey Administration by Mode: All Modes *(cont'd)*

- **Copyright Statement Placement**

- Mail Questionnaire: the Copyright Statement must be added to the HCAHPS Survey on the questionnaire in a readable font size at a minimum of 10-point
- Web Survey: the Copyright Statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button in a font size no smaller than 10-point at a minimum
- Phone Scripts: the Copyright Statement must appear on all published materials containing the HCAHPS Survey Script

HCAHPS Survey Training

Updates to Survey Administration by Mode: *Web-First*

May 2024



HCAHPS Survey Training

Overview

- Survey Administration Timing
- Web Materials
- Web Survey Systems
- Web-First Protocols
 - Web-Mail Mode
 - Web-Phone Mode
 - Web-Mail-Phone Mode
- Web Survey Programming Specifications
 - Web Screen Formatting
 - Required Language
 - Supplemental Items
- Email Invitations

HCAHPS Survey Training

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 st survey	Begin phone calls	Mail survey	Email 1 st invitation	Email 1 st invitation	Email 1 st invitation
3				Email 2 nd invitation		
4					Email 2 nd invitation	Email 2 nd invitation
6				Email 3 rd invitation		Mail survey
7					Email 3 rd invitation	
8				Mail 1 st survey		
10					Begin phone calls	
21	Mail 2 nd survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 nd survey		
49	End data collection	End data collection	End data collection	End data collection	End data collection	End data collection

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HCAHPS Survey Training

Web Materials

- **Web Materials**

- Appendices N through V in QAG V19.0 contain the following in each official translation:
 - Programming Specifications
 - Web Survey Template (sample web screens)
 - Sample Initial Email Invitation and Sample Reminder Email Invitations

Web Survey Systems

- **Web Survey Systems 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 patient to the first unanswered question
 - Allow for the respondent to back up and change a previously selected response

Web Survey Systems *(cont'd)*

- **Web Survey Systems should *(cont'd)* :**
 - 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

Web Survey Systems *(cont'd)*

- **Web Survey Systems should *(cont'd)* :**
 - NOT allow for advertisements of any kind to be embedded or displayed to the respondent
 - Includes but is not limited to, banner or column ads, pop-ups 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 data collection has closed

Web Survey Systems *(cont'd)*

- **Obtaining and updating valid email addresses**
 - Obtain email addresses from patient's discharge records
 - Make every reasonable attempt to obtain patient's email address, including re-contacting the hospital to inquire about an email address update
 - May use commercial software, email validation service provider, or other means to validate email addresses
 - Only matches on name, address, city, and state should be used to append an email address to a sampled patient record
 - Email address validation is an option, but is not required
 - Make every reasonable attempt to obtain patient's email address, including re-contacting the hospital to inquire about an email address update

HCAHPS Survey Training

Web Survey Systems *(cont'd)*

- **Obtaining and updating valid email addresses** *(cont'd)*
 - Email addresses that do not contain the required components of a valid email address may be excluded
 - Valid email address includes a username followed by @ and a domain name

Web-Mail Mode

- **Protocol – Web-Mail**
 - **Day 1:** Send first email invitation (Initial Email Invitation) to sampled patients with a valid email address between 48 hours and 42 days after discharge
 - **Day 3:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - **Day 6:** Send third email invitation (Reminder Email Invitation) to non-respondents

HCAHPS Survey Training

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

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HCAHPS Survey Training

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

HCAHPS Survey Training

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



HCAHPS Survey Training

Web-Mail Mode *(cont'd)*

- **Protocol – Web-Mail** *(cont'd)*
 - **Day 8:** Send mail questionnaire (Follow-up Cover Letter) to non-respondents of the web survey
 - Note: Patients without a valid email address receive their first contact by mail (Initial Cover Letter).
 - **Day 30:** Send mail questionnaire and Follow-up Cover Letter to non-respondents

HCAHPS Survey Training

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

May 2024



HCAHPS Survey Training

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

May 2024



HCAHPS Survey Training

Web-Mail Mode *(cont'd)*

- **Protocol – Web-Mail** *(cont'd)*
 - **Day 49:** Complete data collection within 49 calendar days of the initial start of protocol
 - Note: At the end of the 49-day 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 the mail survey
 - Submit data to CMS via the HQR system by the data submission deadline

HCAHPS Survey Training

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

HCAHPS Survey Training

Web-Phone Mode

- **Protocol – Web-Phone**
 - **Day 1:** Send first email invitation (Initial Email Invitation) to sampled patients with a valid email address between 48 hours and 42 days after discharge
 - **Day 4:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - **Day 7:** Send third email invitation (Reminder Email Invitation) to non-respondents

HCAHPS Survey Training

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

HCAHPS Survey Training

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

HCAHPS Survey Training

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

HCAHPS Survey Training

Web-Phone Mode *(cont'd)*

- **Protocol – Web-Phone** *(cont'd)*

- **Day 10:** Begin five call attempts to non-respondent(s)
 - Note: Patients without a valid email address receive their first contact by phone
- **Day 49:** Complete data collection within 49 calendar days of the initial start of protocol
 - Note: At the end of the 49-day 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 the phone survey
- Submit data to CMS via the HQR system by the data submission deadline

Note: Refer to Appendix J and W in QAG V19.0 for guidance on handling proxy respondent in the Phone phase.

HCAHPS Survey Training

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

HCAHPS Survey Training

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

HCAHPS Survey Training

Web-Mail-Phone Mode

- **Protocol – Web-Mail-Phone**
 - **Day 1:** Send first email invitation (Initial Email Invitation) to sampled patients with a valid email address between 48 hours and 42 days after discharge
 - **Day 4:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - **Day 6:** Send first and only mail questionnaire (Follow-up Cover Letter) to non-respondents of the web survey
 - Note: Patients without a valid email address receive their first contact by mail (Initial Cover Letter).

HCAHPS Survey Training

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

HCAHPS Survey Training

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

HCAHPS Survey Training

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

HCAHPS Survey Training

Web-Mail-Phone Mode *(cont'd)*

- **Protocol – Web-Mail-Phone *(cont'd)***
 - **Day 28:** Begin five call attempts to non-respondent(s) and patients without a valid mailing address
 - **Day 49:** Complete data collection within 49 calendar days of the initial start of protocol
 - At the end of the 49-day 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 the mail or phone survey
 - Submit data to CMS via the HQR system by the data submission deadline

Note: Refer to Appendix J and W in QAG V19.0 for guidance on handling proxy respondent in the Phone phase.

HCAHPS Survey Training

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

HCAHPS Survey Training

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

Web Survey Programming Specifications

- **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

Web Survey Programming Specifications *(cont'd)*

- **Formatting** *(cont'd)*:
 - 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

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **Formatting** *(cont'd)*:
 - Web survey programming and formatting must not:
 - program a specific response category as the default option
 - use a progress bar or other progress indicator on web screens

HCAHPS Survey Training

Web Survey

- **Welcome Web Screen:**

Header

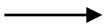


WELCOME TO THE HOSPITAL EXPERIENCE SURVEY

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

Customer support number (email optional)



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



START Button

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.



HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **Welcome Web Screen Formatting:**
 - Hospital logos may be included on Welcome web screen; however, other images, tag lines or website links are not permitted
 - Display a customer support phone number (optional to provide customer support email address)

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **Welcome Web Screen Formatting *(cont'd)* :**
 - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal "8"
 - If hospital-specific supplemental items, no more than 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"

HCAHPS Survey Training

Web Survey (cont'd)

• OMB Paperwork Reduction Act Language

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

← START Button

OMB Language
(Welcome Screen) →

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.

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **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

HCAHPS Survey Training

Web Survey *(cont'd)*

- **First question:**

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

BACK



BACK Button

NEXT



NEXT Button

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **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

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **HCAHPS Survey Questions *(cont'd)***:
 - 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 (Race)

HCAHPS Survey Training

Web Survey *(cont'd)*

- **Mandatory Transition Statement Web Screen:**

Supplemental Items Header

↳ 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



Mandatory Transition Statement

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **Supplemental Questions**

- No more than 12 supplemental items may be added to the survey in accordance with the following:
 - Only one supplemental item may be displayed per web screen
 - A mandatory transition statement and header must follow the last HCAHPS question (Question 32)
 - 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

HCAHPS Survey Training

Web Survey *(cont'd)*

- **Thank You Web Screen:**

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

← SUBMIT
Button

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.



Copyright Statement *(Thank You Screen)*

HCAHPS Survey Training

Web Survey Programming Specifications *(cont'd)*

- **Thank You Web Screen**
 - Must be the last web screen to be displayed
- **Copyright Statement**
 - Must be displayed on the Thank You Web Screen and appear below the “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

HCAHPS Survey Training

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 \(www.medicare.gov/care-compare\)](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].

HCAHPS Survey Training

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](http://www.medicare.gov/care-compare) (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]).

HCAHPS Survey Training

Email Invitations

Sample Initial Email Invitation

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]

Sample Reminder Email Invitation

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]

Email Invitations *(cont'd)*

- **Required for Email Invitations**
 - a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
 - the signature block of the hospital administrator or hospital/survey vendor project director
 - Include first and last name of the sampled patient
 - Include the hospital name, discharge date and the term “discharged on”
 - Include a customer support phone number (optional customer support email address)

HCAHPS Survey Training

Email Invitations *(cont'd)*

- **The following language must be included verbatim:**
 - “This 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.”

HCAHPS Survey Training

Email Invitations *(cont'd)*

- **The following language must be included verbatim *(cont'd)*:**
 - “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) (www.medicare.gov/care-compare).”
 - “We greatly appreciate your help in improving hospital care.” *(placed directly before signature block (preferred))*

HCAHPS Survey Training

Email Invitations *(cont'd)*

- **The following language must be included verbatim *(cont'd)*:**
 - The note, in Spanish, indicating the email address or phone number to call to receive the survey in Spanish (*placed beneath the signature block*)
 - “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]**).”

HCAHPS Survey Training

Questions?

HCAHPS Survey Training

Break

HCAHPS Survey Training

Updates to Survey Administration by Mode: *Mail, Phone and Mail-Phone*

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HCAHPS Survey Training

Mail Only Mode

- **Mail Materials**

- Appendices A through I in QAG V19.0 contain the following in each official translation:
 - Survey Instrument
 - Survey Instrument (Scannable Instrument)
 - Sample Initial Cover Letter
 - Sample Follow-up Cover Letter
 - Survey and Cover Letter Required Language

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Formatting**

- Questionnaires must be presented in the two-column format
- Wording that is underlined in the questionnaire must be emphasized in the same manner
- Arrow (i.e., →) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Formatting** *(cont'd)*
 - 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

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Formatting** *(cont'd)*

- The mandatory survey title, “Hospital Experience Survey” must be included at the top of the first page of the questionnaire

Hospital Experience Survey

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*

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Supplemental Questions**
 - Limit of 12 supplemental items
 - after all of the HCAHPS Survey questions (Questions 1-32)
 - after the mandatory transition statement

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Supplemental Questions** *(cont'd)*
 - “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 length of time to complete the survey, must be customized for the number of questions added:
 - If 0 supplemental items are added, “[NUMBER]” should equal “8”
 - 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”

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Survey and Cover Letter Required Language**
 - “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.”

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Survey and Cover Letter Required**
Language *(cont'd)*

- “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) (www.medicare.gov/care-compare).”
- “We greatly appreciate your help in improving hospital care.” (directly before signature block preferred)

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Survey and Cover Letter Required Language**
(cont'd)
 - The note, in Spanish, indicating the email address or phone number to call to receive the survey in Spanish (beneath signature)
 - “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]).”

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Envelopes**

- Required:

- Outgoing envelope must be printed with survey vendor's/hospital's address as return address
- Self-addressed, stamped business return envelope must be enclosed in survey envelope with cover letter and questionnaire
- Must be in a readable font (i.e., Arial or Times New Roman) with a font size of 10-point at a minimum

HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- **Envelopes** *(cont'd)*
 - Optional for Outgoing Envelope:
 - May be printed with banner, “Important – Open Immediately”
 - May be printed with the hospital (strongly recommended) or survey vendor logo or both
 - May include “[SURVEY VENDOR NAME] on behalf of [HOSPITAL NAME]”

Phone Only Mode

- **Phone Script**

- Appendices J through M in *QAG V19.0* contain the following in each official translation:
 - Conventions and Programming Instructions
 - Script
- Entire phone script must be read verbatim
- Question and response category wording must not be changed
- HCAHPS Questions (1-32) must remain together
- Only one language (English, Spanish, Chinese, or Russian) may appear on the interviewing screen at a time

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

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

- **Minor change to the transitional phrase**

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,

<4> Always, or

<M> MISSING/DK

- **Minor wording changes to Spanish Script**

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- **Proxy Respondents**

- The interview may be conducted with a proxy if the following conditions apply:
 - The sampled patient proactively requests that a proxy answer the survey 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

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- **Proxy Respondents** *(cont'd)*
 - The interview may be conducted with a proxy if the following conditions apply:
 - The proxy agrees to complete the HCAHPS Survey on behalf of the patient, which can occur 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

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- **Proxy Respondents** *(cont'd)*
 - 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
 - Appendices J through M include scripting for identifying a proxy respondent, as well as a reminder for the proxy respondent to answer the survey questions about the patient

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- **Supplemental Questions**

- The stated number of minutes to complete the survey must be at least 8 minutes
 - If hospital-specific supplemental items (limit of 12) are added to HCAHPS, the [NUMBER] of minutes should be populated as follows:
 - If 0 supplemental items are added, “[NUMBER]” should equal “8”
 - 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”

HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- **Reminder: Interviewer Training**
 - Formal interviewer training **is required** to ensure standardized, non-directive interviews
 - Interviewing Guidelines and Conventions
 - *Refer to Appendix W in QAG V19.0, Interviewing Guidelines*
 - Frequently Asked Questions for Customer Support
 - *Refer to Appendix X in QAG V19.0*

HCAHPS Survey Training

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 st survey	Begin phone calls	Mail survey	Email 1 st invitation	Email 1 st invitation	Email 1 st invitation
3				Email 2 nd invitation		
4					Email 2 nd invitation	Email 2 nd invitation
6				Email 3 rd invitation		Mail survey
7					Email 3 rd invitation	
8				Mail 1 st survey		
10					Begin phone calls	
21	Mail 2 nd survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 nd survey		
49	End data collection	End data collection	End data collection	End data collection	End data collection	End data collection

HCAHPS Survey Training

Summary

- Changes to the Updated HCAHPS Survey Content
 - [Crosswalk of questions from the current HCAHPS Survey to the PROPOSED Updated HCAHPS Survey](#)
 - [Crosswalk of questions for the PROPOSED Updated HCAHPS Survey into publicly reported measures, beginning with the October 2026 Care Compare refresh](#)
- Major Changes to Survey Administration
 - New modes: Web-Mail, Web-Phone and Web-Mail-Phone
 - English and Spanish required
 - 49-day data collection period
 - Allow response by patient's proxy
 - Maximum of 12 supplemental items

Sampling, Data Specifications and Submission

HCAHPS Survey Training

Sampling

May 2024



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HCAHPS Survey Training

Overview

- Sampling Reminders
- MS-DRG Codes Version Updates
- Sample Frame Layout Updates

Sampling Reminder

- Obtain at least 300 completed surveys in a rolling four-quarter period
 - If hospital cannot obtain 300 completed surveys, sample all eligible discharges
 - Calculate sample size based on target of 335 completes to ensure attaining 300 completes most of the time

Sampling Reminder *(cont'd)*

- If more than 300 completed surveys:
 - Do not stop surveying when a total of 300 is reached
 - Continue to survey every patient in the sample
 - Surveying must continue even if hospital's predetermined target (quota) has been met
 - Full protocol for each mode of administration must be completed
 - Submit the entire sample

HCAHPS Survey Training

MS-DRG Codes

- **Update: Version**
 - **V.42** MS-DRG Codes will be effective October 1, **2024**
 - **V.43** MS-DRG Codes will be effective October 1, **2025**
- **Monitor HCAHPS Website**
(<https://www.hcahpsonline.org>)

HCAHPS Survey Training

Sample Frame Layout

- **Update: Patient's Preferred Language**
 - Beginning with January 2025 discharges, hospitals are **required** to collect information about the language that the patient speaks while in the hospital
 - Not required for data submission
 - Official **Spanish** translation of the HCAHPS Survey is **required** to be administered to all patients who prefer Spanish

HCAHPS Survey Training

Sample Frame Layout *(cont'd)*

- **Update: Patient's Preferred Language** *(cont'd)*

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

**The official Spanish translation must be administered to Spanish language-preferring patients*

Sample Frame Layout *(cont'd)*

- **Update: Service Line (Principal Reason Admission) – Ineligible Category**
 - 1 – Maternity Care
 - 2 – Medical
 - 3 – Surgical
 - X – Ineligible**
 - M – Missing

Data Specifications and Submission

HCAHPS Survey Training

Overview

- File Specifications Version 4.7
- File Layout
- Data Submission Timeline

Data Specifications and Submission

- **Update: File Specifications Change to Version 4.7**
 - Appendix Z – Data File Structure Version 4.7
 - Appendix AA – XML File Layout Version 4.7

Version 4.6 applies through Q4 2024 patient discharges

Version 4.7 applies to Q1 2025 patient discharges and forward

HCAHPS Survey Training

File Layout

1. Header Record
 - Complete once per monthly file
2. Patient Administrative Data Record
 - Complete for every patient in the sample
 - Number of Patient Administrative Data Records must equal the number of sampled patients (“Sample Size”)
3. Patient Response/Survey Results Record
 - Complete for patients who responded to the survey
 - Number of Patient Response/Survey Results Records must equal the count of Final Survey Status codes of “1 – Completed Survey” and “6 – Non-response: Break-off”
 - Enter missing responses as “M – Missing/Don’t Know” or “8 – Not Applicable”

HCAHPS Survey Training

Header Record

Field Name	Description
Provider Name	Name of the hospital
Provider ID	CMS Certification Number (CCN), formerly known as Medicare Provider Number
NPI	National Provider Identifier (<i>optional</i>)
Discharge Year	Year of discharge
Discharge Month	Month of discharge
Survey Mode	Mode of survey administration
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
Total Inpatient Discharges	Total number of inpatient discharges in the month
Eligible Discharges	Number of eligible discharges in sample frame in the month
Sample Size	Number of sampled discharges in the month
Type of Sampling	Type of sampling utilized
DSRS Strata Name	If sampling type is DSRS, the name of stratum
DSRS Eligible	If sampling type is DSRS, the number of eligible patients within the stratum
DSRS Sample Size	If sampling type is DSRS, the number of sampled patients within the stratum

Header Record *(cont'd)*

- **Update: Discharge Year**
 - 2025 or greater; cannot be 9999
 - Use of **Version 4.7** requires **Q1 2025** or greater discharge

HCAHPS Survey Training

Header Record *(cont'd)*

- **Update: Survey Mode***

1 – Mail Only

2 – Phone Only

3 – Mail-Phone

4 – Web-Mail

5 – Web-Phone

6 – Web-Mail-Phone

**Must be the same for all three months within a quarter*

Header Record *(cont'd)*

- **Update: Determination of Service Line**

- 1 – V.25 MS-DRG codes or later
- 2 – CMS V.24 DRG codes
- 3 – 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

(cont'd on next slide)

HCAHPS Survey Training

Header Record *(cont'd)*

- **Update: Determination of Service Line**
(cont'd)

Single Service Line Patient Population

8 – Single Service Line – Maternity Care Only

9 – Single Service Line – Medical Only

10 – Single Service Line – Surgical Only

Note: Survey vendors must maintain 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.

HCAHPS Survey Training

Header Record *(cont'd)*

- **Reminder:** Certain Header Record information **cannot be modified once two months of data** in the quarter have been submitted and accepted
 - Survey Mode
 - Type of Sampling
 - Determination of Service Line
 - DSRS Strata Name, if DSRS
- Must be the **same for all three months** within a quarter

HCAHPS Survey Training

Patient Administrative Data Record

Field Name	Description
Provider ID	CMS Certification Number (CCN)
Discharge Year	Year of discharge
Discharge Month	Month of discharge
Patient ID	Random, unique, de-identified, assigned patient ID by hospital/survey vendor
Point of Origin for Admission or Visit	Source of inpatient admission for the patient (<i>same as UB-04 field location 15</i>)
Principal Reason Admission	HCAHPS Service Line
Discharge Status	Patient's discharge status (<i>same as UB-04 field location 17</i>)
Strata Name	If sampling type is DSRS, name of the stratum the patient belongs to

HCAHPS Survey Training

Field Name	Description
Final Survey Status	Disposition of survey
Survey Completion Mode	Survey Mode used to complete a survey administered in the Mail-Phone, Web-Mail , Web-Phone , or Web-Mail-Phone modes
Survey Attempts Phone	Number of phone attempts
Survey Attempts Mail	Mail wave for which the survey was completed or final survey status determined
Survey Attempts Web	Email invitation for which the survey was completed or final survey status code is determined
Email Status	Indicates if a valid patient email address was provided
Survey Language	Identify survey language in which the survey was administered (or attempted to be administered)
Lag Time	Number of days between the patient's discharge date and the end of data collection for that patient
Supplemental Question Count	The count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered
Patient Sex	Patient's sex (same as UB-04 field location 11)
Patient Age	Patient's age at hospital admission

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Discharge Year**
 - 2025 or greater; cannot be 9999
 - Use of Version 4.7 requires Q1 2025 or greater discharge

Patient Administrative Data Record *(cont'd)*

- **Update: Service Line (Principal Reason Admission) – Ineligible Category**

1 – Maternity Care

2 – Medical

3 – Surgical

X – Ineligible

M – Missing

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Final Survey Status**
 - 1 – Completed Survey
 - No evidence of ineligibility
 - Meets completion threshold of the updated HCAHPS Survey

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Final Survey Status** *(cont'd)*
 - **Update: Definition of a Completed Survey**
 - At least 50 percent of the 20 questions applicable to all patients are answered
 - Questions applicable to all patients are *included*
 - Questions 1-12, 14, 15, 18-21, 24, and 25
 - Questions not applicable to all patients (i.e., skip pattern) and “About You” questions are *excluded*
 - Questions 13, 16, 17, 22, 23, and 26-32

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Example: Completed Survey Calculation
 - A mail survey is returned, or 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”

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Example: Completed Survey Calculation *(cont'd)*
 - **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 = 11**
 - **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:
 - **Percentage Complete = $(R/20) \times 100$**
= $(11/20) \times 100 = 55\%$
 - **Step 3** - If the Percentage Complete is at least 50 percent, then assign the survey a "Final Survey Status" code of "1 – Completed survey":
 - **Percentage Complete = 55%** which meets the criteria for a completed survey ($\leq 50\%$)
 - **"Final Survey Status" code of "1 – Completed survey" is assigned to this survey**

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Reminder: Final Survey Status**
 - 6 – Break-off
 - At least one HCAHPS Core question is answered, but too few questions are answered to meet the criteria for a completed survey
 - Includes patients who refuse to complete the survey, but answered at least one HCAHPS Core question

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Survey Completion Mode**

- Survey Mode used to complete a survey administered in the mixed modes: Mail-Phone or **Web-First**

1 – Mail-Phone mode: **Mail**

7 – Web-Mail-Phone mode: **Web**

2 – Mail-Phone mode: **Phone**

8 – Web-Mail-Phone mode: **Mail**

3 – Web-Mail mode: **Web**

9 – Web-Mail-Phone mode: **Phone**

4 – Web-Mail mode: **Mail**

10 – Not applicable

5 – Web-Phone mode: **Web**

6 – Web-Phone mode: **Phone**

Patient Administrative Data Record *(cont'd)*

- **Update: Number Survey Attempts – Phone**
 - Phone attempt upon which the final survey was completed or final survey status was determined
 - 1 - First phone attempt
 - 2 - Second phone attempt
 - 3 - Third phone attempt
 - 4 - Fourth phone attempt
 - 5 - Fifth phone attempt
 - 8 - Not applicable

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Number Survey Attempts – Phone**
(cont'd)
 - **Is required when:**
 - Survey Mode is **Phone Only** mode
 - Survey Mode is **Mail-Phone** mode **and** Survey Completion Mode is **Mail-Phone mode: Phone**
 - Survey Mode is **Web-Phone** mode **and** Survey Completion Mode is **Web-Phone mode: Phone**
 - Survey Mode is **Web-Mail-Phone** mode **and** Survey Completion Mode is **Web-Mail-Phone mode: Phone**

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Number Survey Attempts – Mail**

- Mail wave for which the survey was completed or final survey status determined

- 1 - First wave mailing

- 2 - Second wave mailing

- 8 - Not applicable

- **Is required when:**

- Survey Mode is **Mail Only** mode

- Survey Mode is **Web-Mail mode** and Survey Completion Mode is **Web-Mail mode: Mail**

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Number Survey Attempts – Web (New Field)**
 - Email invitation for which the survey was completed or final survey status code is determined
 - 1 – First email invitation
 - 2 – Second email invitation
 - 3 – Third email invitation
 - 8 – Not Applicable

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Number Survey Attempts – Web**
(cont'd)
 - **Is when required:**
 - Survey Mode is **Web-Mail and** Survey Completion Mode is **Web-Mail mode: Web**
 - Survey Mode is **Web-Phone and** Survey Completion Mode is **Web-Phone mode: Web**
 - Survey Mode is **Web-Mail-Phone and** Survey Completion Mode is **Web-Mail-Phone mode: Web**

HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- **Update: Email Status (New Field)**
 - Indicates if a valid email address was provided
 - 1 – Yes = valid email address provided
 - 2 – No = no valid email address provided
 - 8 – Not Applicable = not administering in Web-First
 - Valid email address: a username followed by @ and a domain name

Patient Administrative Data Record *(cont'd)*

- **Update: Patient Sex (previously Patient Gender)**
 - 1 – Male
 - 2 – Female
 - M – Missing
- Aligns with UB-04 form

Patient Administrative Data Record *(cont'd)*

- **Update: Supplemental Question Count**

- Count of maximum number of supplemental questions available to the patient regardless if the questions are asked and/or answered

0-12*

M – Missing

**Maximum of 12 Supplemental Items*

HCAHPS Survey Training

Patient Response/ Survey Results Record

Field Name	Description
Q1 (Nurses Courtesy and Respect)	“During this hospital stay, how often did nurses treat you with courtesy and respect?”
Q2 (Nurses Listen)	“During this hospital stay, how often did nurses listen carefully to you?”
Q3 (Nurses Explain)	“During this hospital stay, how often did nurses explain things in a way you could understand?”
Q4 (Doctors Courtesy and Respect)	“During this hospital stay, how often did doctors treat you with courtesy and respect?”
Q5 (Doctors Listen)	“During this hospital stay, how often did doctors listen carefully to you?”
Q6 (Doctors Explain)	“During this hospital stay, how often did doctors explain things in a way you could understand?”

HCAHPS Survey Training

Field Name	Description
Q7 (Cleanliness)	“During this hospital stay, how often were your room and bathroom kept clean?”
Q8 (Rest)*	“During this hospital stay, how often were you able to get the rest you needed?”
Q9 (Quiet)	“During this hospital stay, how often was the area around your room quiet at night?”
Q10 (Informed Care)*	“During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?”
Q11 (Hosp Staff)*	“During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?”
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?”
Q13 (Bathroom Help)	“How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?”
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?”

**New question*

May 2024



HCAHPS Survey Training

Field Name	Description
Q15 (New Med Screener)	“During this hospital stay, were you given any medicine that you had not taken before?”
Q16 (Med For)	“Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?”
Q17 (Side Effects)	“Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”
Q18 (Rest Recovery)*	“During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?”
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?”
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?”

**New question*

May 2024



HCAHPS Survey Training

Field Name	Description
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?”
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?”
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?”
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?”
Q25 (Recommend)	“Would you recommend this hospital to your friends and family?”
Q26 (Planned Stay)*	“Was this hospital stay planned in advance?”
Q27 (Overall Health)	“In general, how would you rate your overall health?”
Q28 (Mental Health)	“In general, how would you rate your overall mental or emotional health?”

**New question*

May 2024



HCAHPS Survey Training

Field Name	Description
Q29 (Language Speak)	“What language do you mainly speak at home?”
Q30 (Education)	“What is the highest grade or level of school that you have completed?”
Q31 (Ethnic)	“Are you of Spanish, Hispanic, or Latino origin?”
Q32 (Race, American Indian/Alaska Native)	“What is your race? Please choose one or more.”
Q32 (Race, Asian)	“What is your race? Please choose one or more.”
Q32 (Race, African American)	“What is your race? Please choose one or more.”
Q32 (Race, HI Pacific Islander)	“What is your race? Please choose one or more.”
Q32 (Race, White)	“What is your race? Please choose one or more.”

HCAHPS Survey Training

Summary

- Header Record completed once per monthly file
- Patient Administrative Data Record completed for every patient in the sample
 - Number of Patient Administrative Data Records must equal the number of sampled patients (“Sample Size”)
- Patient Response/Survey Results Record completed for patients who responded to the survey
 - “Final Survey Status” codes of “1 – Completed Survey” or “6 – Non-response: Break-off”
 - Enter missing responses as “M – Missing/Don’t Know” or “8 – Not Applicable”

HCAHPS Survey Training

Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version
January, February and March 2024 (1Q24)	July 3, 2024	July 4 - 10, 2024	Version 4.6
April, May and June 2024 (2Q24)	October 2, 2024	October 3-9, 2024	Version 4.6
July, August and September 2024 (3Q24)	January 2, 2025	January 3-9, 2025	Version 4.6
October, November and December 2024 (4Q24)	April 2, 2025	April 3-9, 2025	Version 4.6
January, February and March 2025 (1Q25)	July 9, 2025	July 10-16, 2025	Version 4.7

HCAHPS Survey Training

Oversight Activities

May 2024



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HCAHPS Survey Training

Overview

- Purpose of Oversight
- Description of Oversight Activities
- Quality Assurance Plan (QAP) and Survey Materials
- On-site Visits and Oversight Teleconference calls
- Non-compliance and Sanctions
- Exception Request/Discrepancy Report

HCAHPS Survey Training

Purpose of Oversight

- To ensure **compliance** with HCAHPS protocols
- To ensure that all data collected and submitted are complete, valid and timely
- To ensure standardization and transparency of publicly reported results

Description of Oversight Activities

- Quality Assurance Plans (QAPs)
- Survey materials
- Submitted data
- On-site Visits and Oversight Teleconference calls
- Exception Request and Discrepancy Report

Quality Assurance Plans (QAP)

- Document the understanding of, application of and compliance with HCAHPS protocols
- Must reflect *actual* survey processes and practices
- Ensure high quality data collection and continuity in survey processes

HCAHPS Survey Training

Quality Assurance Plans *(cont'd)*

- Must be **updated annually** *and* when changes in key events or key project staff occur
 - If adding new modes, submit updated QAP by **June 3, 2024**
- Newly approved Survey Vendors and Self-administering Hospitals must submit a QAP for review and approval prior to administering the HCAHPS Survey
- Existing Survey Vendors and Self-administering Hospitals adding a new mode must submit a QAP for review and approval
- For more information, see *QAG V19.0* Appendix BB for the QAP Outline

HCAHPS Survey Training

Survey Materials

- Survey vendors/Hospitals must submit survey materials (**both English and Spanish**) that will be used for January 1, 2025, discharges and forward for review to HCAHPS Technical Assistance **by Friday, June 28, 2024**
 - If using supplemental questions, include the mandatory transition statement
- CMS may also request additional survey-related materials for review, including seeded mailing(s) to the HCAHPS Project Team
- HCAHPS Attestation Statement is also due **Friday, June 28, 2024**
 - Attestation Statement Form is available in Appendix GG in the QAG V19.0 and will be posted on HCAHPS Online (www.hcahpsonline.org)

HCAHPS Survey Training

On-site Visits and Oversight Teleconferences

- **Reminder:** Allows the HPT to review and observe systems, procedures, facilities, resources and documentation used to administer the HCAHPS Survey
- **Feedback Report** will include the HPT's observations and action items for follow-up on topics including but not limited to:
 - Survey administration, data preparation, coding and submission, quality checks, staff training, etc.
- Documentation of corrections required and follow-up review will occur

HCAHPS Survey Training

Non-compliance and Sanctions

- Non-compliance with HCAHPS protocols may result in sanctions being applied to a hospital and/or its survey vendor including:
 - Application of appropriate footnote(s) to HCAHPS Survey results on Care Compare
 - Adjustments to publicly reported scores, as needed
 - Increased oversight activities
 - Development and implementation of a corrective action plan
 - Loss of approved status to administer the HCAHPS Survey
 - Withholding HCAHPS Survey results from public reporting
 - Could affect Annual Payment Update (APU) and/or Hospital Value-Based Purchasing (HVBP) program payment
 - Other sanctions as deemed appropriate by CMS

HCAHPS Survey Training

Exception Request

- Overview:
 - Request alternative methodologies
 - Approval and implementation
 - Notification of variation from HCAHPS protocols during survey administration

HCAHPS Survey Training

Exception Request *(cont'd)*

- Complete and Submit Exception Request Form online
 - Submit Exception Request Form online through:
<https://www.hcahpsonline.org>
 - Exception Request must be submitted and approved **prior** to implementing
 - **Exception Request must be submitted by survey vendors on behalf of their client hospitals**

HCAHPS Survey Training

Exception Request *(cont'd)*

- Reminder: Common Exception Requests
 - 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 that may contravene HCAHPS protocols, the survey vendor/hospital should submit an Exception Request to alert and inform the HCAHPS Project Team

HCAHPS Survey Training

Exception Request *(cont'd)*

- Reminder: Common Exception Requests *(cont'd)*
 - 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

Exception Request *(cont'd)*

- **Update: Determination of Service Line Methods**
 - 1 – V.25 MS-DRG codes or later
 - 2 – CMS V.24 DRG codes
 - 3 – Mix of MS-DRG and APR-DRG codes
 - 4 – ICD-10 or ICD-9 codes
 - 5 – Hospital unit
 - 6 – APR-DRG codes

(cont'd on next slide)

HCAHPS Survey Training

Exception Request *(cont'd)*

- **Update: Determination of Service Line Methods**
 - 7 – Other Approved Exception
 - Submission of an Exception Request is no longer required for use of Single Service Line Patient Population (Previously Reported Under “7 – Other – Approved Exception Request Only”)
 - New Determination of Service Line Codes
 - 8 – Single Service Line - Maternity Care Only
 - 9 – Single Service Line - Medical Only
 - 10 – Single Service Line - Surgical Only

Note: Survey vendors must maintain 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 a minimum and is subject to review by the HCAHPS Project Team.

Exception Request *(cont'd)*

Reminder: Exception Request Approval

- Approved Exception Requests are limited to a two-year timeframe unless otherwise specified
- Survey administration activities for an approved Exception Request must be implemented at the beginning of a quarter
- Approved renewal Exception Request will align with the beginning of a quarter and expire at the end of a quarter

HCAHPS Survey Training

Exception Request *(cont'd)*

- Changes made to the HCAHPS Quality Assurance Guidelines and protocols may result in termination of an Approved Exception Request. In such cases survey vendors/hospitals will be required to follow the updated protocols.
- CMS reserves the right to withdraw approval at its discretion

Discrepancy Report

- Discrepancy Reports must be submitted to notify the HPT of deviations from HCAHPS Survey administration protocols
 - Example: Missing eligible discharges
- **Discrepancy Reports must be submitted by survey vendors on behalf of their client hospitals**
 - It is **strongly recommended** that survey vendors notify client hospitals of submission of a Discrepancy Report

Discrepancy Report *(cont'd)*

- Complete and submit report immediately upon discovery of issue(s)
 - Provide sufficient detail
 - Hospital name and CCN
 - How issue was discovered
 - Average monthly eligible count
 - Number of eligible discharges affected
 - Average monthly sample size
 - Number of sampled patients affected
 - Corrective action plan
 - Specific time period affected
 - Other details and information, including initial and follow up Discrepancy Report numbers

HCAHPS Survey Training

Questions?

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Contact Us

HCAHPS Information and Technical Support

- Website: <https://www.hcahpsonline.org>
- Email: hcahps@hsag.com
- Telephone: 1-888-884-4007

HCAHPS Survey Training

HCAHPS Survey Training

May 2024



HCAHPS Survey Training

Day 2

- Welcome & Overview
- Public Reporting
- Data Adjustment
- Data Quality Checks and the Updated HCAHPS Survey
- Summary
- Next Steps/Adjourn/Evaluation

HCAHPS Survey Training

Online Question Submission

May 2024



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Public Reporting

HCAHPS Survey Training

Overview

- Reporting HCAHPS Results
 - Timeline for reporting Updated HCAHPS Survey results
- Forms for Public Reporting
- Suppression of Results

HCAHPS Survey Training

HCAHPS Results Updated Quarterly

- Composite measures are publicly reported
- Individual items are publicly reported
- Global ratings are publicly reported

HCAHPS Survey Training

Reporting HCAHPS Results

- Official HCAHPS Scores are publicly reported on Care Compare on Medicare.gov <https://www.medicare.gov/care-compare/>
 - Also available in the Provider Data Catalog:
<https://data.cms.gov/provider-data/dataset/dgck-syfz>
- Results are reported for the composites, individual items, and global items
- Number of completed surveys and response rate also reported
- HCAHPS results include:
 - Top-box, middle-box, bottom-box, and linear mean scores
 - HCAHPS Star Ratings

Reporting HCAHPS Results *(cont'd)*

- Results aggregated into rolling four quarters (12 months) by hospital
- Hospital's results are displayed with national and state averages
- Results are updated quarterly

HCAHPS Survey Training

Public Reporting Periods

- Legacy measures publicly reported through **October 2025** (Q1 to Q4 2024 data):
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication About Medicines
 - Discharge Information
 - Care Transition
 - Cleanliness
 - Quietness
 - Overall Hospital Rating
 - Recommend the Hospital

HCAHPS Survey Training

Public Reporting Periods *(cont'd)*

- **Unchanged measures** from the legacy survey publicly reported January 2026 (Q2, Q3, Q4 2024, & Q1 2025 data) through July 2026 (Q4 2024 & Q1, Q2, Q3 2025 data)
 - Communication with Nurses
 - Communication with Doctors
 - Communication About Medicines
 - Discharge Information
 - Cleanliness
 - Quietness
 - Overall Hospital Rating
 - Recommend the Hospital

HCAHPS Survey Training

Public Reporting Periods *(cont'd)*

Updated HCAHPS Survey measures will be publicly reported beginning with the **October 2026 report** (Q1 - Q4 2025 data):

- Communication with Nurses (legacy questions)
- Communication with Doctors (legacy questions)
- **Restfulness of Hospital Environment**
 - Q8: Rest
 - Q9: Quietness (legacy question now part of a new composite)
 - Q18: Rest Recovery
- Cleanliness (legacy question)
- **Care Coordination**
 - Q10: Informed Care
 - Q11: Hosp Staff
 - Q19: Care After Stay

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Public Reporting Periods *(cont'd)*

Updated HCAHPS Survey measures will be publicly reported beginning with the **October 2026 report** *(cont'd)*:

- Responsiveness of Hospital Staff
 - Q13: Bathroom Help (legacy question)
 - Q14: Help Right Away
- Communication About Medicines (legacy questions)
- Information about Symptoms (Q20)
- Discharge Information (legacy questions)
- Overall Hospital Rating (legacy question)
- Recommend the Hospital (legacy question)

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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
Q3 2024 - Q2 2025	8 unchanged measures in the legacy HCAHPS Survey**	April 2026
Q4 2024 - Q3 2025	8 unchanged measures in the legacy HCAHPS Survey**	July 2026
Q1 2025 - Q4 2025	11 measures in the updated HCAHPS Survey***	October 2026
Q2 2025 - Q1 2026	11 measures in the updated HCAHPS Survey	January 2027
Q3 2025 - Q2 2026	11 measures in the updated HCAHPS Survey	April 2027
Q4 2025 - Q3 2026	11 measures in the updated HCAHPS Survey	July 2027
Q1 2026 - Q4 2026	11 measures in the updated HCAHPS Survey****	October 2027

**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 and PCHQR Programs: “Communication with Nurses,” “Communication with Doctors,” “Communication about Medicines,” “Discharge Information,” “Overall Rating,” “Recommend Hospital,” “Cleanliness,” and “Quietness.”

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

**** The proposed updated HCAHPS Survey data will have been publicly reported for 1 full year.

**Pending FY 2025 Rulemaking, anticipated August 2024*

HCAHPS Survey Training

Forms for Public Reporting

- Hospitals must submit the appropriate pledge form (Notice of Participation) to have their data displayed on Care Compare on Medicare.gov
<https://www.medicare.gov/care-compare/>
- Forms are accessible on the HQR system
<https://hqr.cms.gov/>

Suppression of Results: IPPS Hospitals

- IPPS hospitals **cannot** suppress their results from Care Compare on Medicare.gov
 - Must withdraw from Hospital Inpatient Quality Reporting (IQR) program to suppress

Suppression of Results: CAHs

- CAHs **may** suppress their results
 - Must suppress complete set of HCAHPS results
 - Will receive Footnote 5
- To suppress results, a CAH must complete the appropriate pledge form and submit it to QualityNet Help Desk

HCAHPS Survey Training

Data Adjustment

May 2024



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HCAHPS Survey Training

Outline

- Review of 2021 HCAHPS Mode Experiment, Response Rates, and Representativeness
- Survey Mode Protocol Adjustments
- Selection of a Survey Mode Protocol
- Updated Patient-Mix Adjustment: Adding Planned Stay

HCAHPS Survey Training

Review of 2021 HCAHPS Mode Experiment, Response Rates, and Representativeness

May 2024



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HCAHPS Survey Training

2021 HCAHPS Mode Experiment Design

- 46 participating hospitals
 - Sampled 36,001 patient discharges from April 1 to September 30, 2021
 - Patients age 18+, overnight stay, surgical/maternity/medical service lines, etc.
 - 63% of patients provided valid email addresses
 - Patients randomized within each hospital to 1 of 6 survey protocols
 - As in previous HCAHPS mode experiments, survey administration was in English
- Used a 49-day data collection period
 - Schedule of contacts same as will be used starting Q1 2025

HCAHPS Survey Training

2021 HCAHPS Mode Experiment Response Rates

Survey Administration Protocol	Response Rate
Legacy HCAHPS Survey Mode Protocols	
Mail-Only	23%
Phone-Only	22%
Mail-Phone	31%
Web-first Survey Mode Protocols	
Web-Mail	29%
Web-Phone	30%
Web-Mail-Phone	36%

- Adding web increased RRs
- Single-mode protocols had the lowest RRs
- Note: Vendor RRs may be higher or lower in implementation

HCAHPS Survey Training

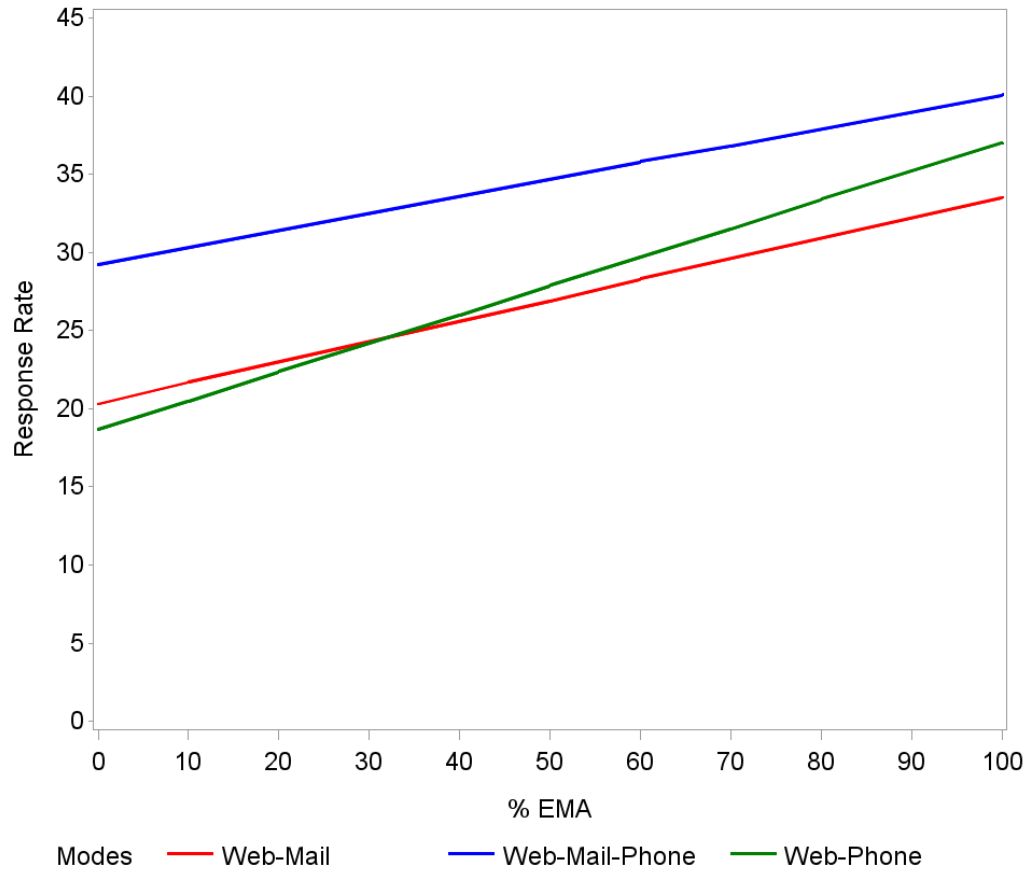
Response Rates by Email Availability, 2021 HCAHPS Mode Experiment

Survey Administration Protocol	No email address available (NEMA)	Email address available (EMA)
HCAHPS Legacy Survey Mode Protocols		
Mail-Only	21%	24%
Phone-Only	20%	23%
Mail-Phone	26%	34%
Web-first Survey Mode Protocols		
Web-Mail	20%	34%
Web-Phone	19%	37%
Web-Mail-Phone	29%	40%

- Email availability increases RRs for Web-first survey modes
 - For example, 70% EMA for Web-Mail might expect a 29.8% RR:
 $70\% * 34\% + 30\% * 20\% = 29.8\%$

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Response Rates by % EMA for Web-First Protocols, 2021 HCAHPS Mode Experiment



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Mode of Completion for the 4 Mixed Mode Protocols, 2021 HCAHPS Mode Experiment

% of all Patient Responses by:	Mail-Phone (all)	Web-Mail (with email address)	Web-Phone (with email address)	Web-Mail-Phone (with email address)
Web	N/A	59%	55%	39%
Mail	57%	41%	N/A	29%
Phone	43%	N/A	45%	32%

This allows an average hospital to estimate its response mixture based on the proportion of valid email addresses it obtains, though these patterns may vary by hospital.

For example,

- with 100% EMA, Web-Mail would expect 59% of responses by Web,
- but with 70% EMA would expect $70\% \times 59\% = 41\%$ of responses by Web

Note that the total response rate will be higher with higher EMA for all Web-first survey modes

- Based on the prior slide, expect a 34% RR for WM with 100% EMA and 29.8% RR with 70% EMA
- Thus, combining info, expect
 - 20.1% RR Web ($34\% \times 59\%$) + 13.9% RR Mail ($34\% \times 41\%$) at 100% EMA and
 - 12.2% RR Web ($29.8\% \times 41\%$) + 17.6% RR Mail ($29.8\% \times 59\%$) at 70% EMA

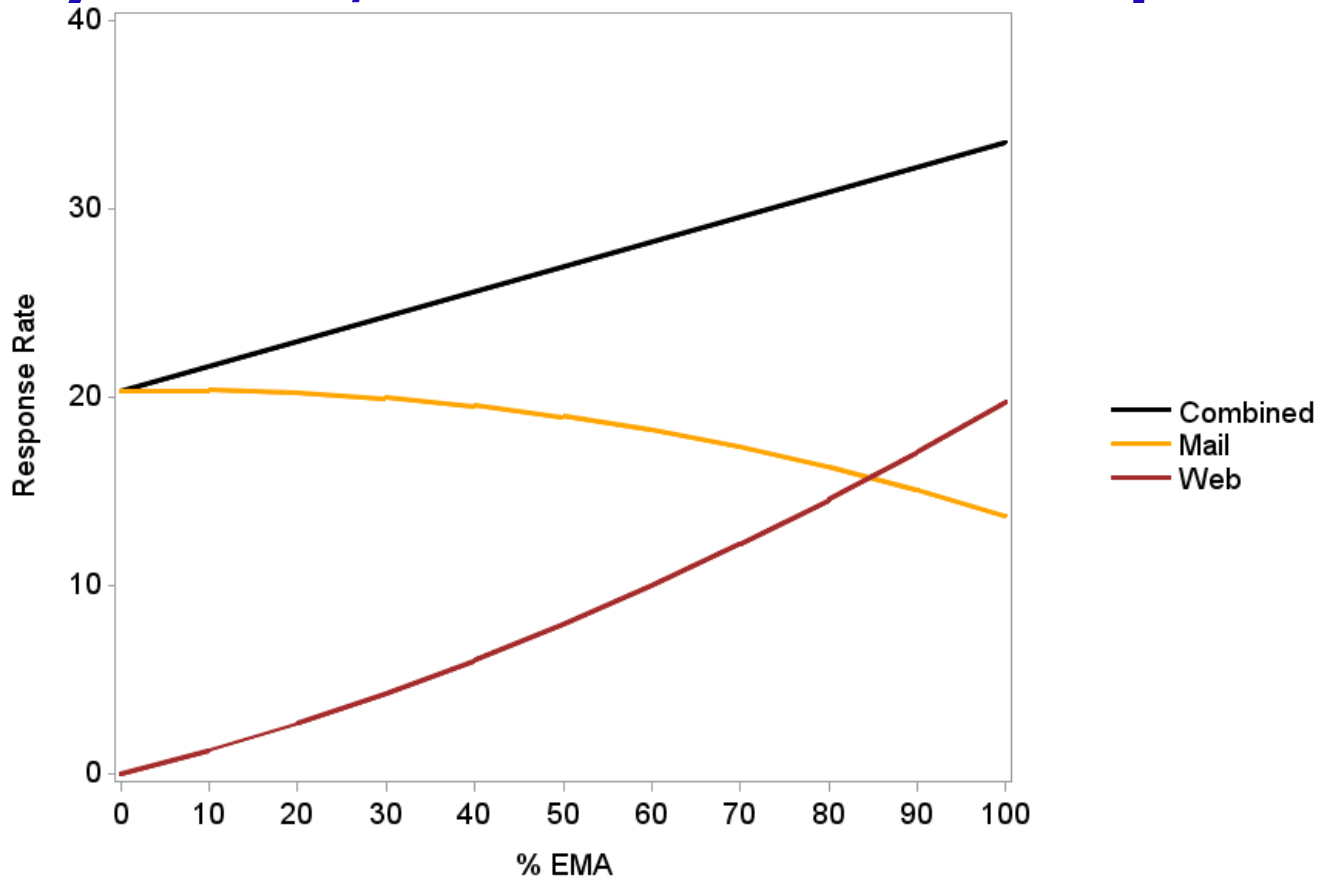
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As EMA % Increases, Web Completes Rise and Replace Mail and Phone Completes

- Web responses in Web-first modes grow with % EMA because EMA drives up both RR and the proportion of responses that are by Web
- As % EMA increases, Mail and Phone responses fall in Web-first modes as patients who would have responded by Mail or Phone respond by Web
 - There are also Web responses from patients who would not have responded at all by Mail or Phone

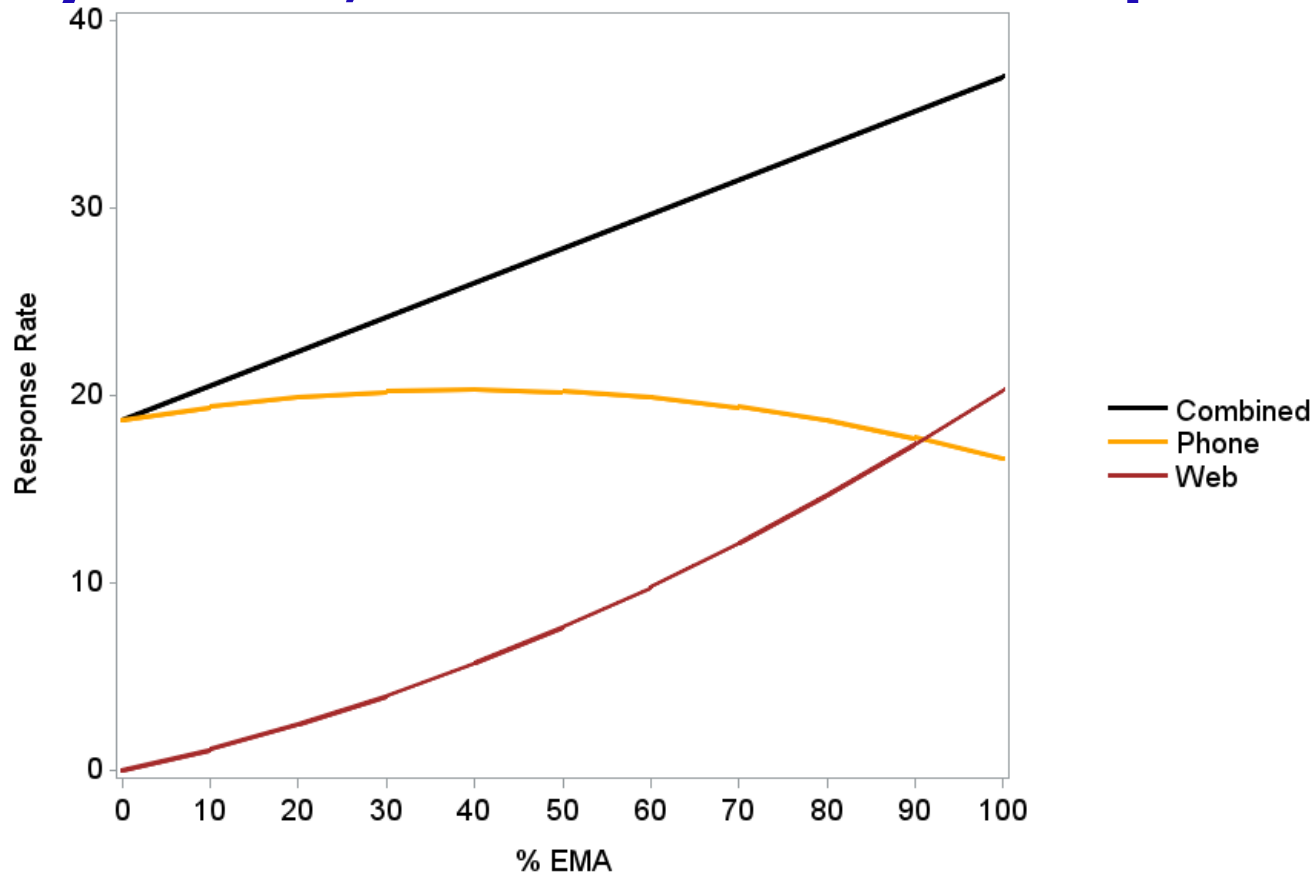
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RR by Response Mode for Web-Mail Protocol, by % EMA, 2021 HCAHPS Mode Experiment



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RR by Response Mode for Web-Phone Protocol, by % EMA, 2021 HCAHPS Mode Experiment



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HCAHPS RR and Representativeness

- Web-Mail-Phone had the highest RR for most age, sex, service line, race, and ethnicity groups
- Among two-mode protocols:
 - Web-Phone was especially successful for maternity and age 18-64 patients
 - Web-Mail was especially successful for surgical and age 65-84 patients
 - Mail-Phone was especially successful for medical patients
- The gains from multimode approaches were often 2-3x as large for AA&NHPI, Black, Hispanic, and Multiracial people as for White people¹
- Mail-Only had the lowest yield for Black, Hispanic, Multiracial, age 18-54, and maternity patients
- Phone-Only had the lowest RR for White, age 55+, medical, and surgical patients
- While multimode approaches consistently outperform single mode approaches, the most effective survey modes for a given hospital will depend upon its patient population

¹ Elliott, M. N., Brown, J. A., Hambarsoomian, K., Parast, L., Beckett, M. K., Lehrman, W. G., ... & Cleary, P. D. (2024, January). Survey Protocols, Response Rates, and Representation of Underserved Patients: A Randomized Clinical Trial. In JAMA Health Forum (Vol. 5, No. 1, pp. e234929-e234929). American Medical Association.

HCAHPS Survey Training

Best and Worst RRs by Patient Characteristics

Characteristic	Lowest RR	Highest RR
Age		
18 - 24	Mail-Only	Web-Phone
25 - 54	Mail-Only	Web-Mail-Phone
55 - 84	Phone-Only	Web-Mail-Phone
85+	Phone-Only	Web-Mail
Race and Ethnicity		
AA&NHPI	Mail-Only & Phone-Only	Mail-Phone & Web-Mail
Black, Hispanic	Mail-Only	Web-Mail-Phone
White	Phone-Only	Web-Mail-Phone
Service Line x Sex		
Maternity	Mail-Only	Web-Mail-Phone
Medical, Surgical (Both Female & Male)	Phone-Only	Web-Mail-Phone

New HCAHPS Survey Mode Protocol Adjustments

May 2024



HCAHPS Survey Training

Purpose of the HCAHPS Survey Mode Protocol Adjustments

- Survey mode protocols affect how patients answer HCAHPS items and which patients respond
- After mode adjustment, all hospitals' scores are equivalent to what would have been obtained in Mail-Only mode (the reference mode), making hospital scores comparable across all 6 modes
 - The **choice of survey mode** can affect response rates and representativeness, but **does not change the expected adjusted score**
- In combination with patient-mix adjustment (PMA), mode adjustments ensure that official HCAHPS scores are not influenced by a hospital's patient mix or choice of survey mode

HCAHPS Survey Training

2021 HCAHPS Mode Experiment Schedule of Contacts

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

HCAHPS Survey Training

New Survey Mode Protocol Adjustments: Methods (1 of 2)

- Patients in Web-first survey mode protocols are classified by valid email address availability (EMA=email address available; NEMA=No email address available)
- NEMA patients in a Web-first protocol (e.g., Web-Phone) experience a delayed traditional survey mode protocol (e.g., delayed Phone-Only)
- Mode of response (e.g., Web vs. Phone within Web-Phone) does not affect adjustments
- The 6 adjustment cells incorporate EMA/NEMA and reflect the modes to which a patient was exposed:
 - **Mail-Only/Web-Mail (WM) NEMA (reference)**
 - Phone-Only/Web-Phone (WP) NEMA
 - Mail-Phone (MP, formerly known as “Mixed Mode”)/Web-Mail-Phone (WMP) NEMA
 - Web-Mail (WM) EMA
 - Web-Phone (WP) EMA
 - Web-Mail-Phone (WMP) EMA

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New Survey Mode Protocol Adjustments: Methods (2 of 2)

- Regression models predicted each HCAHPS measure from 5 indicators (Phone-Only/WP NEMA, Mail-Phone/WMP NEMA, Web-Mail EMA, Web-Phone EMA, Web-Mail-Phone EMA) relative to the reference group (Mail-Only/WM NEMA)
 - Models included HCAHPS patient-mix adjusters and hospital fixed effects
 - Mode adjustments are the survey protocol coefficients from those models multiplied by -1
- Survey mode protocol adjustments differ by EMA/NEMA for Web-first protocols

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Phone-Only/WP NEMA Summary

- In 2016 & 2021 Mode Experiments, relative to Mail-Only/WM NEMA, all effects of Phone-Only/WP NEMA were positive, so all adjustments were negative
- The magnitude of 2021 Mode Experiment adjustments is sometimes smaller, sometimes larger than prior adjustments
 - There is little net change in Phone-Only/MP NEMA adjustments

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Phone-Only/Web-Phone NEMA

Measure	2016 ME	2021 ME
Nurse	-4.2%	-5.4%
Doctor	-2.8%	-2.5%
Staff Responsiveness (changed 2021 ME)	-0.9%	-2.6%
Rx Communication	-1.7%	-6.1%
Clean	-2.8%	-0.9%
Quiet	-8.6%	-7.1%
Discharge Information	-1.7%	-1.3%
Rating	-2.0%	-0.7%
Recommend	-3.5%	-3.2%
Care Coordination	NA	-4.8%
Restfulness of Hospital Environment	NA	-7.2%
Information about Symptoms	NA	-4.6%
Average	-3.1%	-3.9%

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Mail-Phone/WMP NEMA Summary

- Mail-Phone was formerly known as “Mixed Mode”
 - Now there are 4 mixed modes (MP, WM, WP, WMP)
- 2021 differences from Mail-Only/WM NEMA are negative for some measures and positive for others
 - Differences are generally small
- In the 2021 Mode Experiment, Mail-Phone adjustments have become somewhat more positive than in 2016

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Mail-Phone/WMP NEMA

Measure	2016 ME	2021 ME
Nurse	-3.6%	-1.0%
Doctor	-1.8%	-0.8%
Staff Responsiveness (changed 2021 ME)	-3.4%	2.7%
Rx Communication	-0.9%	-1.9%
Clean	-3.8%	-0.7%
Quiet	-5.6%	-0.9%
Discharge Information	-1.2%	0.4%
Rating	-3.0%	0.2%
Recommend	-2.1%	0.9%
Care Coordination	NA	0.0%
Restfulness of Hospital Environment	NA	-1.6%
Information about Symptoms	NA	0.1%
Average	-2.8%	-0.2%

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Mail EMA Summary

- The 2021 Mode Experiment effects of Web-Mail EMA relative to Mail Only/WM NEMA are both positive and negative
 - Differences are generally small
 - Fairly similar to Mail-Only/WM NEMA

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Mail (EMA)

Measure	2021 ME
Nurse	-1.5%
Doctor	-1.8%
Staff Responsiveness	1.0%
Rx Communication	-2.2%
Clean	1.1%
Quiet	1.4%
Discharge Information	0.3%
Rating	0.2%
Recommend	-0.3%
Care Coordination	-0.1%
Restfulness of Hospital Environment	2.3%
Information about Symptoms	-1.5%
Average	-0.1%

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Phone EMA Summary

- The 2021 Mode Experiment effects of Web-Phone EMA relative to Mail Only/WM NEMA are both positive and negative
 - Differences are generally small
 - Fairly similar to Mail-Only/WM NEMA

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Phone (EMA)

Measure	2021 ME
Nurse	-2.2%
Doctor	-1.1%
Staff Responsiveness	0.3%
Rx Communication	-3.1%
Clean	2.6%
Quiet	-3.3%
Discharge Information	-0.5%
Rating	1.7%
Recommend	1.1%
Care Coordination	0.2%
Restfulness of Hospital Environment	-1.1%
Information about Symptoms	0.0%
Average	-0.5%

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Mail-Phone EMA Summary

- The 2021 Mode Experiment effects of Web-Mail-Phone EMA relative to Mail-Only/WM NEMA are both positive and negative
 - Differences are generally small
 - Fairly similar to Mail-Only/WM NEMA

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Web-Mail-Phone (EMA)

Measure	2021 ME
Nurse	-2.2%
Doctor	-1.2%
Staff Responsiveness	0.4%
Rx Communication	-5.0%
Clean	-1.0%
Quiet	-1.0%
Discharge Information	-0.4%
Rating	2.6%
Recommend	0.5%
Care Coordination	-0.1%
Restfulness of Hospital Environment	1.6%
Information about Symptoms	-1.3%
Average	-0.6%

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New Top-Box Survey Mode Protocol Adjustments: Summary

- Phone-Only/WP NEMA adjustments continue to be negative relative to Mail-Only/WM NEMA
- All other adjustments are in both directions and generally small relative to Mail-Only/WM NEMA

HCAHPS Survey Training

New Top-Box Survey Mode Protocol Adjustments: Summary

Measure	Phone Only/ WP NEMA	MP/ WMP NEMA	WM EMA	WP EMA	WMP EMA
Nurse	-5.4%	-1.0%	-1.5%	-2.2%	-2.2%
Doctor	-2.5%	-0.8%	-1.8%	-1.1%	-1.2%
Staff Responsiveness	-2.6%	2.7%	1.0%	0.3%	0.4%
Rx Communication	-6.1%	-1.9%	-2.2%	-3.1%	-5.0%
Clean	-0.9%	-0.7%	1.1%	2.6%	-1.0%
Quiet	-7.1%	-0.9%	1.4%	-3.3%	-1.0%
Discharge Information	-1.3%	0.4%	0.3%	-0.5%	-0.4%
Rating	-0.7%	0.2%	0.2%	1.7%	2.6%
Recommend	-3.2%	0.9%	-0.3%	1.1%	0.5%
Care Coordination	-4.8%	0.0%	-0.1%	0.2%	-0.1%
Restfulness of Hospital Environment	-7.2%	-1.6%	2.3%	-1.1%	1.6%
Information about Symptoms	-4.6%	0.1%	-1.5%	0.0%	-1.3%
Average	-3.9%	-0.2%	-0.1%	-0.5%	-0.6%

HCAHPS Survey Training

EMA and NEMA Adjustments Using a Web-First Protocol: Examples

Calculating total top-box mode adjustment at the hospital level (relative to Mail-Only/WM NEMA) for Nurse Communication if using Web-Phone

Hospital A: 30% patients EMA, 70% NEMA

$$30\% * (-2.2\% \text{ WP EMA}) + 70\% * (-5.4\% \text{ Phone/WP NEMA}) = -4.4\%$$

Hospital B: 80% patients EMA, 20% NEMA

$$80\% * (-2.2\% \text{ WP EMA}) + 20\% * (-5.4\% \text{ Phone/WP NEMA}) = -2.8\%$$

HCAHPS Survey Training

New Survey Mode Protocol Adjustments: Web-Phone Summary

- Total adjustment for Web-Phone (relative to Mail-Only/WM NEMA) is in between the Phone-Only/WP NEMA and the WP EMA adjustments
 - The more EMA, the closer to WP EMA adjustments
 - Adjustments are smaller (more similar to Mail-Only/WM NEMA) as EMA increases
 - Average net adjustment of Web-Phone will be negative, but not for all items at high levels of EMA
- Total adjustment for Web-Mail and Web-Mail-Phone (relative to Mail-Only) is generally small, mixed in direction, and varies less by EMA level

HCAHPS Survey Training

EMA and NEMA Adjustments using the Web-Phone Protocol: Examples

Measure	Phone Only/ WP NEMA	WP EMA	WP 30% EMA	WP 80% EMA
Nurse	-5.4%	-2.2%	-4.4%	-2.8%
Doctor	-2.5%	-1.1%	-2.1%	-1.4%
Staff Responsiveness	-2.6%	0.3%	-1.7%	-0.3%
Rx Communication	-6.1%	-3.1%	-5.2%	-3.7%
Clean	-0.9%	2.6%	0.2%	1.9%
Quiet	-7.1%	-3.3%	-6.0%	-4.1%
Discharge Information	-1.3%	-0.5%	-1.1%	-0.7%
Rating	-0.7%	1.7%	0.0%	1.2%
Recommend	-3.2%	1.1%	-1.9%	0.2%
Care Coordination	-4.8%	0.2%	-3.3%	-0.8%
Restfulness of Hospital Environment	-7.2%	-1.1%	-5.4%	-2.3%
Information about Symptoms	-4.6%	0.0%	-3.2%	-0.9%
Average	-3.9%	-0.5%	-2.9%	-1.2%

HCAHPS Survey Training

Other Survey Mode Protocol Adjustments and Implementation Dates

- New adjustments to bottom-box scores and to the linear means (used in Star Ratings) are also derived from the 2021 Mode Experiment
 - All survey mode protocol adjustments are available now on HCAHPS Online
- New top-box, bottom-box, and linear mean mode adjustments will go into effect starting with January 2025 discharges
 - These adjustments appear at <https://hcahpsonline.org/en/mode--patient-mix-adj/>

HCAHPS Survey Training

Selection Of A Survey Mode

May 2024



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Selecting a Survey Mode (1 of 2)

- A hospital's survey mode should be selected to maximize its RR and representation of its patient population
- Multimode protocols (MP, WM, WP, WMP) outperform single mode protocols (Mail-Only, Phone-Only)
 - For young and diverse patient populations, multimode protocols that include phone achieve the best RRs
 - For older, predominantly White patient populations, multimode protocols that include mail achieve the best RRs
- The full RR benefit of Web-first protocols (WM, WP, WMP) comes at high levels of EMA

Selecting a Survey Mode (2 of 2)

- Hospitals should not select a survey mode protocol based on survey mode protocol adjustments
 - Survey mode protocol adjustment “levels the playing field” across all survey mode protocols
 - Full adjustment accounts for survey mode protocol and patient mix
 - The choice of survey mode protocol does not change the expected final fully adjusted HCAHPS score
 - EMA level also does not affect the expected fully-adjusted HCAHPS score
- Web-first protocols may not yield much RR or cost benefit at very low levels of EMA

Updated Patient-Mix Adjustment: Adding Planned Stay

May 2024



Reminder: HCAHPS Patient-Mix Adjustment

- CMS employs patient-mix adjustment (PMA) to ensure fair comparisons across all hospitals participating in HCAHPS by adjusting for factors that are not under hospital control, but which may affect HCAHPS scores
- Publicly reported patient-mix adjustments are patient-level, not hospital-level, adjustments
 - Hospital-level adjustments are a product of each patient-mix adjustment and the difference of each hospital's % of patients in a given patient-mix category from the corresponding national average

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HCAHPS PMA Variables Prior to Q1 2025

- Self-Rated Overall Health
- Self-Rated Mental Health
- Education
- Language Spoken at Home
- Response Percentile
- Age (10-year categories)
- Service Line x Sex (5 categories)
- Service Line x Age Interaction

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Introducing “Planned Stay” as a new PMA

- In the 2021 HCAHPS Mode Experiment, patients were asked “Was this hospital stay planned in advance?”
 - 61% of patients reported “No,” 10% “Yes, somewhat,” and 29% reported “Yes, definitely”
 - “Yes, somewhat” respondents were similar to “No” respondents
- Planned Stay scoring:
 - “Yes, definitely”=1
 - “Yes, somewhat” and “No”=0
- Surgical and maternity service line patients and those in better health were most likely to report that a stay was definitely planned
- Cognitive testing established that patients understood this item as intended
- We examined the Planned Stay measure as a PMA

General Adjustment Patterns for Planned Stay

- In the 2021 mode experiment, Planned Stay was positively associated with HCAHPS measures
- Thus, adjustments for planned stays relative to unplanned stays will be negative
 - Planned Stay made a unique contribution beyond those from other current HCAHPS patient-mix adjusters
 - The magnitude of the Planned Stay adjustment is moderate relative to other PMA variables
- The PMA coefficients used in implementation will come from each quarter of implementation data

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Patient-Level Top-Box Patient Mix Adjustments for Planned Stay (2021 Mode Experiment)

Measure	2021 ME Adjustment
Nurse Communication	-5.4
Doctor Communication	-8.4
Staff Responsiveness	-9.5
Rx Communication	-5.6
Clean	-5.3
Quiet	-7.7
Discharge Information	-4.1
Rating	-10.1
Recommend	-9.5
Care Coordination	-10.6
Restfulness of Hospital Environment	-8.5
Information about Symptoms	-9.1

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Reminder: Update PMA Equation for Estimating HCAHPS Scores

Q4 2024 PMA Equation:

$$\begin{aligned} \text{PMA} = & A_{\text{EDUC}} * (H_{\text{EDUC}} - M_{\text{EDUC}}) + A_{\text{HLTH}} * (H_{\text{HLTH}} - M_{\text{HLTH}}) \\ & + A_{\text{SPA}} * (H_{\text{SPA}} - M_{\text{SPA}}) + A_{\text{CHI}} * (H_{\text{CHI}} - M_{\text{CHI}}) + A_{\text{RVO}} * (H_{\text{RVO}} - M_{\text{RVO}}) \\ & + A_{\text{RPCT}} * (H_{\text{RPCT}} - M_{\text{RPCT}}) + A_{1824} * (H_{1824} - M_{1824}) + A_{2534} * (H_{2534} - M_{2534}) \\ & + \dots \\ & + A_{\text{MaSURG}} * (H_{\text{MaSURG}} - M_{\text{MaSURG}}) + A_{\text{MaMED}} * (H_{\text{MaMED}} - M_{\text{MaMED}}) \\ & + A_{\text{MAT*AGE}} * (H_{\text{MAT*AGE}} - M_{\text{MAT*AGE}}) + A_{\text{SURG*AGE}} * (H_{\text{SURG*AGE}} - M_{\text{SURG*AGE}}) \end{aligned}$$

Q1 2025 PMA Equation:

$$\begin{aligned} \text{PMA} = & A_{\text{EDUC}} * (H_{\text{EDUC}} - M_{\text{EDUC}}) + A_{\text{HLTH}} * (H_{\text{HLTH}} - M_{\text{HLTH}}) \\ & + A_{\text{SPA}} * (H_{\text{SPA}} - M_{\text{SPA}}) + A_{\text{CHI}} * (H_{\text{CHI}} - M_{\text{CHI}}) + A_{\text{RVO}} * (H_{\text{RVO}} - M_{\text{RVO}}) \\ & + A_{\text{RPCT}} * (H_{\text{RPCT}} - M_{\text{RPCT}}) + A_{1824} * (H_{1824} - M_{1824}) + A_{2534} * (H_{2534} - M_{2534}) \\ & + \dots \\ & + A_{\text{MaSURG}} * (H_{\text{MaSURG}} - M_{\text{MaSURG}}) + A_{\text{MaMED}} * (H_{\text{MaMED}} - M_{\text{MaMED}}) \\ & + A_{\text{MAT*AGE}} * (H_{\text{MAT*AGE}} - M_{\text{MAT*AGE}}) + A_{\text{SURG*AGE}} * (H_{\text{SURG*AGE}} - M_{\text{SURG*AGE}}) \\ & + A_{\text{PlnStay}} * (H_{\text{PlnStay}} - M_{\text{PlnStay}}) \end{aligned}$$

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Adjustment Patterns for Planned Stay: Example

- The national average for planned stay (Yes, definitely) was 0.29 (29%) and its top-box adjustment for Nurse Communication is -5.4
- Imagine Hospital A and Hospital B both have a 64 on Nurse Communication after adjustment for mode and all other PMAs, but they have 49% and 9% planned stays, respectively
 - Final score for Hospital A is $64 + 5.4 * (0.29 - 0.49) = 64 - 1.08 = 63$
 - Final score for Hospital B is $64 + 5.4 * (0.29 - 0.09) = 64 + 1.08 = 65$

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Timeline: Adjustment for Planned Stay

- New planned stay adjustment goes into effect beginning with Q1 2025 score adjustments
- New adjustments will roll in one quarter at a time
- Detailed PMAs will continue to be posted on <http://www.hcahpsonline.org>

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New Patient-Mix Adjustments by Public Report

Public Report	Previous Adjustment	New Adjustment
October 2025	Q1 2024, Q2 2024 Q3 2024, Q4 2024	
January 2026	Q2 2024, Q3 2024, Q4 2024	Q1 2025
April 2026	Q3 2024, Q4 2024	Q1 2025, Q2 2025
July 2026	Q4 2024	Q1 2025, Q2 2025 Q3 2025
October 2026		Q1 2025, Q2 2025 Q3 2025, Q4 2025

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Questions?

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Break

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Data Quality Checks and the Updated HCAHPS Survey

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Goals

- Ensure integrity of HCAHPS data
 - Data collection
 - Minimize errors in data handling
 - Identify and explain unusual changes in data
 - Submission of complete and accurate final data files
- Remains vital with updated HCAHPS Survey
 - New survey questions
 - Updated file formats for data submission
 - Changes in data collection timeframe

Suggested Quality Checks

- Data collection quality checks
 - Accuracy of sampling activities
 - Traceable data trail
- Verify changes in processing
 - Version control of processing code
 - Double-check for unintended changes
- Quality check (QC) dataset
 - QC dataset creation and environment
- Accuracy of final data processing activities
 - Use of warehouse reports

Quality of Sampling Process

- Sampling quality checks
 - Verify that each eligible discharge has a chance of being sampled
 - For SRS and PSRS, each eligible discharge should have the same probability of being sampled
 - For DSRS, eligible discharges may have unequal probabilities of being sampled
 - Verify that each stratum contains at least 10 sampled patients per month

Traceable Data Trail

- **Reminders for updating internal processing systems for Q1 2025 discharges:**
 - **Save** both original and processed versions of HCAHPS data files
 - Allows for easier backtracking when potential errors are found
 - Version control for data files, reports, and software code
 - Do not delete old data files
 - Keep for a minimum of three years

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Traceable Data Trail *(cont'd)*

- Track data file receipts with summary tables:

Received	CCN	Discharge Month	Patient Records	Comments/ <i>Action</i>
01-24-2025	A	1	30	First receipt
02-03-2025	A	1	27	Updated file (why 3 fewer patients?) <i>Investigate.</i>
02-06-2025	B	1	110	Substantial change in # of records from previous month. <i>Investigate.</i>
01-28-2025	C	1	72	Count of patients as expected

File tracking continues to be important with new variables and file layouts in Q1 2025

Verify Changes in Processing

- Goal: when software code is changed or processing steps are updated, verify whether the changes had unintended consequences or introduced errors
- Develop a validation plan in preparation for code changes and processing updates for Q1 2025 discharges

Verify Changes in Processing *(cont'd)*

- Suggested steps for minimizing errors for **Q125 processing updates**:
 - 1) Prior to making code change, **save** current code and current data
 - 2) Install code change
 - 3) Have at least one other **different team member** check new code
 - 4) Execute new code
 - 5) Conduct **exhaustive comparison** of old data and new data, **even for data elements** the code change was not intended or expected to affect

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Suggested Quality Check (QC) Dataset

- Create and maintain a hospital-level QC dataset for each quarter
 - # of eligible patients, sample size, ineligible counts, non-response counts, and # of completed surveys
 - Frequencies and percentages for all survey and administrative variables
- Easily compare counts or percentages for data elements across quarters
- Include new data elements for **Q125 discharges**

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Suggested Changes to be Included in QC Dataset Beginning with Q1 2025 Discharges

- Reminder: new valid values for administrative data
 - Service line
 - Determination of service line
 - Survey mode
 - Survey completion mode
 - Number of survey attempts by mode
- New administrative variable to indicate if valid **patient email address** was collected

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Suggested Changes to be Included in QC Dataset Beginning with Q1 2025 Discharges *(cont'd)*

- **Remove prior** survey questions:
 - Previous Q4 Call Button
 - Previous Q20, Q21, and Q22 for the Care Transition measure
 - Previous Q23 Emergency Room
- 7 new **patient experience** questions to join QC dataset:
 - Q8 Rest, Q10 Informed Care, Q11 Hosp Staff, Q14 Help Right Away, Q18 Rest Recovery, Q19 Care After Stay, Q20 Information about Symptoms
- 1 new **PMA** question: Q26 Planned Stay

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Changes Included for QC Dataset Beginning with Q1 2025 Discharges *(cont'd)*

- **Reminder:** some questions will have different question numbers beginning in Q1 2025
 - Example: the Cleanliness item was **Q8** prior to Q1 2025, but is now **Q7** in the updated instrument
 - Refer to the updated survey [crosswalk](#) on HCAHPS Online
- **Final survey status** calculation for a completed survey update
 - Questions applicable to all respondents now include questions 1-12, 14, 15, 18-21, 24, and 25

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QC Dataset Creation

HSP ID	Eligibles (sample frame)	Sample Size	Non- Respondents	Ineligibles	Completes	...
1						
2						
...						
40						

- Each row represents one hospital
- **Many** possible key HCAHPS data elements for a given quarter (or month/year)

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QC Dataset Creation *(cont'd)*

	Restfulness of Hosp Env.						
HSP ID	Q8 Always %	Q9 Always %	Q18 Always %	...	Planned Stay Yes %	Planned Stay No %	
1							
2							
...							
40							

- Columns may include counts or percentages for each survey question response
- HCAHPS composites can also be calculated and included

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QC Dataset Creation *(cont'd)*

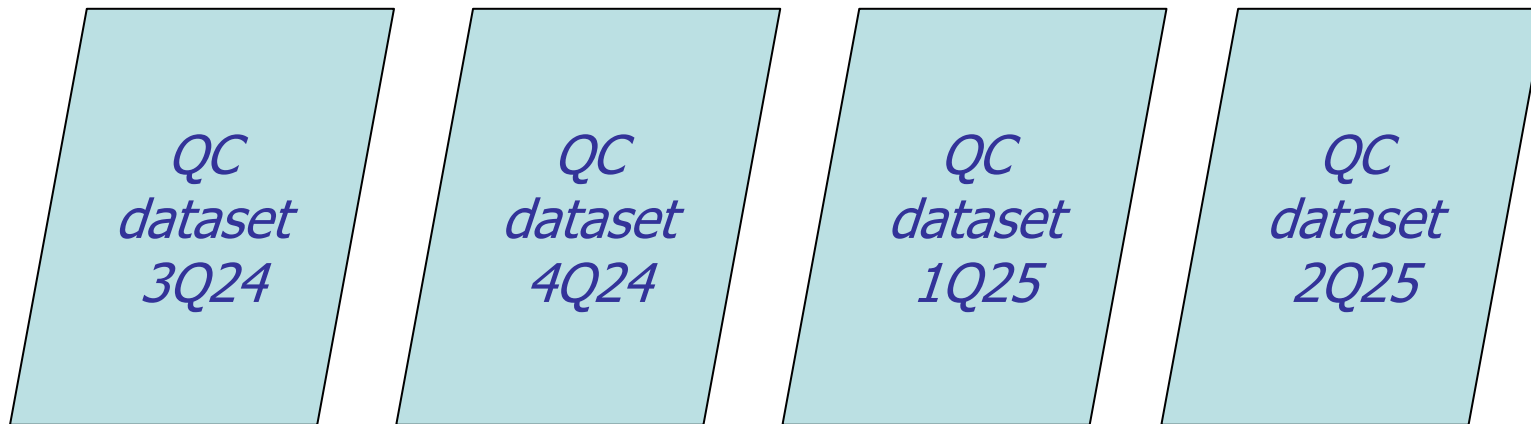
HSP ID	Maternity %	Surgical %	Medical %	Age 18-24 %	...	Female %
1						
2						
...						
40						

- Track administrative variables – especially those used in patient-mix adjustment
- Averages of hospital variables can also be useful to monitor

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QC Dataset Environment

- Create the master QC dataset on a quarterly basis
 - Yearly and monthly versions may be useful too



Note: data elements in 2024 datasets will change beginning in 2025

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Using QC Datasets: Sampling Process

Example: compare eligible discharge size between two consecutive quarters

- Small fluctuations may not represent errors
- Investigate larger fluctuation for possible errors
- Updated survey should not affect # of eligibles

4Q24 QC Dataset	
HSP ID	Eligible Discharge Size
1	1230
2	545
...	...
40	433

1Q25 QC Dataset	
HSP ID	Eligible Discharge Size
1	1401
2	84
...	...
40	566

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Using QC Datasets: PMA Variables *(cont'd)*

Example: maternity rates across **4 quarters**

3Q24 QC Dataset		4Q24 QC Dataset		1Q25 QC Dataset		2Q25 QC Dataset	
HSP ID	Maternity	HSP ID	Maternity	HSP ID	Maternity	HSP ID	Maternity
1	18%	1	11%	1	14%	1	43%
2	87%	2	83%	2	84%	2	89%
...
40	0%	40	0%	40	0%	40	0%

- Hospital 1 may have added additional maternity (verify)
- Hospital 2 may specialize in maternity (verify)
- Hospital 40 could be a surgical specialty hospital (verify)

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Using QC Datasets: Missingness Rates

HSP ID	Service Line Missing	Age Missing	Planned Stay Missing	Valid Email Address Missing*	...	Discharge Status Missing
1	2%	0%	31%	12%	...	1%
2	50%	1%	2%	4%	...	2%
...
40	4%	1%	6%	5%		0%

- Make every attempt to obtain all data elements for each patient
- Hospital 1 has higher missing rates for updated survey variables
- Hospital 2 should investigate missing service line

*Required for hospitals using a web-based survey mode

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Accuracy of Final Data Processing Activities

- Ensure final XML file creation was conducted in accordance with required HCAHPS protocols
- Verification that errors did not occur during data submission process
 - HCAHPS Warehouse
 - Feedback Reports
 - Submission Reports
 - Review and Correction Report

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Accuracy of Final Data Processing Activities *(cont'd)*

- **Submit files EARLY!**
- **Suggestion:** take extra care and time to review warehouse reports in Q1 2025 for possible file format errors
- HCAHPS Warehouse Submission Reports
 - Summary and detail information about each data file submitted to the HCAHPS Warehouse
- HCAHPS Warehouse Feedback Reports
 - For hospitals to check the status of data being submitted on their behalf

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Accuracy of Data Processing Activities *(cont'd)*

- HCAHPS Review and Correction Report
 - To check the status of submitted data
 - Reports show frequencies for all HCAHPS data elements
 - Available within 48 hours after data submission via QualityNet
 - Available after every data upload
- HCAHPS Review and Correct Period
 - Review and Correct is the seven days after the warehouse closes for a given quarter
 - May re-submit data **previously submitted** based on issues discovered during the Review and Correct Period

Summary of Data Quality Checks

- Data collection quality
 - Ensure sampling protocols
 - Detailed data file receipts
 - Data file storage and retention
- Accuracy of code and/or processing changes
- Creation and use of quality check datasets
 - Unusual/Unexpected changes in HCAHPS data elements
- Accuracy of final data files utilizing warehouse reports

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Summary

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Key Points

May 2024



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Questions?

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Next Steps

- Survey vendors/Hospitals:
 - Update Quality Assurance Plan (QAP)
 - *If adding a new mode, submit QAP by June 3, 2024*
 - Submit HCAHPS Attestation Statement
 - Due by June 28, 2024
 - Monitor the HCAHPS Website for this document
 - Submit the Updated HCAHPS Survey materials in both English and Spanish
 - Due by June 28, 2024

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Next Steps *(cont'd)*

- Additional HCAHPS Survey language translations will be forthcoming
- Final IPPS Rule anticipated to be published in August 2024
- Implement the Updated HCAHPS Survey beginning with January 1, 2025 patient discharges
- Monitor the HCAHPS Web site:
<https://www.hcahpsonline.org>

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More Information and Resources

- Background information, and reports:
<https://www.hcahpsonline.org>
- Submitting HCAHPS data:
<https://hqr.cms.gov/>
- Publicly reported HCAHPS results:
<https://www.medicare.gov/care-compare/>
- HCAHPS results in the Provider Data Catalog:
<https://data.cms.gov/provider-data/dataset/dgck-syfz>

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Contact Us

HCAHPS Information and Technical Support

- Website: <https://www.hcahpsonline.org>
- Email: hcahps@hsag.com
- Telephone: 1-888-884-4007

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Complete Evaluation Form

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