

Introduction to HCAHPS Survey Training

Introduction to HCAHPS Survey Training

April 2025

Introduction to HCAHPS Survey Training

Welcome!

HCAHPS Training Objectives:

- Explain purpose and use of the HCAHPS Survey
- Provide instruction on managing the survey
- Discuss modes of survey administration
- Instruct on sampling, data preparation, data submission, and public reporting
- Review oversight and quality checks activities

Introduction to HCAHPS Survey Training

Quality Assurance Guidelines

- This presentation is based on the HCAHPS [Quality Assurance Guidelines \(QAG\) Final V19.0](#)
 - QAG Final V19.0 applies to all patient discharges January 1, 2025 and forward
- Survey vendors and self-administering hospitals (SAHs) are responsible for reviewing and familiarizing themselves with all of the content in the QAG

Introduction to HCAHPS Survey Training

Overview

- Background of the HCAHPS Survey
- Program Requirements
- Survey Management
- Sampling Protocol
- Modes of Survey Administration (*Mail Only, Phone Only, Mail-Phone, Web-First Modes*)
- Data Specifications and Coding
- HCAHPS Data Submission via the Hospital Quality Reporting (HQR) System
- Data Quality Checks
- Data Adjustment and Public Reporting
- Exception Request and Discrepancy Report
- Oversight Activities
- Next Steps and Resources

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Background of the HCAHPS Survey

April 2025



Background Overview

- Background and Development of HCAHPS
- Composition of the Survey
- Roles and Responsibilities
- Using HCAHPS Scores for Intra-Hospital Comparisons
- Unofficial use of HCAHPS Survey
- Advertising Guidelines

The Name of the Survey

- Official name:

CAHPS[®] HOSPITAL SURVEY

- Also known as **Hospital CAHPS[®]** or

HCAHPS

➡ Pronounced "***H-caps***"

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

The Method of HCAHPS

- Ask patients (survey)
- Collect in standardized, consistent manner
- Analyze and adjust data
- Publicly report hospital results
- Use to improve hospital quality of care

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HCAHPS 101

Participating Hospitals:

- Short-term, acute care hospitals
 - "*General Hospitals*" (AHA)
 - Inpatient Prospective Payment System (IPPS) hospitals penalized if don't participate
 - Critical Access Hospitals (CAH), PPS-Exempt Cancer, Veterans Affairs or Department of Defense Hospitals can voluntarily participate
 - Excludes pediatric, psychiatric and specialty hospitals

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How the Survey is Administered

Participating hospitals, second quarter 2024 (4,505):

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

Who Administers the Survey

Second quarter 2024:

- 20 Approved survey vendors
 - 99.98% of surveys
- 20 Self-administering hospitals (SAHs)
 - 0.02% of surveys

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HCAHPS Never Rests

- April 2025 publicly reported scores are based on approximately **2.21 million completed surveys** from patients at **4,381 hospitals**
- **Every day** over 6,000 patients **complete** the HCAHPS Survey

Composition of HCAHPS Survey

- HCAHPS contains 32 questions:
 - 22 substantive questions
 - 3 “screeener” questions
 - 7 “About You” questions

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Example of HCAHPS Survey Items:

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always
2. During this hospital stay, how often did nurses listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 - Never
 - Sometimes
 - Usually
 - Always

Roles and Responsibilities

Hospitals

- Comply with all HCAHPS Survey protocols (whether self-administering or contracting with an approved survey vendor)
- Produce patient discharge list with complete administrative data in a timely manner
- Use survey versions in the language of patients
- Review HCAHPS data submission reports

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Roles and Responsibilities *(cont'd)*

Hospitals *(cont'd)*

- Do **not** influence patients about HCAHPS Survey
 - Communication with patients
 - Concurrent surveys

Roles and Responsibilities *(cont'd)*

Hospitals Using a Survey Vendor

- The ***Survey Vendor's role*** in data collection and submission:
 - Create sample frame of eligible discharges
 - Draw sample of eligible patients and administer survey
 - Submit HCAHPS data in standard format via the Hospital Quality Reporting (HQR) System
 - Review HCAHPS data submission reports
 - Including HCAHPS Submission Results Report (formerly the Review and Correction Report)
 - Comply with oversight process, including site visits

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Roles and Responsibilities *(cont'd)*

Hospitals Using a Survey Vendor *(cont'd)*

- The ***Survey Vendor's role*** in data collection and submission:
 - Conduct ongoing quality assurance activities
 - Including data quality checks
 - Monitor HCAHPS Website for updates

Roles and Responsibilities *(cont'd)*

CMS: Support, Report & Oversight

- Provide training and technical assistance
- Accumulate, clean and adjust data
- Calculate and publicly report results, including Star Ratings
- Analyze results
- Provide scores to CMS programs, such as Hospital Value-Based Purchasing (VBP)
- Oversee all survey processes, survey vendors and self-administering hospitals

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Using HCAHPS Scores for Intra-Hospital Comparisons

- HCAHPS was designed and intended for *inter-hospital* (hospital-to-hospital) comparisons
 - Identified by CMS Certification Number (CCN)
- CMS does **not** review or endorse the use of HCAHPS scores for *intra-hospital* comparisons
 - Such as comparing a ward, floor or individual staff members

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Using HCAHPS Scores for Intra-Hospital Comparisons *(cont'd)*

- CMS does **not** review or endorse the use of HCAHPS scores for *intra-hospital* comparisons *(cont'd)*
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level
 - HCAHPS questions do not specify individual doctors/nurses

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Unofficial use of HCAHPS Survey

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

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Unofficial use of HCAHPS Survey *(cont'd)*

- The HCAHPS Survey and the questions that comprise it are in the public domain and thus can be used outside of official HCAHPS purposes (e.g., for non-HCAHPS eligible patients, etc.)
 - **However, when used in an unofficial capacity**
 - **The HCAHPS OMB language must not be used**
 - **All references to “HCAHPS” and the “United States Department of Health and Human Services” must be removed**
 - **The Copyright Statement must be used**

Advertising Guidelines

- Care Compare on [Medicare.gov](https://www.medicare.gov) is the official source of HCAHPS results
 - Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are “unofficial.” This is done in two ways:
 - The introduction or executive summary of such reports must include the following statement:
 - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>).”
 - Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
 - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results.”

Advertising Guidelines *(cont'd)*

- CMS does **not** endorse survey vendors or self-administering hospitals
 - *Or commercial Hospital VBP tools, etc.*
- Care Compare on [Medicare.gov](https://www.Medicare.gov) is designed to provide objective information to help consumers make informed decisions about hospitals

Program Requirements

Program Requirements Overview

- HCAHPS Website
- HCAHPS Technical Support
- Rules of Participation
- Minimum Business Requirements

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HCAHPS Website

<https://www.hcahpsonline.org>

- Official website for content, announcements, *HCAHPS Bulletins*, reminders and new developments
- Monitor for updates

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

CAHPS® Hospital Survey

Home Page

Search

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HCAHPS Website Home Page

Home Page

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Updated HCAHPS Survey

Improving Patient Exp

[Facts and FAQs](#)

[Mode & Patient-Mix Adj](#)

[Summary Analyses](#)

HCAHPS Star Ratings

[HCAHPS and Hospital VBP](#)

[Discrepancy Report](#)

[Exception Request](#)

[Approved Vendor List](#)

[Quality Assurance](#)

HCAHPS Minimum Business Requirements

Quick links: [Current News](#) | [Background](#) | [About the Survey](#) | [HCAHPS Publications by the HCAHPS Project Team](#) | [Executive Insight Letters](#) | [For More Information](#) | [To Provide Comments or Questions](#) | [Internet Citation](#)

Current News

- [HCAHPS 2025 Training Registration Now Open](#)
- [URGENT: April 2, 2025 HCAHPS Data Submission Deadline](#)
- [HCAHPS XML File Specifications V4.7 Have Been Posted](#)
- [The HCAHPS Frequently Asked Questions Document Has Been Revised](#)
- [NEW! HCAHPS Podcast Now Available - HCAHPS Program Updates: Changes to Survey Content and Survey Protocol](#)
- [Summary of Key Changes to Content of Updated HCAHPS Survey](#)
- [Summary of Key Changes to Administration of Updated HCAHPS Survey](#)
- [Updates to HCAHPS Public Reporting on Care Compare](#)
- [HCAHPS Survey Changes and Hospital Value-Based Purchasing](#)
- [HCAHPS Minimum Business Requirements to Administer the HCAHPS Survey](#)
- [The HCAHPS Fact Sheet Has Been Revised](#)
- [HCAHPS Response Rate by Survey Mode Table Added to the Summary Analyses Page](#)
- [HCAHPS Quality Assurance Guidelines V19.0 Survey Instruments Have Been Updated to Include the OMB Expiration Date](#)
- [HCAHPS FINAL Quality Assurance Guidelines V19.0 Now Available](#)
- [HCAHPS FINAL Quality Assurance Guidelines V19.0 Summary of Changes Now Available](#)
- [V.42 MS-DRG Codes Effective October 1, 2024](#)
- [FY 2025 IPPS Final Rule Has Been Published](#)
- [CMS to Update HCAHPS Survey Mode Adjustments Beginning with Patients Discharged in January 2025](#)
- [OMB Expiration Date Now Available for the Current HCAHPS Survey Instruments](#)
- [Updated HCAHPS Survey Page Now Available](#)

HCAHPS Technical Support

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

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HCAHPS Technical Support *(cont'd)*

- Email: hcahps@hsag.com
 - Hospital 6-digit CMS Certification Number (CCN)
 - Contact information
 - Hospital name
- Telephone: 1-888-884-4007
 - Hospital 6-digit CCN
 - Contact information
 - Hospital name

Rules of Participation

- Survey vendors/SAHs participating in the HCAHPS Survey must adhere to the Rules of Participation (See *Program Requirements*, QAG Final V19.0):
 - Participation in HCAHPS trainings and all subsequent training
 - Participation in teleconference calls to discuss survey experience, organization capacity, and established quality control activities
 - Review and adhere to the QAG and policy updates
 - Attest to data collection activities
 - Develop and maintain a Quality Assurance Plan (QAP)

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Rules of Participation *(cont'd)*

- Create a HCQIS Access Roles and Profile (HARP) account
- Become a registered HQR System user
- Participate in oversight activities
- Comply with HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes (<https://www.hhs.gov/HIPAA/>)
- Meet all HCAHPS due dates including data submission
- Review and Acknowledge agreement with the Rules of Participation

Minimum Business Requirements

- Survey vendors/SAHs participating in the HCAHPS Survey must meet HCAHPS Minimum Business Requirements (MBRs) to be conditionally approved for requested modes:
 - Demonstrated recent continuous experience in fielding patient-specific surveys in the requested mode(s) requested in the most recent time period
 - Organizational survey capacity to administer the HCAHPS Survey
 - Established systems for conducting quality control activities

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Minimum Business Requirements *(cont'd)*

- Reminder: HCAHPS MBRs continually apply to all HCAHPS approved survey vendors/self-administering hospitals
 - Includes maintaining adequate and sufficient resources in order to fully comply with HCAHPS Survey protocols, deadlines and HCAHPS Project Team (HPT) requests
- For more information, please visit the HCAHPS [Minimum Business Requirements page](#) on the HCAHPS Website

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Survey Management

Survey Management Overview

- System resources
- Location of survey operations
- Customer support phone lines
- Personnel training
- Safeguarding Patient Confidentiality
- Data Security
- Physical and electronic data security guidelines

Survey Management *(cont'd)*

- System resources
 - Adequate physical plant resources available to handle survey volume
 - Survey system to track sampled patients through the data collection protocol
 - Store the sample frame
 - Track key events
 - Assign random, unique, de-identified IDs and match to outcome for each sampled patient

Survey Management *(cont'd)*

- Location of survey operations
 - Survey vendors/self-administering hospitals and their subcontractor(s), if applicable, must perform work at their formal business address unless an approved Exception Request is in place
 - Business locations must comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection processes

Survey Management *(cont'd)*

- Location of survey operations *(cont'd)*
 - Survey vendors/self-administering hospitals must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors/partners or other organizations (if applicable).

Survey Management *(cont'd)*

- Requirements for customer support phone lines
 - Survey vendors must maintain a toll-free customer support line
 - Phone staffed live during business hours
 - Voice mail is acceptable after hours, but must be regularly monitored and replied to within one business day
 - Voice mail recording must specify that the caller can leave a message about the HCAHPS Survey or hospital survey
 - Database or tracking log of calls maintained

Survey Management *(cont'd)*

- Customer support lines provided by hospitals that contract with survey vendors
 - The survey vendor is responsible for monitoring the hospital's customer support line, **at a minimum on a quarterly basis**
 - Survey vendors must place blind calls to each hospital client's customer support line to confirm that the phone number is operational, and to assess hospital compliance with HCAHPS customer support guidelines and HCAHPS Frequently Asked Questions (FAQs)

Survey Management *(cont'd)*

- Customer support lines provided by hospitals that contract with survey vendors *(cont'd)*
 - Questions from Appendix X of *QAG Final V19.0* should be used during the quarterly monitoring/assessment activity
 - Must document questions and responses

Survey Management *(cont'd)*

- Personnel training
 - HCAHPS project staff (no volunteers permitted)
 - Customer support
 - Mailout and data entry
 - Phone interviewers
 - Subcontractors
 - Monitoring and quality oversight of staff
 - Ongoing monitoring of staff and subcontractors
 - System to evaluate patterns of errors
 - Detection and correction of performance problems
 - Documentation of QA activities

Survey Management *(cont'd)*

- Safeguarding Patient Confidentiality
 - Follow HIPAA guidelines
 - Obtain confidentiality agreements, which contain language related to HIPAA regulations and the protection of patient information, from staff and subcontractors who have access to confidential information
 - Review and re-sign periodically at a minimum of every 3 years

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Survey Management *(cont'd)*

- Safeguarding Patient Confidentiality *(cont'd)*
 - Establish protocols for identifying security breaches and instituting corrective actions
 - Survey vendors/SAHs must notify the HCAHPS Project Team within 24 hours upon discovery of a data breach that potentially affects HCAHPS Survey administration with their organization, including subcontractors or client hospitals

Survey Management *(cont'd)*

- Safeguarding Patient Confidentiality *(cont'd)*
 - Protocols must be established to limit the use or disclosure of protected health information to the minimum necessary to accomplish the intended purpose
 - Ensure that the identity of patients who respond to the HCAHPS Survey is **not** shared with hospital direct care staff
 - Direct care staff should **not** be able to identify the individual patients who provided survey responses
 - Social Security numbers must **not** be used to identify patients and must **not** be included in HCAHPS discharge lists that are sent to survey vendors

Survey Management *(cont'd)*

- Data security
 - Establish protocols for secure patient discharge file transfer from hospitals
 - Emailing of PHI via unsecure email is prohibited
 - Recommend that hospital's HIPAA privacy officer confirm that hospital's transmission method for patient discharge files are in compliance with HIPAA regulations
 - HCAHPS Survey question responses are confidential and private, and are de-identified in submission to CMS

Survey Management *(cont'd)*

- Physical and electronic data security guidelines
 - Returned mail surveys and electronically scanned questionnaires are stored in secure and environmentally controlled location
 - All HCAHPS-related files, including patient discharge files, must be retained for a minimum of 3 years
 - HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files, must be destroyed in a secure and environmentally safe location
 - Obtain a certificate of destruction

Survey Management *(cont'd)*

- Physical and electronic data security guidelines
 - Firewalls and other mechanisms are employed for preventing unauthorized system access
 - Access levels and security passwords are used to safeguard sensitive data
 - Physical and electronic data files must be easily retrievable regardless of whether they have been archived
 - Backup procedures are in place to safeguard system data

Survey Management *(cont'd)*

- Physical and electronic data security guidelines *(cont'd)*
 - Frequent saves are made to media to minimize data losses
 - Implement daily data backup procedures
 - Security safeguards for physical location
 - Disaster recovery plan in place

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Sampling Protocol

Sampling Protocol Overview

- Steps of Sampling Process
- Methods of Sampling
- Population, Sample Frame and Sample
- Quality Control for Sampling
- Key Sampling Facts

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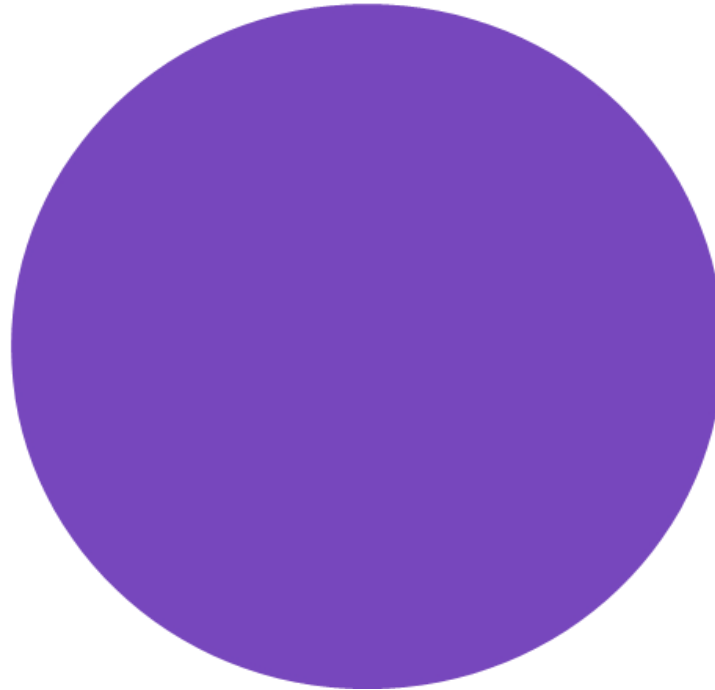
Steps of Sampling Process

- A. Population (All Inpatient Discharges)
- B. Identify *Initially* Eligible Patients
- C. Remove Exclusions
- D. Perform De-Duplication
- E. HCAHPS Sample Frame
- F. Draw Sample

See *QAG Final V19.0*, HCAHPS Sampling Protocol Illustration

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Step A: Population (All Inpatient Discharges)

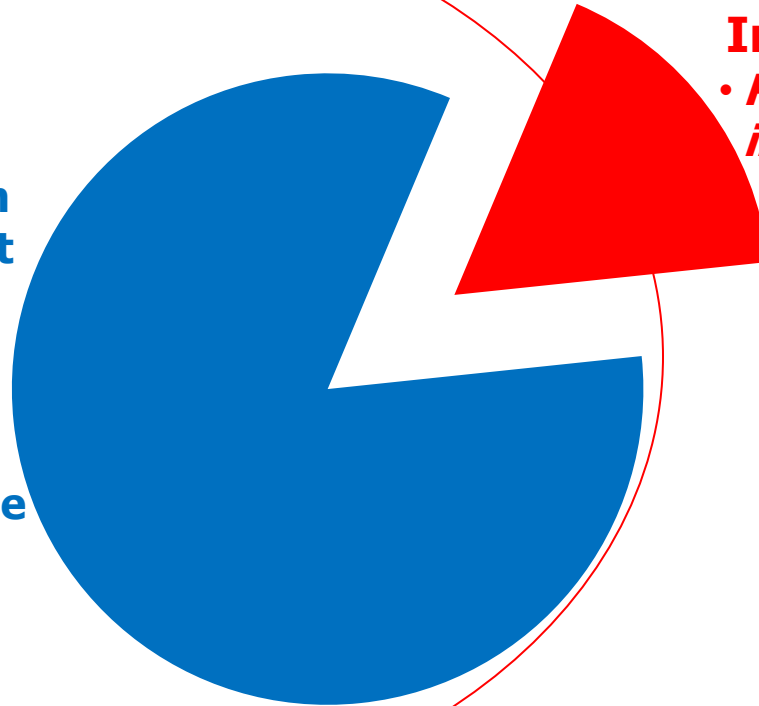


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Step B: Identify *Initially* Eligible Patients

All *Initially* Eligible Patients

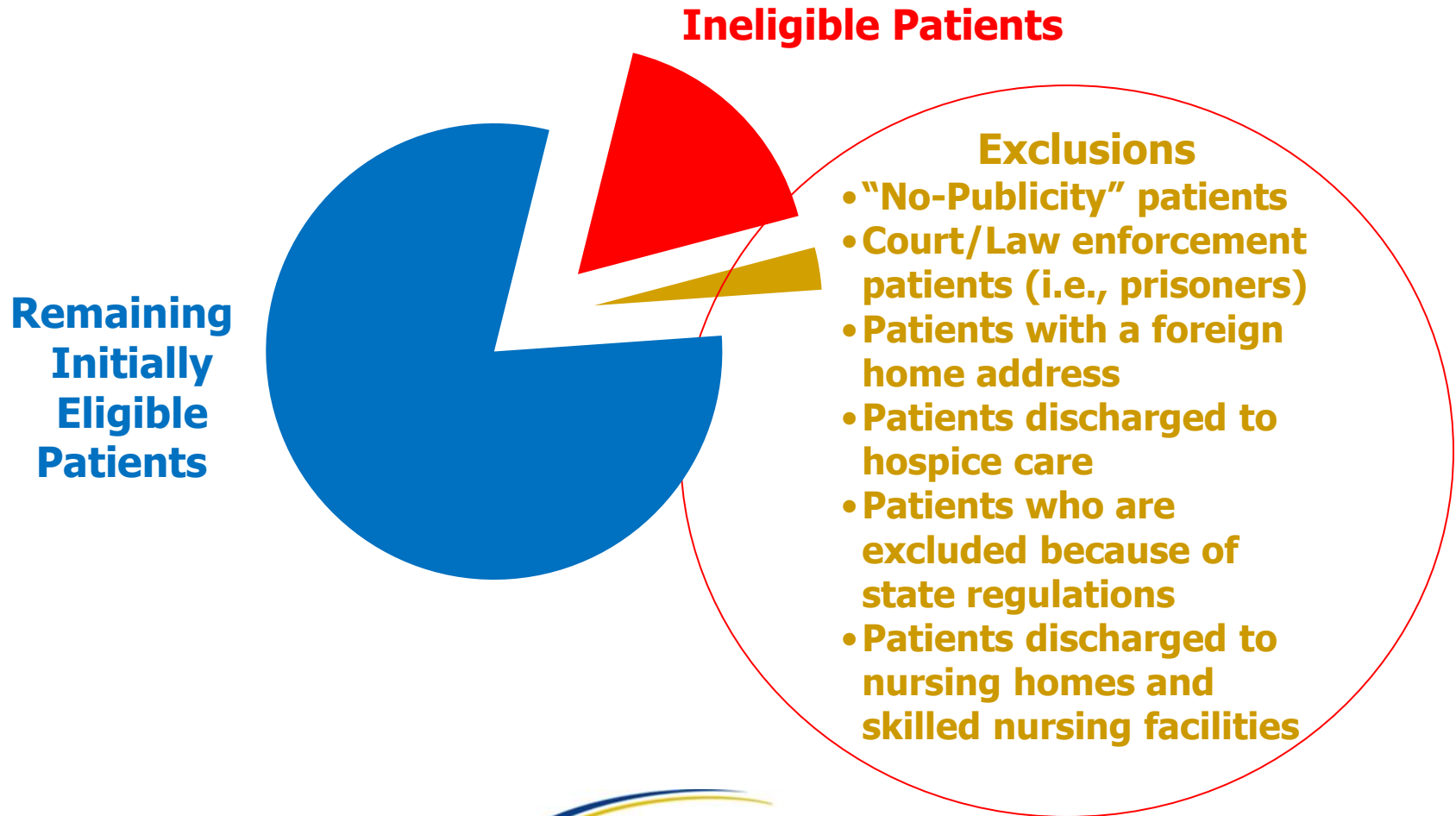
- 18 years or older at the time of admission
- Admission includes at least one overnight stay in hospital
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge



Ineligible Patients
• *Record count of ineligible patients*

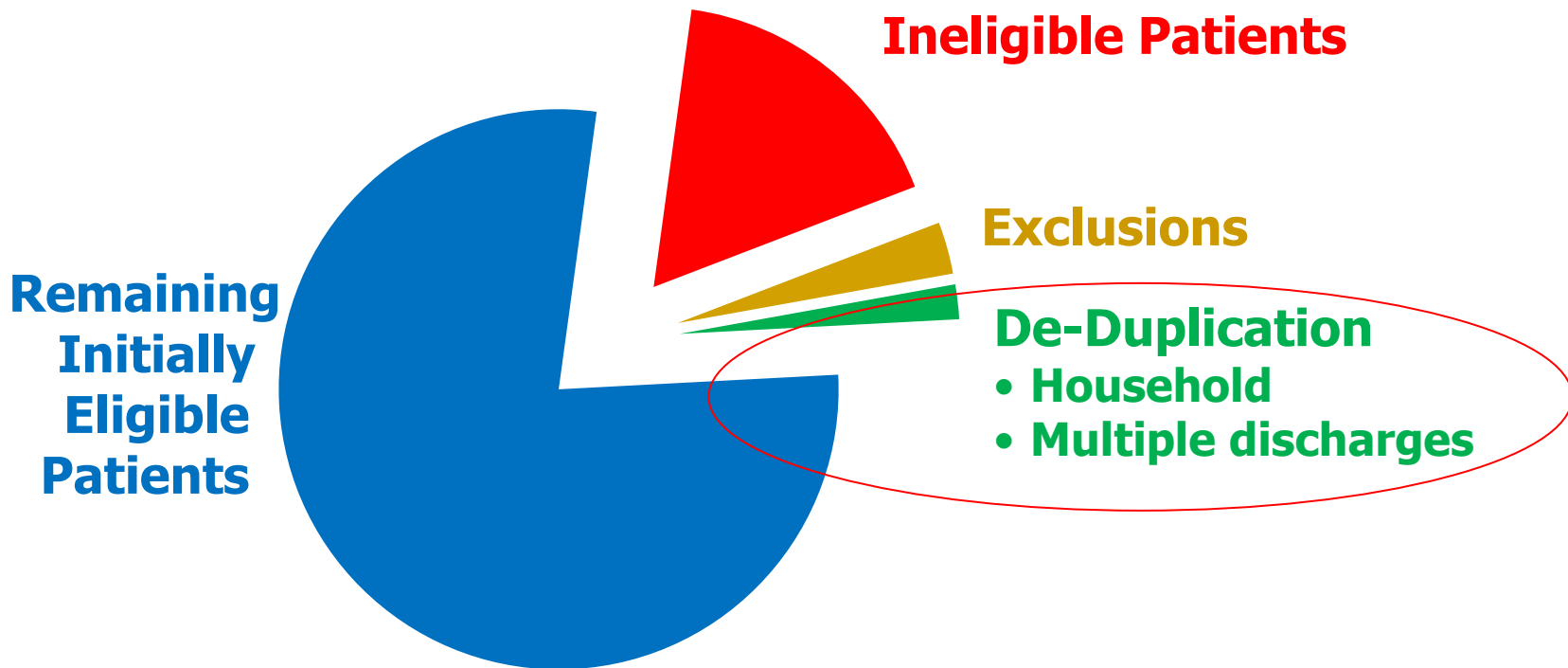
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Step C: Remove Exclusions



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Step D: Perform De-Duplication



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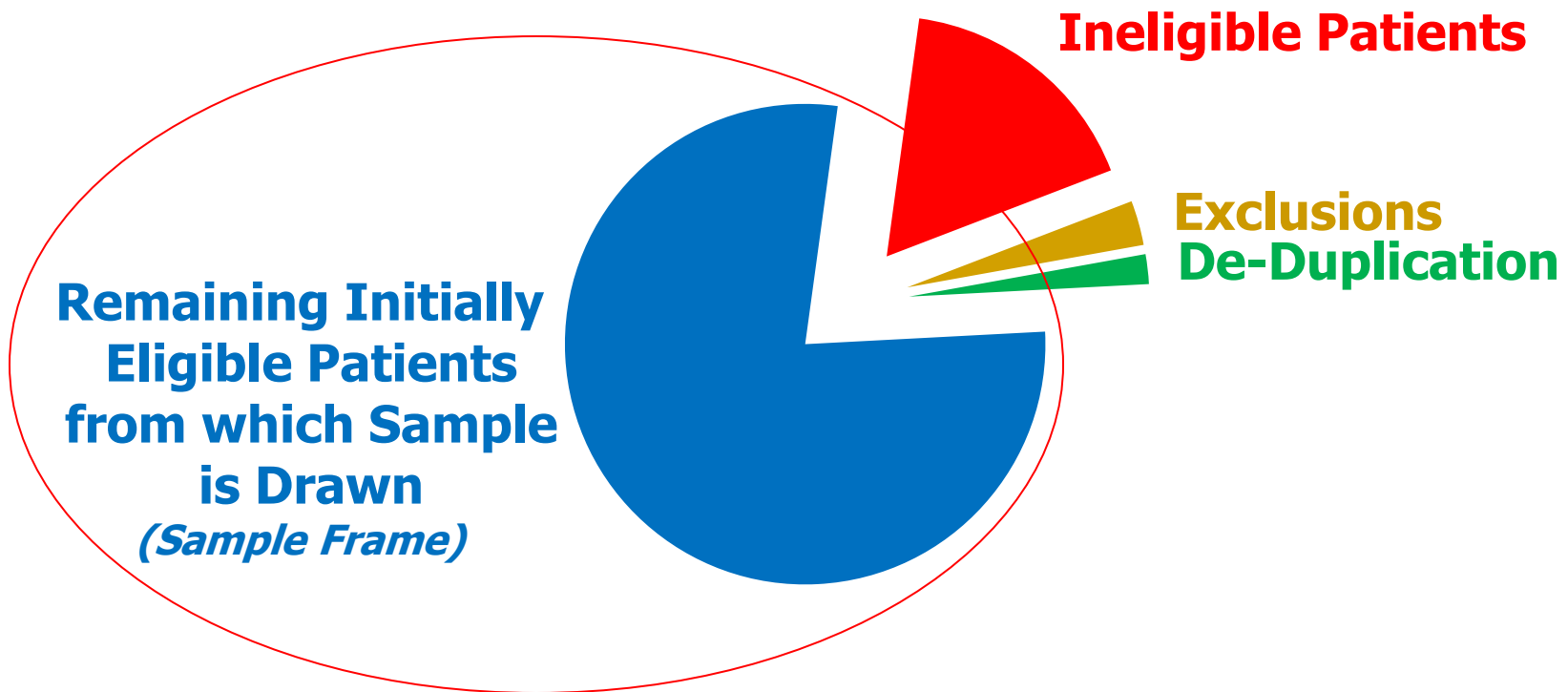
Step D: Perform De-Duplication *(cont'd)*

- De-duplication process depends on whether sampling is conducted continuously throughout the month, or is conducted only at the end of the month

Sampling Time	Method Used for De-duplication
Continuous Daily	Include only the first discharge date identified in the sample frame
Weekly	Each weekly discharge list must be compared to the previous weekly discharge lists for the month
End-of-the-month	Include only the last discharge date of the month in the sample frame

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Step E: HCAHPS Sample Frame



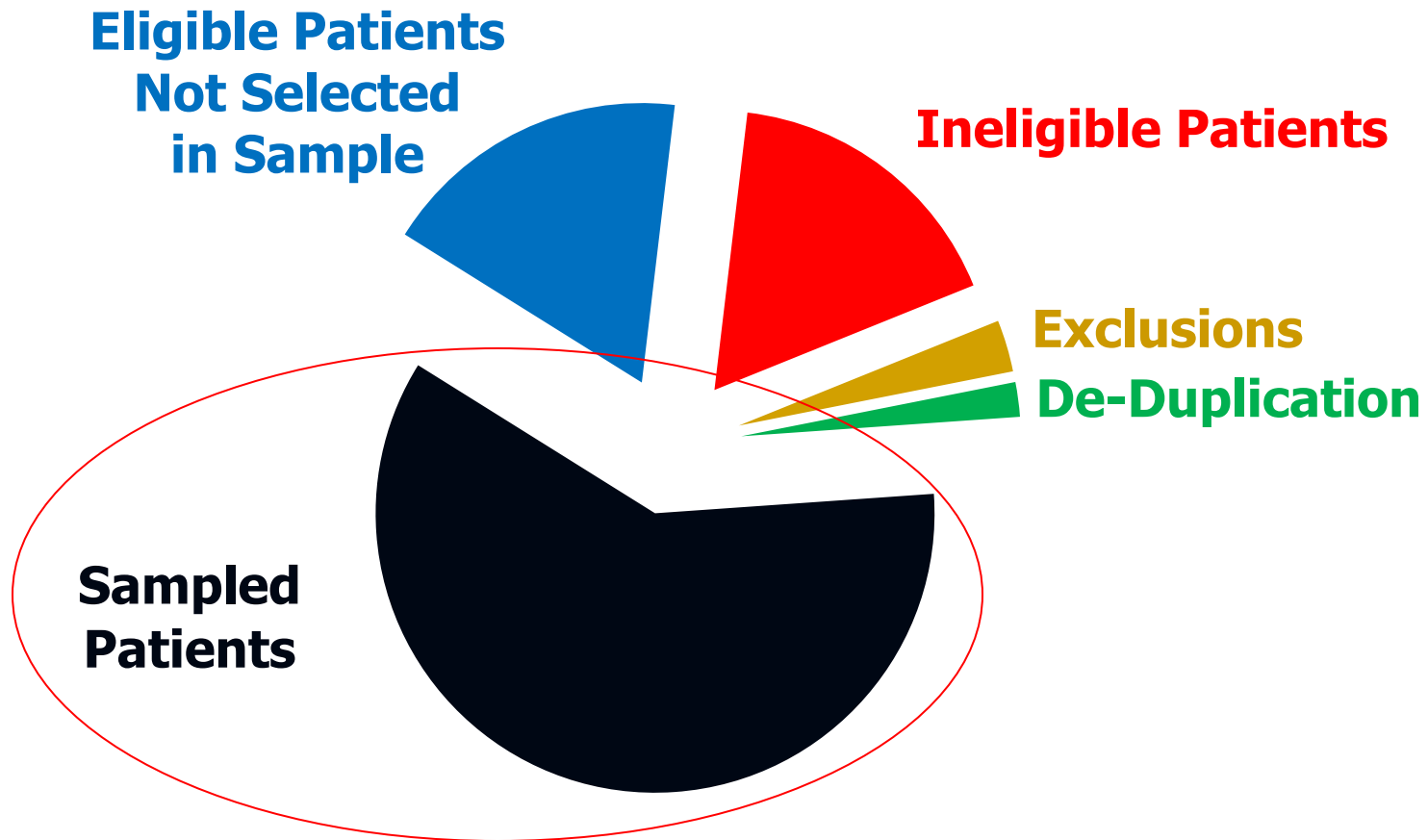
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Step E: HCAHPS Sample Frame *(cont'd)*

- Example of sample frame layout (Appendix Y)
 - Strongly recommend that all of the elements from this layout are collected
 - Total number of ineligibles
 - Total number of exclusions and number in each exclusions category
 - Total number of inpatient discharges
- Must maintain sample frame for a minimum of three years

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Step F: Draw Sample



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Step F: Draw Sample *(cont'd)*

- Requirement: Obtain at least 300 completed HCAHPS Surveys in a rolling four-quarter period
 - Small hospitals
 - If cannot obtain 300 completed surveys, sample all eligible discharges

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Step F: Draw Sample *(cont'd)*

- Why 300?
 - For statistical precision of the ratings, which is based on a reliability criterion
 - At least 300 completes ensures that the reliability for the publicly reported measures will be 0.80 or higher
 - Calculate sample size based on target of **335** completes
 - To ensure attaining 300 completes most of the time

Step F: Draw Sample *(cont'd)*

- Draw a random sample of eligible discharges on a monthly basis
 - Sampling may be daily, weekly, bi-weekly, or at the end of the month
 - Sample frame must include eligible discharges from the entire month
 - All eligible discharges must have a chance of being sampled

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Step F: Draw Sample *(cont'd)*

- Draw sample for each unique CCN
- Hospitals that share CCN
 - At least 300 completes for CCN
 - All hospitals sharing one CCN must participate
 - Use same survey vendor
 - Use same mode of administration
 - Use same sampling type and frequency

Step F: Draw Sample *(cont'd)*

Sample Size Calculation

- Estimate the proportion of patients expected to complete the survey:
 - I = proportion of discharged patients who are ineligible
 - R = expected response rate among eligible patients
 - P = the proportion of discharged patients who actually respond to the survey
 - P = (1 - I) x R**

Step F: Draw Sample *(cont'd)*

- How many patients need to be sampled to consistently produce at least 300 completes?

C = Number of completed surveys targeted (335)

N_{12} = Number of discharges to be sampled over 12 month period

N_1 = Number of discharges sampled each month

$$N_{12} = C/P$$

$$N_1 = N_{12}/12$$

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

Assumptions:

- ~17% of discharged patients will be ineligible for the survey
 - Source: National Hospital Discharge Survey
- ~26% of eligible patients will respond to the survey
 - Source: Current national average for HCAHPS
- Ineligible rates and response rates should be adjusted based on each hospital's experience

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

1. Estimate the proportion of patients expected to complete the survey:

$$\begin{aligned} P &= (1 - I) \times R \\ &= (1 - 0.170) \times 0.260 \\ &= 0.216 \end{aligned}$$

Step F: Draw Sample *(cont'd)*

Example: Sample Size Calculation

- Determine how many discharges are needed to produce 335 completes:

Per 12-month

$$\begin{aligned} N_{12} &= C/P \\ &= 335/0.216 \\ &= 1,551 \end{aligned}$$

Per month

$$\begin{aligned} N_1 &= N_{12}/12 \\ &= 1,551/12 \\ &= 129 \end{aligned}$$

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Step F: Draw Sample *(cont'd)*

- Should estimate I and R from hospital's own data
- Should adjust the target in subsequent quarters if not regularly obtaining at least 300 completed surveys
 - Sampling rates should be consistent among the months in a given quarter

Step F: Draw Sample *(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

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Step F: Draw Sample *(cont'd)*

- If Less than 300 Completed Surveys:
 - Attempt to obtain as many as possible
 - Survey all eligible discharges
 - All hospital results will be publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov)
 - The lower precision of scores based on less than 100 and less than 50 completed surveys will be noted in public reporting

Methods of Sampling

- **Option 1: Simple Random Sample (SRS)**
 - Group of patients randomly selected from a larger group
 - Census sample of all eligible patients is considered a simple random sample
 - *All patients have equal probability of selection (equiprobable)*

Methods of Sampling *(cont'd)*

- **SRS Example 1: Daily simple random sampling throughout the month**
 - Based on randomly sorting each day's eligible discharges and sampling 40% from each day

Day 1:

- 10 eligible discharges are randomly sorted, then numbered 1 through 10
- 4 patients (40%) would be selected for Day 1
- Since patients are randomly sorted, the first 4 patients are chosen
[**1, 2, 3, 4**, 5, 6, 7, 8, 9, 10]

Day 2:

- 8 eligible discharges are randomly sorted, then numbered 1 through 8
- 40% of 8 patients is 3.2, which rounds to 3 patients
- Again, since random sorting was performed, the first 3 patients are selected
[**1, 2, 3**, 4, 5, 6, 7, 8]

Methods of Sampling *(cont'd)*

- **SRS Example 2: Census sampling**
 - Hospital chooses to sample all eligible discharges
 - Each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
 - Hospital has 80 eligible discharges for a given month
 - Each of the 80 eligible patients is included in the hospital's HCAHPS sample

Methods of Sampling *(cont'd)*

- **Option 2: Proportionate Stratified Random Sample (PSRS)**
 - Patient discharge population divided into strata
 - Due to sampling (by day or by week)
 - Divided by hospital unit, or floor, etc.
 - Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before each hospital's data are combined
 - Same sampling ratio applied to each stratum
 - *All eligible discharges have equal probability of selection (equiprobable)*
 - Exception Request Form not required

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Methods of Sampling *(cont'd)*

- **PSRS Example 1: Weeks – Strata are defined as weeks within a month**
 - Sample is pulled each week, creating 5 strata: Wk1, Wk2, Wk3, Wk4, Wk5
 - Even though the number of eligible discharges differs across the five weeks, the same proportion (or percentage) of “sampled” discharges is used each week
 - 20% of eligible discharges are randomly pulled from each stratum
 - Results in different number sampled from each week, but each eligible discharge had an equal chance of being chosen

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

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Methods of Sampling *(cont'd)*

- **PSRS Example 2: Hospital Units – Strata are defined as units within a hospital**
 - Sample is pulled from three units, creating 3 strata: Unit 1, Unit 2, and Unit 3
 - Even though the number of eligible discharges is different in each of the three units, the same sampling ratio is used for each unit
 - 30% of eligible discharges are randomly pulled from each stratum
 - Results in different number sampled from each unit, but each eligible discharge had an equal chance of being chosen

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

Methods of Sampling *(cont'd)*

- **Option 3: Disproportionate Stratified Random Sample (DSRS)**
 - Patient discharge population divided into strata
 - Dissimilar sampling ratio applied to each stratum
 - *Some patients have higher probability of selection (**not** equiprobable)*
 - Sample a minimum of 10 eligible discharges in every stratum in every month
 - Additional information collected to weight data
 - Exception Request Form must be submitted for CMS review and approval

Introduction to HCAHPS Survey Training

Methods of Sampling *(cont'd)*

- **DSRS Example 1: Hospital Units—Strata are defined as units within a hospital**
 - A sample is pulled for three units in each month, creating three strata: Unit 1, Unit 2, and Unit 3
 - Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges from each unit is selected
 - Ten eligible discharges are randomly pulled from each unit
 - The number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	0.50	$20 * 0.50 = \mathbf{10}$
2	2	40	0.25	$40 * 0.25 = \mathbf{10}$
3	3	100	0.10	$100 * 0.10 = \mathbf{10}$

Introduction to HCAHPS Survey Training

Methods of Sampling *(cont'd)*

- **DSRS Example 2: Weeks—Strata are defined as weekly time periods**
 - A sample is pulled in each week of the month
 - Sampling rates used are: 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	100	0.10	$100 * 0.10 = \mathbf{10}$
2	2	108	0.50	$108 * 0.50 = \mathbf{54}$
3	3	102	0.50	$102 * 0.50 = \mathbf{51}$
4	4	110	0.10	$110 * 0.10 = \mathbf{11}$
5	5	30	0.50	$30 * 0.50 = \mathbf{15}$

Introduction to HCAHPS Survey Training

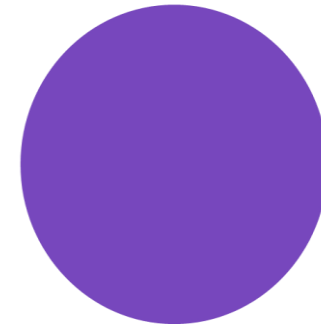
Population, Sample Frame and Sample

Hospital Population (All Inpatient Discharges) = 1 + 2 + 3 + 4 + 5

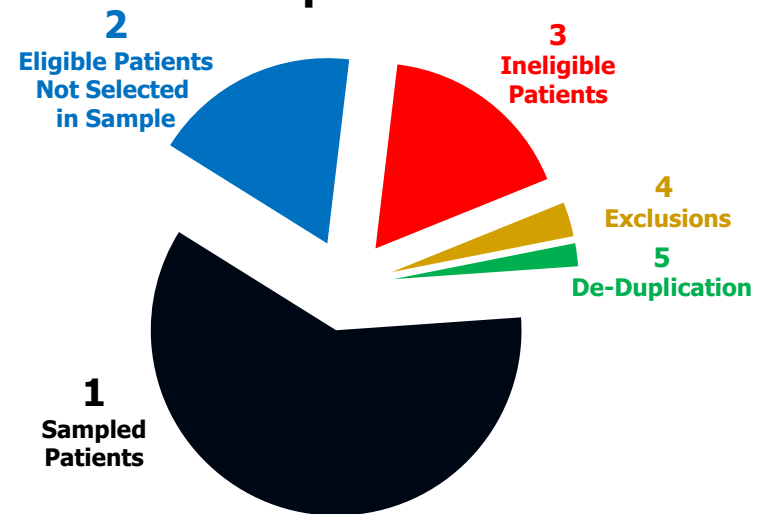
HCAHPS Sample Frame = 1 + 2

Sampled Patients = 1

Population (All Inpatient Discharges)



Sample Drawn



Quality Control for Sampling

- Receipt of patient discharge list
 - Within 42 calendar day initial contact period
 - Secure file transfer
- Application of eligibility and exclusion criteria
- Method used to determine HCAHPS Service Line
- Update patient discharge information
- All patients have opportunity to be selected

Key Sampling Facts

- Same sampling type must be maintained throughout the quarter
- Sample must include discharges from each month in the 12-month reporting period
- HCAHPS sample drawn first if multiple surveys administered
- Do **not** stop sampling/surveying if 300 completed surveys are attained

Modes of Survey Administration

All Modes Overview

- Protocol
- Proxy Respondents
- Survey Instruments and Materials
- Communicating with Patients about the HCAHPS Survey

Introduction to HCAHPS Survey Training

All Modes

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Protocol *(cont'd)*:
 - Data collection is initiated between 48 hours and 42 calendar days after discharge from hospital
 - No communication to patients that is intended to influence survey results and no incentives of any kind
 - If a patient is found to be ineligible, discontinue survey administration for that patient

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Proxy Respondents
 - Sampled patients are encouraged to respond directly to the HCAHPS Survey, but not all patients are able to do so
 - In such cases, a proxy may respond to the survey for the patient with the patient's permission
 - Surveys that appear to have been completed by a proxy rather than the patient should be treated as completed by the patient

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Survey Instruments and Materials
 - 32 Item HCAHPS Survey
 - Mail questionnaire, translations and materials found in *QAG Final V19.0*, Appendices A through I
 - Phone script and translations found in *QAG Final V19.0*, Appendices J through M
 - Web survey, translations and materials found in *QAG Final V19.0*, Appendices N through V
 - For the most up-to-date materials, please visit the [Survey Instruments page](#) of the HCAHPS Website

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Survey Instruments and Materials *(cont'd)*
 - Survey Languages
 - CMS requires hospitals to administer the HCAHPS Survey in **both English and Spanish**
 - Must administer the HCAHPS Survey in Spanish to Spanish language-preferring patients
 - CMS also encourages offering the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic) for hospitals with significant patient populations speaking in these languages
 - Must offer the same language in all phases

Introduction to HCAHPS Survey Training

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	✓			✓		

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Survey Instruments and Materials *(cont'd)*
 - Submit a sample of the following HCAHPS Survey materials for review by HPT:
 - Mailing materials (questionnaires, cover letters and outgoing/return envelopes)
 - Phone scripts (including screen shots and skip pattern logic, if applicable)
 - Web materials (email invitations, web survey screen shots and a web survey testing link(s))

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Mandatory Survey Title (Mail Questionnaire)
 - 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*

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Mandatory Survey Title (Web Survey)
 - Use the mandatory survey title of “Hospital Experience Survey”

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

All Modes (cont'd)

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

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- OMB Paperwork Reduction Act Language Placement
 - Mail questionnaire or cover letter: Must appear verbatim on either the questionnaire (preferred) or cover letter, and may appear on both, in a readable font at a minimum of 10-point
 - Web Survey: Must be displayed on the Welcome web screen and appear below the survey “START” button in a font size no smaller than 10-point at a minimum

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- OMB Control Number and Expiration Date
 - Mail questionnaire: the OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the questionnaire:
 - *“You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2027)”*

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Copyright Statement
 - The Copyright Statement must be displayed
 - *"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."*

Introduction to HCAHPS Survey Training

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 CATI Script

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Supplemental Questions
 - A limit of 12 supplemental questions 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

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Supplemental Questions
 - The stated number of minutes to complete the survey must be at least 8 minutes
 - Note: The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8.” If hospital-specific supplemental questions (limit of 12) are added, the [NUMBER] of minutes should be populated as follows:
 - If 1 to 5 supplemental questions are added, “[NUMBER]” is “9”
 - If 6 to 9 supplemental questions are added, “[NUMBER]” is “10”
 - If 10 to 12 supplemental questions are added, “[NUMBER]” is “11”

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Supplemental Questions *(cont'd)*
 - **Required:** The transition statement below is mandatory and **must** be used before any supplemental questions that are added at the end of the HCAHPS Survey
 - “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.”

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Supplemental Questions *(cont'd)*
 - **Optional:** May include additional transition statements following the required transition statement. Examples include:
 - “Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”

Introduction to HCAHPS Survey Training

All Modes *(cont'd)*

- Supplemental Questions *(cont'd)*
 - When asking patients to provide their name, phone number or other contact information
 - Explanatory text must appear before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is **not** sufficient to only state that this information is optional.
 - The following are examples of permissible explanatory text:
 - “If you wish to be contacted by the hospital, please provide your name and phone number. This information is not required.”
 - “By providing your name and phone number you may be contacted by the hospital. This information is not required.”

Communicating with Patients about the HCAHPS Survey

- Hospitals may inform patients that they may receive the HCAHPS Survey after discharge. Patients should be encouraged to complete the survey and share their experiences.
 - However, are **not** allowed to show the HCAHPS Survey or cover letter to patients prior to discharge from the hospital

Introduction to HCAHPS Survey Training

Communicating with Patients about the HCAHPS Survey *(cont'd)*

- Hospitals may use posters or other written communications to notify patients that they may receive a survey and inform patients of the importance and value of their participation in the survey
- Hospitals are **not** allowed to introduce bias to HCAHPS Survey results

Communicating with Patients about the HCAHPS Survey *(cont'd)*

- 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 Section III *QAG Final V19.0* and Appendix HH**

Introduction to HCAHPS Survey Training

Mail Only Mode

Mail Only Mode Overview

- Protocol: Schedule of Contact Attempts
- Required for Cover Letters
- Optional for Cover Letters
- Required for Questionnaires
- Optional for Questionnaires
- Mail Out requirements
- Required and Optional for Envelopes
- Patients Without a Mailing Address
- Data Receipt and Entry
- Data Retention and Storage Guidelines
- Quality Control Guidelines

Introduction to HCAHPS Survey Training

Mail Only Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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

Mail Only Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - Between 48 hours and 42 calendar days after discharge, send first questionnaire with initial cover letter to sampled patient(s)
 - Send second questionnaire with follow-up cover letter to non-respondent(s) approximately 21 calendar days after the first questionnaire mailing
 - Complete data collection within 49 calendar days after the first questionnaire mailing
 - Submit data to CMS via the HQR system by the data submission deadline

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Cover Letters
 - Name and address of sampled patient included
 - “To Whom It May Concern” is not acceptable salutation
 - Letter is not attached to the survey
 - Letter printed on hospital (preferred) or survey vendor letterhead
 - It is acceptable to display two logos [e.g., client hospital and survey vendor]

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Cover Letters *(cont'd)*
 - Signed by hospital administrator or hospital/survey vendor project director
 - The signature must correspond with the organization on the letterhead
 - Electronic signature acceptable
 - Must be in a readable font with a font size (i.e., Arial or Times New Roman) of 12-point at a minimum
 - Hospital name and discharge date
 - The term “discharged on” must be used

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Cover Letters *(cont'd)*
 - The following sentences must appear verbatim:
 - “The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
 - The [NUMBER] of minutes to answer Questions 1-32 should equal “8.” If hospital-specific supplemental questions are added (limit of 12), the [NUMBER] of minutes should be populated as follows:
 - If 1 to 5 supplemental questions are added, “[NUMBER]” is “9”
 - If 6 to 9 supplemental questions are added, “[NUMBER]” is “10”
 - If 10 to 12 supplemental questions are added, “[NUMBER]” is “11”

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Cover Letters *(cont'd)*
 - The following sentences must appear verbatim:
 - “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).”
 - “We greatly appreciate your help in improving hospital care.”
 - Placed directly before signature block (preferred)

Mail Only Mode *(cont'd)*

- Required for Cover Letters *(cont'd)*
 - Customer support phone number
 - Spanish Survey Request: The note placed beneath the signature, in Spanish, indicating the phone number or email address for patients to request to receive the survey in Spanish (required to be placed on the English cover letters only):
 - “Nota: Si desea recibir una copia de la encuesta en español, llame gratis al [PHONE NUMBER] de [WEEKDAY] a [WEEKDAY] entre las [TIME] y [TIME], [INSERT TIME ZONE] (OPTIONAL TO STATE o envíanos un correo electrónico a [EMAIL ADDRESS]).”

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Optional for Cover Letters
 - Any instructions may be repeated in the cover letter
 - Survey vendor's/SAH's return address
 - Return addresses must **not** contain alias or tag line
 - Wording indicating the purpose of the unique patient identifier must be printed either on the cover letter or after the survey instructions on the questionnaire (placement preferred on the questionnaire)
 - “You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.”

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Mail Questionnaire: Questions and Answer Categories
 - Must **not** be changed
 - No changes are permitted to the order of the response categories HCAHPS questions
 - Must remain together in the same columns and on the same page
 - Must be listed individually
 - Question and response options must be listed vertically
 - Response options listed horizontally or in a combined vertical and horizontal format are **not** allowed
 - No matrix formats allowed for question and answer categories

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Mail Questionnaire:
 - Formatting
 - Presented in the two-column format
 - Wording that is underlined in the HCAHPS questionnaire must be underlined in the survey vendor/SAH questionnaire
 - Arrows | → | that show skip patterns in the HCAHPS questions or response options must be included in survey vendor/SAH questionnaire
 - Section headings must be included, must be capitalized and consistently formatted
 - It is recommended that section headers are shaded
 - Must be in a readable font (e.g., Arial, Times New Roman) with a font size of 12-point or larger

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Required for Mail Questionnaire *(cont'd)*
 - Mandatory survey title of “Hospital Experience Survey” must be printed at the top of the first page
 - All instructions on the top of the survey are verbatim
 - Text indicating the purpose of the unique identifier
 - Randomly generated unique identifiers for patient tracking purposes are placed on the first or last pages of the survey and may appear on all pages
 - Internal codes must **not** contain any patient identifiers such as the patient’s discharge date, doctor or hospital unit

Mail Only Mode *(cont'd)*

- Required for Mail Questionnaire *(cont'd)*
 - The Copyright Statement must be included on the last page
 - The OMB control number (OMB #0938-0981) and expiration date must appear on the front page
 - The OMB language must appear on either the front or back page of the questionnaire (preferred) or on the cover letter, and may appear on both
 - Name and return address of survey vendor/SAH must be printed on the questionnaire
 - Return addresses must **not** contain alias or tag line

Mail Only Mode *(cont'd)*

- Optional for Mail Questionnaire
 - Small coding numbers, preferably in superscript, may be included next to the response choices
 - Acceptable to have a place on the survey for patients to voluntarily fill in their name/phone number as long as the name/phone number items are placed after the HCAHPS questions and mandatory transition statement.
 - Explanatory text must be placed before this item to state the purpose for patient to *optionally* provide requested information
 - Hospital logos may be included

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Optional for Mail Questionnaire *(cont'd)*
 - “Use only blue or black ink” may be printed on the questionnaire
 - The name of the hospital may be printed on the questionnaire before Question 1 and in the introduction to Question 24
 - Page numbers may be included
 - Color may be incorporated
 - The phrase “There are only a few remaining items left” before the “About You” questions may be eliminated

Mail Only Mode *(cont'd)*

- Optional for Mail Questionnaire *(cont'd)*
 - The following language may be added in the footer:
 - Continue on next page
 - Continue on reverse side
 - Turn over to continue
 - → to continue
 - Continue to back
 - Turn over
 - To increase the likelihood of receiving a returned survey, consider incorporating wide margins (at least $\frac{3}{4}$ inch) to enhance readability

Mail Only Mode *(cont'd)*

- Mail Out Requirements
 - Guidelines for mailings
 - Addresses acquired from hospital record
 - Addresses updated using commercial software
 - Mailings sent to patients by name
 - Mailing content
 - Survey mailings include:
 - Cover letter
 - Questionnaire
 - Self-addressed, stamped business reply envelope
 - Outgoing envelope, 10-point minimum font size, with first class postage or indicia, suggested

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

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

Mail Only Mode *(cont'd)*

- Optional for Envelopes
 - The outgoing envelope may be printed with the banner, “Important - Open Immediately.”
 - The outgoing envelope may be printed with the hospital logo (strongly recommended) or survey vendor logo, or both
 - Window envelopes may be used
 - The outgoing envelop may include, “[SURVEY VENDOR NAME] on behalf of [CLIENT HOSPITAL NAME]’

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

Mail Only Mode *(cont'd)*

- Patients Without Mailing Addresses
 - Every reasonable attempt to obtain a patient's address must be made, including re-contacting the hospital client to inquire about an address update for patients with no mailing address
 - There is flexibility in not sending mail surveys to patients without mailing addresses, such as the homeless
 - *Note: These patients cannot be removed from the sample*
 - Attempts to obtain patient's address must be documented

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Data receipt and entry
 - Key entry or scanning allowed for data capture
 - Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
 - Programs verify that record is unique and has not been returned already
 - Programs identify invalid or out-of-range responses

Mail Only Mode *(cont'd)*

- Data receipt and entry *(cont'd)*
 - Record survey receipt in a timely manner
 - Surveys are date stamped
 - Ambiguous responses follow HCAHPS decision rules
 - Calculate lag time
 - Assign final survey status code
 - Capture mail wave attempt

Mail Only Mode *(cont'd)*

- Data retention and storage guidelines
 - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
 - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years and are easily retrievable
 - HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files, must be destroyed in a secure and environmentally safe location
 - Obtain a certificate of the destruction of data

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Quality Control Guidelines
 - Survey vendors/SAHs must:
 - Update address information
 - Check quality and inclusion of all survey materials
 - Check a sample of mailings for inclusion of all sampled patients
 - Provide ongoing oversight of staff and any subcontractor(s) such as printers and fulfillment houses
 - Conduct on-site verification of printing and mailing data collection processes, on an annual basis, at a minimum

Introduction to HCAHPS Survey Training

Mail Only Mode *(cont'd)*

- Quality Control Guidelines *(cont'd)*
 - Survey vendors/SAHs must:
 - Perform interval checking of at least 10 percent of all printed mailing pieces on an ongoing and continuous basis throughout the survey administration period
 - Conduct seeded (embedded) mailings to designated survey vendor or hospital HCAHPS project staff on a quarterly basis to check for:
 - Timeliness of delivery
 - Accuracy of address
 - Accuracy and quality of mailing contents
 - Document results of all oversight activities

Introduction to HCAHPS Survey Training

Phone Only Mode

Phone Only Overview

- Protocol: Schedule of Contact Attempts
- Required for Phone Script
- Interviewing Systems
- Obtaining Phone Numbers
- Monitoring and Recording Phone Calls
- Definition of a Phone Attempt
- Phone Attempts
- Proxy Respondents
- Data Receipt and Data Entry
- Data Retention and Data Storage
- Quality Control Guidelines
- Interviewer Training and Guidelines

Introduction to HCAHPS Survey Training

Phone Only Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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

Introduction to HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts
 - Between 48 hours and 42 calendar days after discharge, initiate the first phone attempt with sampled patients
 - Complete data collection within 49 calendar days after the first phone attempt
 - Maximum of five phone attempts made at different times of day, on different days of the week, between 9AM and 9PM patient time
 - It is strongly recommended that phone attempts are made not only on weekdays, but on weekends also
 - Submit data to CMS via the HQR system by the data submission deadline

Phone Only Mode *(cont'd)*

- Required for Phone Script
 - Question and response category wording must **not** be changed
 - No changes are permitted to the order of the HCAHPS Survey (Questions 1-32)
 - No changes are permitted to the order of the response categories for the HCAHPS questions
 - All underlined content must be emphasized

Phone Only Mode *(cont'd)*

- Required for Phone Script *(cont'd)*
 - No other script content is to be emphasized
 - Only one language (English, Spanish, Chinese, or Russian) may appear on the electronic interviewing system screen

Phone Only Mode *(cont'd)*

- Interviewing Systems
 - Electronic telephone interviewing, including CATI or other alternative systems (required of survey vendors)
 - Programmed with HCAHPS Phone Script
 - Linked electronically to survey management system
 - Manual data collection (allowed only for hospitals self-administering surveys)
 - Follow HCAHPS Phone Script using paper questionnaires to record responses
 - Key entry, scanning

Phone Only Mode *(cont'd)*

- Interviewing Systems *(cont'd)*
 - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
 - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
 - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations

Phone Only Mode *(cont'd)*

- Interviewing Systems (cont'd)
 - Caller ID
 - May be programmed to display “on behalf of [HOSPITAL NAME]” with permission and compliance of hospital’s HIPAA/Privacy officer
 - Every question should be programmed with a “MISSING/DON’T KNOW” option available
 - Interviewers should not read or offer it as a response option
 - Entire phone script must be read verbatim
 - The transitional phrases found throughout the phone script are part of the structured script and must be read

Phone Only Mode *(cont'd)*

- Interviewing Systems (cont'd)
 - Do not program a specific response category as the default option
 - All underlined content must be emphasized
 - Skip patterns and conventions should be programmed into system
- Monitoring and recording of phone calls
 - Follow state regulations

Phone Only Mode *(cont'd)*

- Obtaining Phone Numbers
 - Main source of phone numbers is the hospital discharge records
 - Strongly recommend that primary and secondary phone numbers are **collected and used**
 - If it is determined that primary phone number does not connect to the patient, utilize the secondary phone number
 - It is up to the survey vendor's/SAH's discretion to determine the number of attempts made to each phone number; however, no more than a total of five call attempts can be made to a sampled patient

Phone Only Mode *(cont'd)*

- Definition of a Phone Attempt
 - Phone rings six times with no answer
 - Interviewer reaches a wrong number
 - An answering machine or voice mail is reached (do **not** leave message)
 - Interviewer reaches the household and is told that the patient is not available to come to the phone or has a new number

Introduction to HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- Definition of a Phone Attempt *(cont'd)*
 - Interviewer reaches the patient and is asked to call back at a more convenient time
 - Must schedule a phone callback that accommodates a patient's request within a specific day and time
 - Callback must be scheduled at the patient's convenience between the hours of 9 AM and 9 PM respondent time within the data collection time period
 - Busy signal
 - At the discretion of the survey vendor/SAH a phone attempt can consist of three consecutive phone attempts made at approximately 20-minute intervals

Phone Only Mode *(cont'd)*

- Definition of a Phone Attempt *(cont'd)*
 - “Screening” number
 - If interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
 - Count this as one phone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as “8 – Non-response after maximum attempts”

Phone Only Mode *(cont'd)*

- Phone Attempts
 - Must attempt to reach every patient in the sample
 - Phone call attempts are to be made between the hours of 9 AM and 9 PM respondent time
 - Repeated attempts must be made until the patient is contacted, found ineligible or five attempts have been made

Phone Only Mode *(cont'd)*

- Phone Attempts *(cont'd)*
 - Sampled patients are to be called up to five times unless the sampled patient is found to be ineligible or explicitly refuses to complete the survey (or if someone refuses on behalf of the patient)

Phone Only Mode *(cont'd)*

- Proxy Respondents
 - Proxy respondents may be used when:
 - During the Initial Contact or Introduction, a sampled patient proactively requests that a proxy answer the survey
 - During the survey the interviewer determines that the patient is struggling, the interviewer may ask the patient if the patient would like someone to help them complete the survey
 - Note: The interviewer may resume the survey after the last question the patient answered

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 survey for them, the interviewer must **not** proceed with the survey

Phone Only Mode *(cont'd)*

- Proxy Respondents *(cont'd)*
 - 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
 - Refer to Appendix W in QAG V19.0 for guidance on handling proxy respondent in the Phone phase

Phone Only Mode *(cont'd)*

- Data Receipt and Data Entry
 - Survey vendors/SAHs must:
 - Maintain a crosswalk of interim disposition codes to HCAHPS Final Survey Status codes
 - Assign final survey status code
 - Capture the phone attempt in which the final disposition of the survey is determined
 - Calculate lag time

Phone Only Mode *(cont'd)*

- Data Retention and Data Storage
 - Data collected through electronic telephone interviewing systems and optically scanned paper questionnaire images must be maintained in a secure manner for a minimum of three years
 - Paper questionnaires collected manually and then key-entered must be stored in a secure and environmentally controlled location for a minimum of three years

Phone Only Mode *(cont'd)*

- Data Retention and Data Storage *(cont'd)*
 - HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files, must be destroyed in a secure and environmentally safe location
 - Obtain a certificate of destruction

Phone Only Mode *(cont'd)*

- Quality Control Guidelines
 - Phone monitoring and oversight of staff and subcontractors
 - At least 10% of HCAHPS call attempts and interviews must be monitored (on an ongoing and continuous basis throughout the survey administration period) by survey vendor and its subcontractor (if applicable)
 - All interviewers conducting HCAHPS Surveys must be monitored
 - All language translations in which the survey is administered must be monitored

Introduction to HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- Quality Control Guidelines *(cont'd)*
 - Survey vendors/SAHs are responsible for the quality of work performed by any subcontractor(s), such as call centers
 - Must conduct on-site verification of call centers, including live call monitoring and floor rounding

Introduction to HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- Interviewer Training
 - Formal interviewer training **is required** to ensure standardized, non-directive interviews
 - Interviewers should be knowledgeable about the survey and prepared to answer questions
 - See HCAHPS FAQs in Appendix X
 - Survey Introduction

Phone Only Mode *(cont'd)*

- Interviewer Training *(cont'd)*
 - Interviewing Guidelines and Conventions (see Appendix W)
 - System Conventions
 - Avoiding Refusals
 - Probing for Complete Answers

Phone Only Mode *(cont'd)*

- Survey Introduction
 - Introduction script provides survey purpose
 - Verifies eligibility of the respondent
 - Confirm hospital and discharge date
 - Informs respondent that survey will take about 8 minutes or [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL SPECIFY]

Phone Only Mode *(cont'd)*

- Survey Introduction *(cont'd)*
 - Survey vendors that subcontract call center services must state survey vendor name in the CATI script introduction for the data collection contractor:
“...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]...”
 - Provides guidance for people wishing to act as a proxy for sampled patients

Phone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions
 - System conventions
 - Text that appears in lower case letters must be read out loud
 - Text in UPPER CASE letters must **not** be read out loud
 - Text that is underlined must be emphasized
 - Characters in < > brackets must **not** be read out loud
 - [Square brackets] are used to show programming instructions that must **not** actually appear on the computerized interviewing screens
 - Skip patterns should be programmed into the electronic telephone interviewing system

Introduction to HCAHPS Survey Training

Phone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Asking questions and probing:
 - Questions, transitions and response choices are read ***exactly*** as worded on script
 - Do **not** provide extra information or lengthy explanations to respondent questions
 - End the survey by thanking the respondent for his or her time
 - Avoiding refusals
 - Be prepared to convert a soft refusal into a completed survey
 - Emphasize importance of participation
 - Never argue with or antagonize a patient
 - Remember! First moments of the interview are most critical for gaining participation

Phone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Probing for complete data
 - When respondent fails to provide adequate answer
 - Never interpret answers for respondents
 - Code “MISSING/DON’T KNOW” when respondent cannot/does not provide complete answer **after** probing
 - In instances where the patient is reluctant to answer “Yes” or “No” to the HCAHPS Survey question(s) and the patient’s intended response(s), either positive or negative is clear, the patient’s response should be accepted

Phone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
 - Types of probes:
 - Repeat question and answer categories
 - Interviewer may state:
 - “Take a minute to think about it”
 - “So would you say...”
 - “Which would you say is closer to the answer?”

Phone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 27)**

In general, how would you rate your overall health?
Would you say that it is...

- <1> Excellent,
- <2> Very good,
- <3> Good,
- <4> Fair, or
- <5> Poor?
- <M> MISSING/DK

Phone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 27)** *(cont'd)*
 - Patient 1 Answers
 - “My health is okay.”
 - Probe for Patient 1
 - “We’re asking you to choose one response. Would you say your overall health is...”
[Repeat all answer categories]
 - Patient 2 Answers
 - “My health is great.”
 - Probe for Patient 2
 - “Would you then rate your overall health as **Excellent, Very good or Good?**”

Phone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 30)**

What is the highest grade or level of school that you have **completed**? Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?
- <M> MISSING/DK

Phone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 30) *(cont'd)***

- Patient 1 Answers

- "I graduated from school."

- Probe for Patient 1

- "We're asking you about the highest grade or level of school that you completed. Would you say you completed..." [**Repeat all answer categories**]

- Patient 2 Answers

- "I graduated from college."

- Probe for Patient 2

- "We're asking you about the highest grade or level of school that you completed. So would you say **completed some college or earned a 2-year degree, graduated from a 4-year college, or completed more than a 4-year college degree?**"

Mail-Phone Mode

Mail-Phone Overview

- Protocol: Schedule of Contact Attempts
- Requirements for Mail and Phone Survey Administration

Introduction to HCAHPS Survey Training

Mail-Phone Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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

Mail-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts
 - Between 48 hours and 42 calendar days after discharge, send first questionnaire with initial cover letter to sampled patient(s)
 - Complete data collection within 49 calendar days after the first phone attempt
 - Maximum of five phone attempts made at different times of day, on different days of the week, between 9AM and 9PM patient time
 - It is strongly recommended that phone attempts are made not only on weekdays, but on weekends also
 - Submit data to CMS via the HQR system by the data submission deadline

Introduction to HCAHPS Survey Training

Mail-Phone Mode *(cont'd)*

- Requirements for Mail and Phone Survey Administration
 - Refer to [Mail Only](#) and [Phone Only](#) survey administration sections for details

Introduction to HCAHPS Survey Training

Web-First Modes

Web-First Modes Overview

- Protocol: Schedule of Contact Attempts
- Web Survey Systems
- Obtaining and Validating Email Addresses
- Required for Web Survey
- Required for Email Invitations
- Optional for Email Invitations
- Data Retention and Receipt
- Quality Control Guidelines

Introduction to HCAHPS Survey Training

Web-First Modes

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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-First Modes *(cont'd)*

- Web Survey Systems must:
 - Capture data from web surveys that are initiated and suspended without submission of a completed survey
 - Allow web surveys to be suspended and resumed at a later date, returning the patient to the first unanswered question
 - Allow respondent to back up and change a previously selected response

Web-First Modes *(cont'd)*

- Web Survey Systems must *(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-First Modes *(cont'd)*

- Web Survey Systems must *(cont'd)*:
 - **Not** include advertisements of any kind, either 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 access to the web survey after it has been submitted or after data collection has closed

Web-First Modes *(cont'd)*

- Obtaining and Validating Email Addresses
 - Obtain email addresses from patient 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 to **validate** email addresses (i.e., to check format or confirm email address is active)
 - Only use email addresses provided by the client hospital
 - Do **not** use any supplemental or adjunct services such as commercial software or other means to find or replace email addresses provided by the hospital

Web-First Modes *(cont'd)*

- Obtaining and Validating 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-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - Welcome web screen
 - Include mandatory survey title Hospital Experience Survey
 - Display a customer support phone number (optional to provide customer support email address)
 - Prohibit images, tag lines or website links
 - Hospital logos may be included on Welcome web screen

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - Welcome web screen *(cont'd)*
 - The [NUMBER] of minutes to answer the HCAHPS Survey questions 1-32 should equal “8”
 - No more than 12 hospital-specific supplemental questions may be added to the survey
 - If added, the [NUMBER] of minutes should be populated as follows:
 - If 1 to 5 supplemental questions are added, “[NUMBER]” is “9”
 - If 6 to 9 supplemental questions are added, “[NUMBER]” is “10”
 - If 10 to 12 supplemental questions are added, “[NUMBER]” is “11”

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - Welcome web screen *(cont'd)*
 - The OMB Paperwork Reduction Act language must be displayed on the Welcome web screen and appear below the survey “START” button
 - The OMB language font size must appear smaller than the rest of the text of the Welcome web screen
 - No smaller than 10-point, at a minimum

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Welcome Web Screen Example:

Mandatory Survey Title



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.

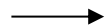
Click START to begin the survey.

START



START Button

OMB Language



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

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - HCAHPS Questions
 - No changes are permitted to the wording or order of the HCAHPS questions (Questions 1-32) or the response categories
 - Display only one survey item per web screen
 - “BACK” button appears in the lower left of each web screen
 - “NEXT” button appears in the lower right of each web screen

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - HCAHPS 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
 - i.e., Patients may click through the survey without responding
 - All questions are programmed to accept only one response
 - Except Question 32 (Race) which allows multiple responses

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - Formatting
 - [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
 - Every web screen has a shaded header
 - Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
 - Font color and size (12-point at a minimum) must be consistent throughout the web survey

Web-First Modes *(cont'd)*

- Required for the Web Survey *(cont'd)*
 - Formatting *(cont'd)*
 - 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

Web-First Modes *(cont'd)*

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

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Web Survey Screen Example (Q1):

Header



YOUR CARE FROM NURSES

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

Vertical Responses

- Never
- Sometimes
- Usually
- Always

Underlining

BACK



BACK Button

NEXT



NEXT Button

Web-First Modes *(cont'd)*

- Required for the Web Survey: Thank You Web Screen and Copyright Statement
 - 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

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Thank You Screen Example:

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

Web-First Modes *(cont'd)*

- Use of Supplemental Questions
 - Limit of 12 supplemental questions may be added to the survey in accordance with the following:
 - A mandatory transition statement and header must follow the last HCAHPS question (Question 32)
 - The mandatory transition statement must be placed on a separate web screen immediately before the first supplemental question web screen
 - Do **not** use HCAHPS question headers as supplemental question headers

Web-First Modes *(cont'd)*

- Use of Supplemental Questions *(cont'd)*
 - Limit of 12 supplemental questions may be added to the survey in accordance with the following *(cont'd)*:
 - Only one supplemental question may be displayed per web screen
 - “BACK” button appears in the lower left of each web screen
 - “NEXT” button appears in the lower right of each web screen
 - Each supplemental question must display a header. It is optional to repeat the mandatory transition statement header or use text that aligns with the subject of the item(s).

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Mandatory Transition Statement Web Screen Example

Mandatory Transition Statement 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

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

- Required for Email Invitations
 - Must be sent from an email address that is specific to the HCAHPS Survey
 - Must **not** use a no-reply or a do-not-reply email address
 - Must use a unique sender email address for HCAHPS Surveys
 - The sender email address must **not** be used for other survey projects
 - Must follow industry best practices for sending mass/bulk emails
 - Responsible for identifying any applicable regulations and/or industry best practices for sending email
 - Must **not** build processes or engage in practices that would trigger spam filters or forced Unsubscribe features

Web-First Modes *(cont'd)*

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

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Please tell us about [HOSPITAL NAME]

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

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

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 (OPTIONAL TO STATE 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]).

Initial Email Invitation

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

From: [SURVEY VENDOR/SELF-ADMINISTERING HOSPITAL EMAIL ADDRESS]

To: [SAMPLED PATIENT EMAIL ADDRESS]

Subject: Please tell us about [HOSPITAL NAME]

Dear [SAMPLED PATIENT FIRST AND LAST NAME]:

A few days ago, we sent you an email asking for your feedback on [HOSPITAL NAME]. If you have already completed the survey, please accept our thanks and disregard this message. However, if you have not yet completed the survey, please take a few minutes and complete it now.

To answer the survey, please click here. [PERSONALIZED LINK TO SURVEY]

The survey is part of an effort to understand how patients view their hospital care. The survey is sponsored by the United States Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov \(www.medicare.gov/care-compare\)](http://www.medicare.gov/care-compare).

If you have any questions about this survey, please call this (OPTIONAL TO STATE 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]).

Reminder Email Invitation

Web-First Modes *(cont'd)*

- Required for Email Invitations: Include verbatim language
 - Subject line:
 - “Please tell us about [HOSPITAL NAME]”
 - Initial Email Invitation, first sentence:
 - “We are asking you to complete a survey about [HOSPITAL NAME].”
 - Reminder Email Invitation, first sentence:
 - “A few days ago, we sent you an email for your feedback on [HOSPITAL NAME].”

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Initial Email Invitation Example: First mandatory verbatim sentence and personalized link to survey

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

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

To answer the survey, please click here. **[PERSONALIZED LINK TO SURVEY]**

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

Reminder Email Invitation Example: First mandatory verbatim sentence and personalized link to survey

Dear **[SAMPLED PATIENT FIRST AND LAST NAME]**:

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

Web-First Modes *(cont'd)*

- Required for Email Invitations: Include verbatim language *(cont'd)*
 - “The survey is sponsored by the United State Department of Health and Human Services and the survey should take about [NUMBER] minutes to complete.”
 - The [NUMBER] of minutes to answer Questions 1-32 should equal “8.” If hospital-specific supplemental questions are added, the [NUMBER] of minutes should be populated as follows:
 - If 1 to 5 supplemental questions are added, “[NUMBER]” is “9”
 - If 6 to 9 supplemental questions are added, “[NUMBER]” is “10”
 - If 10 to 12 supplemental questions are added, “[NUMBER]” is “11”

Web-First Modes *(cont'd)*

- Required for Email Invitations: Include verbatim language *(cont'd)*
 - “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 rating on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare/) (<https://www.medicare.gov/care-compare/>).”
 - “We greatly appreciate your help in improving hospital care.”
 - Placed directly before signature block (preferred)

Web-First Modes *(cont'd)*

- Required for Email Invitations: Include verbatim language *(cont'd)*
 - Required for English email invitations only
 - Spanish Survey Request: 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]).”

Web-First Modes *(cont'd)*

- Optional for Email Invitations: Unsubscribe Statement
 - An Unsubscribe statement may be added to the email invitations
 - If an Unsubscribe statement is used, the following language must be included verbatim:
 - *"If you prefer not to receive further emails asking you to take this survey about this hospital stay, please click Unsubscribe."*

Web-First Modes *(cont'd)*

- Optional for Email Invitations: Unsubscribe Statement *(cont'd)*
 - An Unsubscribe statement may be added to the email invitations *(cont'd)*
 - The Unsubscribe statement must be placed at the bottom of the email invitations
 - In italics and in a font smaller than the rest of the text of the email invitation
 - The Unsubscribe link should direct the patient to a new web page that must include the following language verbatim:
 - *"We will remove you from future emails for this survey about this hospital stay."*

Web-First Modes *(cont'd)*

- Optional for Email Invitations: Unsubscribe Statement *(cont'd)*
 - Unsubscribing removes the sampled patient from all remaining email invitations for this hospital stay
 - However, unsubscribing must **not** remove the sampled patient from the secondary or tertiary phases, which must still be implemented as scheduled
 - Patients who unsubscribe should **not** be placed on a “Do Not Contact” List

Web-First Modes *(cont'd)*

- Data Receipt and Retention of Web Surveys
 - Survey vendors/SAHs must:
 - Record survey receipt date and survey responses in the web survey system
 - Retain documentation that the patient completed the survey in the web phase of the mode
 - Calculate lag time
 - Assign the appropriate “Survey Completion Mode” and final survey status code
 - Capture the web attempt via “Survey Attempts Web”
 - Retain data securely for a minimum of three years

Introduction to HCAHPS Survey Training

Web-First Modes *(cont'd)*

- Quality Control Guidelines for Web Survey Data Collection
 - Survey vendors/SAHs:
 - Responsible for the quality of work performed by staff members and subcontractors, including:
 - Programming of web survey and email invitations is accurate, functions correctly, and in accordance with HCAHPS Survey protocols
 - Presenting the web survey similarly across different devices and browsers
 - Monitoring web survey systems
 - Responsible for training, monitoring and oversight

Introduction to HCAHPS Survey Training

Web-Mail Mode

Web-Mail Overview

- Protocol: Schedule of Contact Attempts
- Requirements for Web and Mail Survey Administration

Introduction to HCAHPS Survey Training

Web-Mail Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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-Mail Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **Day of First Attempt:** Between 48 hours and 42 days after discharge, send first email invitation (Initial Email Invitation) to sampled patients with a valid email address
 - **3 days after first attempt:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - **6 days after first attempt:** Send third email invitation (Reminder Email Invitation) to non-respondents

Web-Mail Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **8 days after first attempt:** Send mail questionnaire (and 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) at this time
 - **30 days after first attempt:** Send mail questionnaire (and Follow-up Cover Letter) to non-respondents

Web-Mail Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **49 days after first attempt:** Complete data collection within 49 calendar days of the start of protocol
 - Note: At the end of the data collection period, if the patient answered any of the web survey questions, but did not “submit” the web survey, survey vendors/SAHs should include the web survey responses if no responses were obtained via mail
 - Submit data to CMS via the HQR system by the data submission deadline

Web-Mail Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*

Sampled patients *with*
email address:

- Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
- Up to two mailings of the questionnaire (two Follow-up Cover Letters) approximately 8 and 30 days later

Sampled patients *without*
email address:

- Receive first contact by mail
- Up to two mailings of the questionnaire (one Initial Cover Letter and one Follow-up Cover Letter) approximately 8 and 30 days after the first e-mail invitation would have been sent if the patient had an e-mail address

Web-Mail Mode *(cont'd)*

- Web and Mail Survey Administration Requirements
 - Refer to [Web-First Modes](#) survey administration and [Mail Only](#) survey administration sections for details

Introduction to HCAHPS Survey Training

Web-Phone Mode

Web-Phone Overview

- Protocol: Schedule of Contact Attempts
- Requirements for Web and Phone Survey Administration

Introduction to HCAHPS Survey Training

Web-Phone Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **Day of First Attempt:** Between 48 hours and 42 days after discharge send first email invitation (Initial Email Invitation) to sampled patients with a valid email address
 - **4 days after first attempt:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - **7 days after first attempt:** Send third email invitation (Reminder Email Invitation) to non-respondents

Web-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **10 days after first attempt:** Begin five phone attempts to non-respondent(s)
 - Note: Patients without a valid email address receive their first contact by phone at this time
 - **49 days after first attempt:** Complete data collection within 49 calendar days of the initial start of protocol
 - Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not “submit” the web survey, survey vendors/SAHs should include the web survey responses if no responses were obtained via phone

Introduction to HCAHPS Survey Training

Web-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - Submit data to CMS via the HQR system by the data submission deadline

Web-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*

Sampled patients *with*
email address:

- Up to three email invitations (one Initial Email Invitation and two Reminder Email Invitations)
- Up to five phone attempts to non-respondents

Sampled patients *without*
email address:

- Receive first contact by phone
- Up to five phone attempts 10 days after the first e-mail invitation would have been sent, if the patient had an e-mail address

Introduction to HCAHPS Survey Training

Web-Phone Mode *(cont'd)*

- Requirements for Web and Phone Survey Administration
 - Refer to [Web-First Modes](#) survey administration and [Phone Only](#) survey administration sections for details

Introduction to HCAHPS Survey Training

Web-Mail-Phone Mode

Web-Mail-Phone Overview

- Protocol: Schedule of Contact Attempts
- Requirements for Web, Mail and Phone Survey Administration

Introduction to HCAHPS Survey Training

Web-Mail-Phone Mode

- Protocol: Schedule of Contact Attempts

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
Day of First Attempt	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-Mail-Phone Mode *(cont'd)*

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **Day of first attempt:** Between 48 hours and 42 days after discharge send first email invitation (Initial Email Invitation) to sampled patients with a valid email address
 - **4 days after first attempt:** Send second email invitation (Reminder Email Invitation) to non-respondents
 - Note: There are only two email invitations in the Web-Mail-Phone mode

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

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **6 days after first attempt:** Send first and only mail questionnaire (and 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) at this time
 - **28 days after first attempt:** Begin five phone attempts to non-respondent(s) and patients without a valid mailing address

Introduction to HCAHPS Survey Training

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

- Protocol: Schedule of Contact Attempts *(cont'd)*
 - **49 days after first attempt:** Complete data collection within 49 calendar days of the initial start of protocol
 - Note: At the end of the data collection period, if the patient answered any of the web survey questions but did not “submit” the web survey, survey vendors/SAHs should include the web survey responses if no responses were obtained via mail or phone
 - Submit data to CMS via the HQR system by the data submission deadline

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

- Schedule of Contact Attempts (*cont'd*)

Sampled patients *with*
email address:

- Up to two email invitations (one Initial Email Invitation and one Reminder Email Invitation)
- One mailing of the questionnaire to non-respondents (and Follow-up Cover Letter) approximately 6 days later
- Up to five phone attempts to non-respondents

Sampled patients *without*
email address:

- Receive first contact by mail 6 days after the first email invitation would have been sent if the patient had an email address
 - One mailing of the questionnaire (and Initial Cover Letter)
 - Up to five phone attempts to non-respondents

Introduction to HCAHPS Survey Training

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

- Web, Mail and Phone Survey Administration Requirements
 - Refer to [Web-First Modes](#) survey administration, [Mail Only](#) and [Phone Only](#) survey administration sections for details

Introduction to HCAHPS Survey Training

Data Specifications & Coding

Data Specifications and Coding Overview

- Order of Receipt
- General Data Coding
- Decision Rules for Data Capture
- Decision Rules for Screener and Dependent Questions (All Modes)
- Final Survey Status/Disposition Codes
 - Definition of a Completed Survey
 - Determining the Data Collection End Date for Each Final Survey Status

Order of Receipt

- If the same patient completes two surveys for the same hospital visit (i.e., the patient returns both mail surveys, or completes and submits a web survey and returns a mail survey), use the first HCAHPS Survey received
 - At the end of the data collection period, if the patient answered any of the web survey questions but did not “submit,” web survey responses should be included if no responses were obtained via mail or phone

General Data Coding

- Enter survey responses as answered by the patient
- For surveys with "Final Survey Status" codes of
 - "1 – Completed Survey" or
 - "6 – Non-response: Break-off"
 - A value must be entered for all survey questions
 - Appendix S: Data File Structure Version 4.7 (effective Q1 2025 discharges) provides valid values
- Include decision rules and coding guidelines, and quality control procedures in materials and training

Decision Rules for Data Capture

- Standardized rules ensure consistency across survey vendors/SAHs
- Apply decision rules to both scanned and key-entered data

Introduction to HCAHPS Survey Training

Decision Rules for Data Capture (Mail Survey) *(cont'd)*

- If a mark falls between two choices and is obviously closer to one choice than another, select the choice to which the mark is closest

Example 1 (Mail)

Never

x

Sometimes

Usually

Always



Code as:

“2 - Sometimes”

Introduction to HCAHPS Survey Training

Decision Rules for Data Capture (Mail Survey) *(cont'd)*

- If a mark falls equidistant between two choices, code the value of the item as “M – Missing/Don’t Know”
- Do **not** impute a response

Example 2 (Mail)

Never

x

Sometimes

Usually

Always



Code as:

“M - Missing/Don’t Know”

Introduction to HCAHPS Survey Training

Decision Rules for Data Capture (Mail Survey) *(cont'd)*

- When more than one response choice is marked, code the value as “M – Missing/Don’t Know”
 - Do **not** impute a response
- **Exception:** For Question 32 (*What is your race?*), enter responses for ALL of the categories that the respondent selected

Example 3 (Mail)

Never

Sometimes

Usually

Always



Code as:

“M - Missing/Don’t Know”

Introduction to HCAHPS Survey Training

Decision Rules for Data Capture (Mail Survey) *(cont'd)*

- When more than one response choice is marked, but the respondent's intent is clear, code the intended response

Example 4 (Mail)

~~Never~~

Sometimes

Usually

Always



Code as:

"2 - Sometimes"

Decision Rules for Screener and Dependent Questions (All Modes)

- Screener Question – instructs patient to skip subsequent questions for select response choices
 - Questions 12, 15, 21
- Dependent Question – questions skipped based on patient's response to screener question
 - Questions 13, 16, 17, 22, 23

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions (All Modes) *(cont'd)*

- Code appropriately skipped questions as “8 – Not Applicable”
- Code other scenarios as answered by the patient (do **not** “clean” skip pattern errors)
- This rule applies to data collected via mail, phone and web

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 - No → If no, Go to Question 14

Example 1 (Mail)

Code as:
“1 - Yes”

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 - Sometimes
 - Usually
 - Always

Code as:
“M - Missing/Don't Know”

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 - No → If no, Go to Question 14

Example 2 (Mail)

Code as:
“1 - Yes”

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 - Sometimes
 - Usually
 - Always

Code as:
“3 - Usually”

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 - No → If no, Go to Question 14

Example 3 (Mail)

Code as:
“2 - No”

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 - Sometimes
 - Usually
 - Always

Code as:
“8 - Not Applicable”

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 - No → If no, Go to Question 14

Example 4 (Mail)

Code as:
“2 - No”

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 - Sometimes
 - Usually
 - Always

Code as:
“2 - Sometimes”

Introduction to HCAHPS Survey Training

Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 - No → If no, Go to Question 14

Example 5 (Mail)

Code as:
“M - Missing/Don’t Know”

13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 - Sometimes
 - Usually
 - Always

Code as:
“3 - Usually”

Decision Rules for Screener and Dependent Questions *(cont'd)*

- For **modes that include a Phone or Web phase** (i.e., Phone Only, Mail-Phone, Web-Phone, Web-Mail-Phone), skip patterns should be programmed into the electronic telephone interviewing or web survey system
 - If screener questions are answered either “No” or “Another Health Facility,” then the appropriately skipped dependent questions should be coded as “8 – Not applicable”
 - If screener questions are not answered (“Missing/Don’t Know”), then the appropriately skipped dependent questions should be coded as “M – Missing/Don’t Know”

Final Survey Status/ Disposition Codes

- 1 – 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 through 12, 14, 15, 18-21, 24, and 25
 - Questions not applicable to all patients (e.g., skip pattern and “About You” questions) are excluded
 - Questions 13, 16, 17, 22, 23 and 26–32
 - See Completed Survey Calculation Example in *QAG Final V19.0*

Introduction to HCAHPS Survey Training

Final Survey Status/ Disposition Codes *(cont'd)*

Ineligible

- 2 – Deceased
 - Patient was alive at the time of discharge but deceased by time of survey administration

Introduction to HCAHPS Survey Training

Final Survey Status/ Disposition Codes *(cont'd)*

Ineligible *(cont'd)*

- 3 – Not in Eligible Population
 - Patient's ineligibility is determined **after** the sample is drawn
 - **Eligibility Criteria**
 - 18 years old or older at the time of hospital admission
 - Admission includes at least one overnight stay in the hospital as an inpatient
 - Non-psychiatric principal diagnosis at discharge
 - Alive at the time of discharge

Final Survey Status/ Disposition Codes *(cont'd)*

Ineligible *(cont'd)*

- 3 – in Eligible Population
 - Patient's ineligibility is determined **after** the sample is drawn
 - **Exclusions**
 - "No-Publicity" patient
 - Court/Law enforcement patient (i.e., prisoners)
(does not apply to patients residing in halfway houses) (admission source code of 8; discharge status codes of 21, 87)
 - Has a foreign home address
 - Discharged to hospice (whether at home or another facility) (discharge status codes of 50, 51)
 - Eliminated from participation based on State regulations
 - Patients discharged to nursing home or skilled nursing facility
(discharge status codes of 3, 61, 64, 83, 92)

Introduction to HCAHPS Survey Training

Final Survey Status/ Disposition Codes *(cont'd)*

Ineligible *(cont'd)*

- 4 – Language barrier
 - Evidence that the patient does not read or speak the language in which the survey is being administered

Final Survey Status/ Disposition Codes *(cont'd)*

Ineligible *(cont'd)*

- 5 – Mentally or physically incapacitated
 - Patient is unable to complete the survey because mentally or physically incapacitated, or visually/hearing impaired
 - Do **not** automatically assign this code to patients discharged to health care facilities (e.g., long-term care facilities, assisted living facilities, rehab, etc.)
 - Survey vendors/SAHs must attempt to contact these patients

Introduction to HCAHPS Survey Training

Final Survey Status/ Disposition Codes *(cont'd)*

Non-Response

- 6 – Break-off
 - At least one HCAHPS Core question applicable to all patients 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
 - Core Questions 1-12, 14, 15, 18-21, 24, and 25
 - See Break-off Survey Calculation Example in *QAG Final V19.0*

Final Survey Status/ Disposition Codes *(cont'd)*

Non-Response *(cont'd)*

- 7 – Refusal
 - When a patient returns a blank survey with a note stating patient does not wish to participate, or when a patient verbally refuses to begin the survey
 - If the patient answered some HCAHPS Core questions, but refused to complete the survey, the “Final Survey Status” is coded as either “1 – Completed Survey” or “6 – Non-response: Break-off,” depending on the completion criteria

Final Survey Status/ Disposition Codes *(cont'd)*

Non-Response *(cont'd)*

- 8 – Non-response after maximum attempts
 - There is no evidence to suggest that a patient's contact information is bad
 - Patient has not completed the survey by the end of the survey administration time period
 - Lag time is greater than 91 calendar days

Final Survey Status/ Disposition Codes *(cont'd)*

Non-Response *(cont'd)*

- 9 – Bad address
- 10 – Bad/no phone number
 - Assume the contact information is viable unless there is sufficient evidence to suggest the contrary
 - Attempts must be made to contact every sampled patient whether or not there is a complete mailing address and/or phone number
 - Survey vendors/SAHs have flexibility in not sending mail surveys to patients without mailing addresses (i.e., homeless) after making every reasonable attempt to obtain an address
 - Note: “Final Survey Status” codes of “9 – Non-response: Bad address” and “10 – Non-response: Bad/no phone number” do **not** depend on the viability of email addresses

Data Preparation Overview

- File Specifications Version
- File Layout
 - Header Record
 - Patient Administrative Data Record
 - Patient Response/Survey Results Record
- Preparing the Data File
- Data Submission Timeline

File Specifications Version

- Standardized file layouts
 - Appendix Z – Data File Structure Version 4.7
 - Appendix AA – XML File Layout Version 4.7

Version 4.7 applies to Q1 2025 patient discharges and forward

File Layout

1. Header Record

- Complete once per monthly file
 - Survey Mode and Sample Type must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the survey mode or sample type.
 - Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be modified once two months of data in the quarter have been submitted and accepted in the HQR System

File Layout *(cont'd)*

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

Header Record

- Contains hospital identification and sampling information
- All fields in the Header Record must have a valid value
 - Exceptions:
 - NPI (*optional*)
 - DSRS Strata Name (*required only if DSRS*)
 - DSRS Eligible (*required only if DSRS*)
 - DSRS Sample Size (*required only if DSRS*)
 - DSRS Inpatient (*required only if DSRS*)

Header Record *(cont'd)*

- Survey Mode, Sampling Type and Determination of Service Line must be the same for all three months within a quarter
- CMS Certification Number (CCN)
 - Valid 6-digit CCN (formerly known as Medicare Provider Number)
 - Sample per unique CCN
 - Hospitals that share a common CCN must obtain a combined total of at least 300 completes per CCN per 12-month reporting period

Header Record *(cont'd)*

- Total Inpatient Discharges
 - Total number of inpatient discharges in the month for the hospital, whether or not they meet HCAHPS eligibility or exclusion criteria
 - Note: Do **not** include in the “Total Inpatient Discharges” field:
 - Patients who were not inpatients (e.g., observation, outpatient, emergency room)
 - Newborns (i.e., age 0) as they typically do not have an inpatient discharge
 - In addition, repeat inpatient records for the same inpatient hospital stay [i.e., same admission and discharge dates for the same patient] should be counted as only one discharge
 - Hospitals using DSRS must submit Total Inpatient Discharges per stratum (DSRS Inpatient)

Header Record *(cont'd)*

- Eligible Discharges
 - Number of eligible discharges in the sample frame
 - All eligible discharges are included in the count
 - Include eligible discharges even if the patients' information is received from the hospital with discharge dates that are beyond the 42 calendar day initial contact period
 - **However, these patients must not be included in the HCAHPS Survey sample nor included in the "Sample Size" field count**
 - **A Discrepancy Report must be filed when patient information is received beyond the 42 calendar day initial contact period**

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - In calculating the “Eligible Discharges” field, do **not** include patients later determined to be ineligible or excluded, regardless of whether they are selected for the survey sample

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - If a patient was selected for the survey sample and later determined to be ineligible (i.e., “Final Survey Status” code of “**3 – Ineligible: Not in eligible population**”), the patient must be subtracted when reporting the “Eligible Discharges” field (number of eligible discharges in sample in the month)
 - Does **not** apply to “Final Survey Status” codes of:
 - “2 – Ineligible: Deceased”
 - “4 – Ineligible: Language barrier”
 - “5 – Ineligible: Mental/Physical incapacity”
 - “Sample Size” can therefore be larger than the number of “Eligible Discharges”

Introduction to HCAHPS Survey Training

Header Record *(cont'd)*

Example 1: Eligible Discharges Calculation

100 = Number of eligible patients in original sample frame (Eligible Discharges)

100 = Number of patients selected for sample (Sample size)

2 = Number of patients with “Final Survey Status” code of “2 – Ineligible: Deceased”

5 = Number of patients with “Final Survey Status” code of “3 – Ineligible: Not in eligible population”

2 = Number of patients with “Final Survey Status” code of “4 – Ineligible: Language barrier”

4 = Number of patients with “Final Survey Status” code of “5 – Ineligible: Mental/Physical incapacity”

95 = Number reported in the “Eligible Discharges” field

Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
 - If a patient was **not** selected for the survey sample, but later determined to be ineligible (i.e., received an update with an ineligible MS-DRG code for the patient), the patient must be subtracted when reporting the “Eligible Discharges”

Introduction to HCAHPS Survey Training

Header Record *(cont'd)*

Example 2: Eligible Discharges Calculation

- 100 = Number of eligible patients in original sample frame (Eligible Discharges)
- 50 = Number of patients selected for sample (Sample size)
- 2 = Number of patients with “Final Survey Status” code of “2 – Ineligible: Deceased”
- 5 = Number of patients with “Final Survey Status” code of “3 – Ineligible: Not in eligible population”
- 2 = Number of patients with “Final Survey Status” code of “4 – Ineligible: Language barrier”
- 4 = Number of patients with “Final Survey Status” code of “5 – Ineligible: Mental/Physical incapacity”
- 10 = Number of patients ineligible due to an updated MS-DRG code (These patients were **not** selected for the survey sample)
- 85 = Number reported in the “Eligible Discharges” field

Header Record *(cont'd)*

- Sample Size
 - Number of sampled patient discharges in the month
 - Must equal the number of Patient Administrative Data Records
 - When 100% of the eligible population (census) is sampled, then “Eligible Discharges” equals the “Sample Size”

Header Record *(cont'd)*

- Note: For detailed information on the following Header Record elements, see Appendix Z of the QAG Final V19.0
 - Provider Name
 - Provider ID
 - NPI
 - Discharge Year
 - Discharge Month
 - Determination of Service Line
 - Type of Sampling

Patient Administrative Data Record

- All fields in the Patient Administrative Data Record must have a valid value
 - Use code “M – Missing/Don’t Know” for all missing fields, with the following exceptions:
 - “Point of Origin for Admission or Visit”— code as “9 – Information not available”
- Number of Patient Administrative Data Records must equal the number of sampled patients (“Sample Size”)

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Patient administrative information must be submitted for all patients selected in the survey sample
 - If a sampled patient is later found to be ineligible or excluded, the patient administrative information still must be submitted
 - The patient should be assigned a “Final Survey Status” code of “3 – Ineligible: Not in eligible population”

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Patient Identification (ID) Number
 - Survey vendor/SAH is responsible for assigning a random, unique, de-identified Patient ID Number for each patient in the sample
 - Used to track and report whether the patient has returned the survey, or needs a repeat email, mail or phone follow-up
 - Does **not** include any existing identifiers that can be linked back to the patient (i.e., SSN, DOB, medical record number, discharge date (including the month and year), hospital unit, patient initials)

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Patient Identification (ID) Number
 - Assign a new Patient ID each month; numbers must **not** be repeated from month to month or used in a sequential numbering order unless the patient discharge list is randomized prior to the assignment of ID
 - Can be up to 16 characters in length (alphanumeric)
 - Do **not** use symbols or special characters (^*#@#&) of any kind; not valid for data submission

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Service Line (Reason for Admission)
 - Based on one of the accepted methodologies for Determination of Service Line in the Header Record
 - *It is strongly recommended that the HCAHPS Service Line is assigned based on the hospital information (e.g., patient MS-DRG code at discharge)*
 - A missing or invalid MS-DRG code does **not** exclude a patient from being drawn into the sample frame
 - Should **not** be coded as “M – Missing/Don’t Know”

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Final Survey Status
 - Disposition of survey
 - Patients with a “Discharge Status” of “Expired” (codes 20, 40, 41, 42)
 - Code “Final Survey Status” as “2 – Ineligible: Deceased”
 - Must **not** have “Final Survey Status” coded as “1 – Completed Survey” or “6 – Non-response: Break-off”

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- 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
 - 2 – Mail-Phone mode: Phone
 - 3 – Web-Mail mode: Web
 - 4 – Web-Mail mode: Mail
 - 5 – Web-Phone mode: Web
 - 6 – Web-Phone mode: Phone
 - 7 – Web-Mail-Phone mode: Web
 - 8 – Web-Mail-Phone mode: Mail
 - 9 – Web-Mail-Phone mode: Phone
 - 10 – Not applicable

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Survey Completion Mode **must** correspond with Survey Mode in the Header Record

Patient Administrative Data Record	Header Record
Survey Completion Mode	Survey Mode
"1 – Mail-Phone mode – Mail"	"3 – Mail-Phone"
"2 – Mail-Phone mode – Phone"	
"3 – Web-Mail mode – Web"	"4 – Web-Mail"
"4 – Web-Mail mode – Mail"	
"5 – Web-Phone mode – Web"	"5 – Web-Phone"
"6 – Web-Phone mode – Phone"	
"7 – Web-Mail-Phone mode – Web"	"6 – Web-Mail-Phone"
"8 – Web-Mail-Phone mode – Mail"	
"9 – Web-Mail-Phone mode – Phone"	
"10 – Not applicable"	

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Phone
 - Phone attempt for which the 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

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Phone
 - **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**

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- 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**
 - Survey Mode is **Web-Mail-Phone mode** and Survey Completion Mode is **Web-Mail-Phone – Mail**

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Web
 - 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

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Web
 - **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**

Patient Administrative Data Record *(cont'd)*

- Email Status
 - 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 a Web-First mode
 - Valid email address: a username followed by @ and a domain name

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Survey Language
 - Identify the language in which the survey was administered, even if the patient does **not** complete the survey
 - “1 – English” (All modes)
 - “2 – Spanish” (All modes)
 - “3 – Chinese” (Mail Only, Phone Only, Mail-Phone, All Web-First modes)
 - “4 – Russian” (Mail Only, Phone Only, Mail-Phone, All Web-First modes)
 - “5 – Vietnamese” (Mail only, Web-Mail)
 - “6 – Portuguese” (Mail only, Web-Mail)
 - “7 – German” (Mail only, Web-Mail)
 - “8 – Tagalog” (Mail only, Web-Mail)
 - “9 – Arabic” (Mail only, Web-Mail)
 - **All** patient records should contain the actual Survey Language in which the survey was administered or attempted to be administered

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Lag Time
 - Calculated for each patient in the sample
 - Defined as the number of days between the patient's **discharge date** from the hospital and the **date that data collection activities ended** for the patient
 - **All** patient records **must** contain the actual Lag Time
 - Do **not** use code "888 – Not Applicable"

Patient Administrative Data Record *(cont'd)*

- Supplemental Question Count
 - Count of maximum number of supplemental questions **available** to the patient **regardless of whether or not the questions** are asked and/or answered (limit of 12)
 - Include skip pattern questions
 - Include open-ended questions
 - Include questions asked as sub-questions (each response item counts as one question)

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Supplemental Question Count *(cont'd)*
 - Must be submitted for all sampled patients even if they did **not** complete survey
 - **0-12** = 0-12 supplemental questions
 - **M** = Missing

Introduction to HCAHPS Survey Training

Patient Administrative Data Record *(cont'd)*

- Note: For detailed information on the following Patient Administrative Data Record elements, see Appendix Z of the QAG Final V19.0
 - Point of Origin
 - Discharge Status
 - Strata Name
 - Age at Admission
 - Patient Sex

Patient Response/ Survey Results Record

- Required when “Final Survey Status” in the Patient Administrative Data Record is coded as “1 – Completed Survey” or “6 – Non-response: Break-off”
 - Number of Patient Response/Survey Results Records must equal the number of Final Survey Status codes of “1 – Completed Survey” and “6 – Non-response: Break-off”
- All fields must have a valid value, including “M – Missing/Don’t Know” or “8 – Not Applicable”

Preparing the Data File

- Check data file
 - Check for missing values
 - Check for out of range values
 - Check frequency distributions of values
 - Check for valid file structure
- Submit data file via the HQR system
- Retain all survey-related documentation, e.g., paper surveys/scanned images, patient discharge files and de-identified electronic data files for a minimum of three years

Introduction to HCAHPS Survey Training

Data Submission Timeline

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

HCAHPS Data Submission via the Hospital Quality Reporting (HQR) System

HQR Overview

- See Data Preparation and Submission chapter, QAG Final V19.0 for additional information
- Public and Secure Page Access
 - QualityNet Resources
 - Registration Process for the HQR System, Basic User and Security Administrator
 - Submission of HCAHPS Data via the HQR System
 - Authorizing/Switching Survey Vendors
 - HCAHPS Data Submission Reports
 - HCAHPS Feedback Reports

Introduction to HCAHPS Survey Training

QualityNet Public Access: <https://qualitynet.cms.gov/>



The screenshot shows the QualityNet homepage on CMS.gov. At the top, there is a navigation bar with 'CMS.gov | QualityNet', a search bar labeled 'Search QualityNet', and links for 'Quality Programs', 'Help', and a 'Register' button. The main content area has a blue background with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this are two buttons: 'Subscribe to Email Updates' and 'Get Started with QualityNet'. To the right, there is a 'Recent News' section with two news items: 'March 19, 2025: FY 2027 Hospital VBP Program Baseline Measures Reports Now Available' and 'March 4, 2025: Fiscal Year (FY) 2027 Inpatient Hospitals Selected as Targeted for Validation'. A 'View more' link is present next to the news items.

I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Rural Emergency Hospitals

Introduction to HCAHPS Survey Training

HQR System Secure Page Access

- URL: <https://hqr.cms.gov/>
- The HQR system is used to submit HCAHPS data to the HCAHPS Data Warehouse
 - Accessed via user's HARP (HCQIS Access Roles and Profile) account. New users will need to create a HARP account.

HQR Users

- Types of Users:
 1. Security Administrator (Primary and Backup)
 2. Basic User
- Survey Vendors and SAHs **cannot** delegate administrator role outside of their organization
- Check for existing Security Administrators within the organization

HQR Users *(cont'd)*

- Security Administrator Role:
 - Register or approve each new HQR Basic User
 - Edit users' access and suspend or restore access as needed
 - Monitor HQR secure access to maintain proper security and confidentiality measures
 - Serve as a point of contact at the organization for information regarding HQR
- Basic User Role:
 - Submit data, view Submission or Feedback Reports and/or authorize a survey vendor

Introduction to HCAHPS Survey Training

Security Administrator or Basic User Registration for *Survey Vendors/SAHs*

- Register as a Basic User or Security Administrator
Registration via the HQR Website: <https://hqr.cms.gov>
 1. Sign into the HQR system
 2. Go to "My Profile"
 3. Request Access or View Current Access
 4. Between the Basic User or Security Administrator/Official type, choose the appropriate user type
 5. For Security Administrator registration: Choose which permissions are needed as a Security Administrator.
 6. For Basic User registration: Choose which permissions are needed as a Basic User

Note: Security Administrator will need to approve each new HQR Basic User

HQR HCAHPS Roles

- The following HCAHPS user roles are available to either survey vendors or SAHs, depending on the role:
 - **HCAHPS File Upload** – Survey vendor or SAH personnel who have this role can upload HCAHPS XML formatted data or submit data using the HCAHPS Data Form (Online Data Entry Tool) to the HCAHPS Data Warehouse
 - **HCAHPS Submission Results** – Hospital personnel who are assigned this role can view HCAHPS File Accuracy and Submission Results Reports

Introduction to HCAHPS Survey Training

Authorizing Survey Vendor to Submit HCAHPS Data

- All hospitals must use the Vendor Management System on HQR to authorize their HCAHPS Survey vendors
 - Authorize at least 90 days prior to the data submission deadline
 - Authorization updates in real time
 - Approved survey vendors are listed on <https://www.hcahpsonline.org>

Introduction to HCAHPS Survey Training

Vendor Authorization - New

Authorizing a New HCAHPS Survey Vendor

Discharge Start Quarter and Start Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2024	10/01/2024
Discharge End Quarter and End Year	Data Submission End Date (MM/DD/YYYY)
<i>(Strongly recommend that these fields remain blank until survey vendor authorization is terminated, by checking the box "Do not include an end date")</i>	

Switching Survey Vendors

- Hospitals that choose to switch from one approved survey vendor to another can only do so at the beginning of a calendar quarter
- Survey vendors should work closely with their client hospitals, who are unfamiliar with the Hospital Quality Reporting (HQR) system, to complete the authorization at least 90 days prior to the data submission deadline

Switching Survey Vendors *(cont'd)*

- Understand the contract dates for current and new vendors
 - Current Vendor – Last discharge date for eligible patients
 - Must be at the end of a quarter
 - After Submission deadline and Review and Correct Period for that discharge quarter
 - The Submission End Date should be the last day for which the current survey vendor will be submitting data on the hospital's behalf

Switching Survey Vendors *(cont'd)*

- Understand the contract dates for current and new vendors *(cont'd)*
 - New Vendor – Submission Start Date for eligible patients must be:
 - At the beginning of a quarter
 - The first day that vendor can submit data for those patients

Introduction to HCAHPS Survey Training

Vendor Authorization - Switch

Step 1 – Close Out “Current” HCAHPS Survey Vendor

Discharge Start Quarter and Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2023	10/01/2023
Discharge End Quarter and Year	Data Submission End Date (MM/DD/YYYY)
3Q 2024	01/10/2025
(Last quarter and year current Survey Vendor will collect data)	(One day after HCAHPS data submission deadline Review and Correct Period)

The *Discharge Quarter and Year* CANNOT overlap between current and new survey vendors.

The *Data Submission Dates* CAN overlap between current and new survey vendors.

Step 2 – Authorize “New” HCAHPS Survey Vendor

Discharge Start Quarter and Year	Data Submission Start Date (MM/DD/YYYY)
4Q 2024	10/01/2024
Discharge End Quarter and Year	Data Submission End Date (MM/DD/YYYY)
<i>(Strongly recommend that these fields remain blank until survey authorization is terminated)</i>	
(Last quarter and year current Survey Vendor will collect data)	(One day after HCAHPS data submission deadline Review and Correct Period)

Submission Option 1

- XML File Upload
 - XML File Format – conversion commercial software
 - Files must meet proper version specifications
 - Version 4.7: Q1 2025 patient discharges and forward

Introduction to HCAHPS Survey Training

HCAHPS Data Upload – XML *(cont'd)*

- Log-in to the HQR system with an active HARP account and have appropriate HCAHPS File Upload permission
- Verify status of files – HCAHPS Warehouse Submission Reports
- Files **must** be successfully accepted to the HCAHPS Data Warehouse before the HCAHPS Data Submission Deadline

Submission Option 2

- HCAHPS Data Form Submission
 - An option for small self-administering hospitals who are not able to use XML File Upload
 - **Not** to be used by survey vendors
- Steps:
 - Log in to the HQR System
 - Click “Data Submissions” in the menu
 - Choose the “HCAHPS” tab and click on “Data Form”
 - Enter data one survey at a time and combine into one month’s worth of survey data for one hospital

HCAHPS Data Submission Reports

1. Data Submission Detail Report

- Includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages

2. Submission Summary Report

- Includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID

HCAHPS Data Submission Reports *(cont'd)*

3. HCAHPS Submission Results Report *(formerly the Review and Correction Report)*
 - Contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/SAHs are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that have been submitted, survey vendors/SAHs have the opportunity to upload corrected files, excluding certain Header Record information, during the Review and Correct Period (one week following the data submission deadline).

HCAHPS Warehouse Feedback Reports

1. Provider Survey Status Summary Report

- Includes the number of surveys submitted for a provider for a discharge month. This report lists the accepted Administrative Data Records and the accepted Survey Results Records This summary report displays results submitted via either the HCAHPS Online Data Form or XML format.

2. Submission Detail Report

- Includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages

HCAHPS Warehouse Feedback Reports *(cont'd)*

3. HCAHPS Submission Results Report (formerly Review and Correction Report)

- Contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/SAHs are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that had been submitted, survey vendors/SAHs have the opportunity to upload corrected files, excluding certain Header Record information, during the Review and Correct Period (one week following the data submission deadline).

Introduction to HCAHPS Survey Training

QualityNet Help Desk

Telephone: 866-288-8912

E-mail: qnetsupport@cms.hhs.gov

Availability: 8 AM – 8 PM ET, Mon – Fri

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

Data Quality Checks

Data Quality Checks Overview

- Goals of Quality Checks
- Suggested Quality Checks
 - Traceable Data Trail
 - Review of Data Files
 - Accuracy of Data Processing Activities

Goals of Quality Checks

- The goal of this section is to 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

Traceable Data Trail

- **Must** save both original and processed versions of HCAHPS data files
 - Allows for easier backtracking when possible 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

Traceable Data Trail *(cont'd)*

- All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission

Introduction to HCAHPS Survey Training

Traceable Data Trail *(cont'd)*

- Track data file receipts with summary tables:

Received	CCN	Discharge Month	Patient Records	Comments/Action
3-11-2025	A	1	30	First receipt
3-14-2025	A	1	27	Updated file (why 3 fewer patients?) <i>Investigate.</i>
3-14-2025	B	1	110	Substantial change in # of records from previous month. <i>Investigate.</i>
3-15-2025	C	1	72	Count of patients as expected

Review of Data Files

- Unusual or unexpected changes in HCAHPS data elements
 - Verify that data is associated with the correct hospital CCN
 - Trending data for a hospital over time
 - Examine hospital-level counts (e.g., eligible counts), patient administrative records and survey responses

Introduction to HCAHPS Survey Training

Review of Data Files *(cont'd)*

- Sampling protocol example:

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
Total Inpatient Discharges	418	438	456	441	428	150
Ineligible Patients	40	51	61	50	44	5
Exclusions	34	25	27	31	38	3
De-Duplicated Patients	4	2	3	5	6	0
HCAHPS Sample Frame	340	360	365	355	340	142
Sampled Patients	255	270	274	266	255	107

- Look for inconsistent patient counts and investigate substantial variation

Introduction to HCAHPS Survey Training

Review of Data Files *(cont'd)*

- Patient administrative data example:

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
Sample Size	247	284	265	254	291	257
Maternity	8%	11%	9%	12%	31%	30%
Medical	74%	71%	72%	70%	53%	43%
Surgical	18%	19%	17%	18%	15%	4%
Missing	1%	<1%	2%	<1%	1%	23%

- Notice a large increase in Maternity % for March 2025 and April 2025
- Why was Service Line coded as Missing for 23% of sampled patients in April 2025?

Introduction to HCAHPS Survey Training

Review of Data Files *(cont'd)*

- Survey example: Question 1 – Nurse Courtesy and Respect

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
Completed Surveys	140	134	157	127	132	139
Q1 = Never	2%	1%	2%	1%	2%	1%
Q1 = Sometimes	3%	4%	3%	2%	4%	2%
Q1 = Usually	13%	12%	14%	11%	13%	9%
Q1 = Always	81%	82%	80%	82%	81%	70%
Q1 Missing	0%	1%	0%	1%	0%	18%

- Note that Missing rate is high for April 2025

Accuracy of Data Processing Activities

- Ensure data processing was conducted in accordance with required HCAHPS Survey protocols
 - Basic quality checks related to sampling
 - Evaluate frequency of break-off surveys and/or unanswered questions
 - Verification that errors did not occur during data submission process
 - HCAHPS Data Submission Reports
 - Data Submission Detail Report, Submission Summary Report and HCAHPS Submission Results Report (formerly the Review and Correction Report)

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

- 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

Introduction to HCAHPS Survey Training

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

- Monitor Response Rates every month
 - Response Rate = Completed Surveys/(Sample Size – Ineligible Patients*)
 - *Determined Ineligible after sampling

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
Sample Size	247	284	265	254	291	68
Ineligible Patients (post-sampling)	0	2	1	3	2	0
Completed Surveys	75	78	71	73	85	68
Response Rate	30%	28%	27%	29%	29%	100%

- Notice changes in Sample Size and Response Rate

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

- HCAHPS Data 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

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

- HCAHPS Data Submission Results **Report**
 - Survey vendors/SAHs are strongly urged to access and review the HCAHPS Data Submission Results Report every time a file is uploaded
 - Report shows eligible discharges, sample size and frequencies for all HCAHPS data elements
 - Available after every data upload

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

- HCAHPS Review and Correct **Period**
 - Review and Correct is the seven days immediately after the data submission deadline for a given quarter
 - If errors are identified in the HCAHPS data in the warehouse after the data submission deadline:
 - Survey vendors/SAHs have the opportunity to upload corrected files, excluding certain Header Record information, during the Review and Correct Period
 - Note: The HCAHPS Review and Correct period cannot be used to submit previously unsubmitted files

Introduction to HCAHPS Survey Training

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

- HCAHPS Data Submission Results Report

HCAHPS Data Review and Correction Report
Submitter: 888888
Provider: 999999
Discharge Quarter: mm/dd/yyyy – mm/dd/yyyy

Survey Record Data

Q1 <nurse-courtesy-respect>	Valid Value	Frequency	%
Never	1	3	2.27%
Sometimes	2	5	3.79%
Usually	3	17	12.88%
Always	4	107	81.06%
Missing/Don't Know	M	0	0.00%
Total		132	100.00%

Summary of Data Quality Checks

- Traceable Data Trail
 - Detailed data file receipts
 - Data file storage and retention
- Review of Data Files
 - Unusual/Unexpected changes in HCAHPS data elements (use of trending)
- Accuracy of Data Processing Activities
 - Sampling protocols
 - HCAHPS reports

Introduction to HCAHPS Survey Training

Data Adjustment and Public Reporting

Data Adjustment and Public Reporting Overview

- Care Compare on [Medicare.gov](https://www.Medicare.gov) and Measures Reported
- Data Adjustment
 - Adjust for Patient Mix
 - Adjust for Survey Mode
- Reporting HCAHPS Results
 - Hospitals with Five or Fewer HCAHPS Eligible Patients
 - Public Reporting Footnotes
- Forms for Public Reporting
- Suppression of Results

Introduction to HCAHPS Survey Training

HCAHPS Results Updated Quarterly

- Composite measures publicly reported
 - Communication with Nurses (Q1, Q2, Q3)
 - Communication with Doctors (Q4, Q5, Q6)
 - Restfulness of Hospital Environment (Q8, Q9, Q18)*
 - Care Coordination (Q10, Q11, Q19)*
 - Responsiveness of Hospital Staff (Q13, Q14)*
 - Communication About Medicines (Q16, Q17)
 - Discharge Information (Q22, Q23)
- Individual items publicly reported
 - Cleanliness of Hospital Environment (Q7)
 - Information About Symptoms (Q20)*
- Global items publicly reported
 - Hospital Rating (Q24)
 - Recommend the Hospital (Q25)

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

Data Adjustment

- Purpose
 - Differences in hospital ratings should reflect differences in quality only
 - To permit valid comparison of all hospitals regardless of the mode
- Will adjust the results to “level the playing field”
 - That is, adjust for factors not directly related to hospital performance
- Adjusted as needed for data comparability:
 - Patient mix
 - Mode of administration

Adjust for Patient Mix

- Purpose
 - Certain patient characteristics impact how someone might respond to the survey
- Patient-Mix Adjuster Variables
 - Type of **Service** (Medical, Surgical and Maternity Care)
 - **Age**
 - **Education**
 - Self-reported **general health status**
 - **Language Spoken at Home** – English, Spanish, Chinese, Another language
 - **Response Percentile** (All completed surveys for a given month and hospital are ranked by Lag Time)

Introduction to HCAHPS Survey Training

Adjust for Patient Mix *(cont'd)*

- Adjustments updated quarterly and published on HCAHPS Website
(<https://www.hcahpsonline.org/en/mode--patient-mix-adj/>)

Mode Experiments

- The 2006 HCAHPS Mode Experiment tested mode effects
 - Summary document of Mode Experiment results is available on HCAHPS Website

(<https://www.hcahpsonline.org/en/mode--patient-mix-adj/>)
- The 2008 HCAHPS Mode Experiment tested a candidate internet survey administration mode
- The 2012 HCAHPS Mode Experiment tested new Care Transition survey items
- The 2016 HCAHPS Mode Experiment reassessed the effects of survey mode on response propensity and response patterns

Mode Experiments *(cont'd)*

- The 2021 HCAHPS Mode Experiment was conducted to evaluate existing and new candidate survey items, revised survey protocols, possible new candidate survey modes, and to update and develop mode adjustments for existing and candidate survey items

Adjust for Survey Mode

- Purpose
 - Patient responses are affected by mode of survey administration
 - Choice of mode affects cross-hospital comparisons
- Survey modes
 - Mail Only
 - Phone Only
 - Mail-Phone
 - Web-Mail
 - Web-Phone
 - Web-Mail-Phone

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 seven composites, two individual items, and two global items
- Number of completed surveys and response rate also reported

Reporting HCAHPS Results *(cont'd)*

- HCAHPS results include:
 - Top-box, middle-box, bottom-box, and linear mean scores
 - HCAHPS Star Ratings
- Results aggregated into rolling four quarters (12 months) by hospital
- Hospital's results are displayed with national and state averages
- Results are updated quarterly

Public Reporting Periods

- Reporting is based on 12 months of discharges
- Public Reporting occurs in April, July, October, and January

HCAHPS PUBLIC REPORTING: April 2025

- QUARTERS INCLUDED: Q3 2023, Q4 2023, Q1 2024, Q2 2024
- PREVIEW PERIOD: February 13 – March 14, 2025
- PUBLIC REPORTING: April 2025

Introduction to HCAHPS Survey Training

Care Compare on Medicare.gov

Medicare.gov

Basics Health & Drug Plans Providers & Services Chat Log in

Find & compare providers near you.

Not sure what type of provider you need? [Learn more about the types of providers.](#)

- Welcome
- Doctors & clinicians
- Hospitals
- Nursing homes including rehab services
- Home health services
- Hospice care
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Dialysis facilities
- Medical equipment & suppliers

Welcome!

You can use this tool to find and compare different types of Medicare providers (like physicians, hospitals, nursing homes, and others). Use our maps and filters to help you identify providers that are right for you.

[Find out what's new](#)

Feedback

Introduction to HCAHPS Survey Training



Care Compare Profile

Hospital

Hospital Name

LOCATION

PHONE NUMBER


Overall star rating:  Patient survey rating: 

[Save to Favorites](#)

Ratings Quality Details Affiliated Doctors & Clinicians Location

RATINGS


Overall star rating

 The overall star rating is based on how well a hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.

[Learn how Medicare calculates this rating](#)

[View Rating Details](#)

Patient survey rating

 The patient survey rating measures patients' experiences of their hospital care. Recently discharged patients were asked about important topics like how well nurses and doctors communicated, how responsive hospital staff were to their needs, and the cleanliness and quietness of the hospital environment.

[Learn how the patient survey rating is measured](#)

[View Survey Details](#)

Introduction to HCAHPS Survey Training

Care Compare Profile *(cont'd)*

Hospital Name Patient survey rating

 Print

The HCAHPS star ratings summarize patient experience, which is one aspect of hospital quality. Use the star ratings along with other quality information when making decisions about choosing a hospital.

[Learn how the patient survey rating is measured](#)

[Get current data collection period](#)

Patient survey rating



The patient survey rating is typically based on a one year response period.

Number of completed surveys 3,369

Survey response rate 18%

Patients who reported that their nurses "Always" communicated well.

81%

National average: 80%
Maryland average: 75%

Patients who reported that their doctors "Always" communicated well.

82%

National average: 80%
Maryland average: 76%

Patients who reported that they "Always" received help as soon as they wanted.

55%

National average: 66%
Maryland average: 55%

Introduction to HCAHPS Survey Training

Hospitals with Five or Fewer HCAHPS Eligible Patients in a Given Month

- Hospitals are not required to collect and submit HCAHPS data for that month
 - A header record must be submitted to the HQR system through the HCAHPS Data Form or XML file submission
- These hospitals can voluntarily collect and submit data for these months

Public Reporting Footnotes

- Footnote 1
 - *The number of cases/patients is too few to report*
 - Since December 2016, Care Compare on [Medicare.gov](https://www.Medicare.gov) no longer displays HCAHPS scores for hospitals with fewer than 25 completed HCAHPS Surveys
 - In their stead, “N/A” and Footnote 1 appears
 - However, these hospitals continue to see their HCAHPS scores on their Care Compare Preview Reports
- Footnote 3
 - *Results are based on a shorter time period than required*

Public Reporting Footnotes *(cont'd)*

- Footnote 5
 - *Results are not available for this reporting period*
- Footnote 6
 - *Fewer than 100 patients completed the HCAHPS Survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

Public Reporting Footnotes *(cont'd)*

- Footnote 10
 - *Very few patients were eligible for the HCAHPS Survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

Public Reporting Footnotes *(cont'd)*

- Footnote 11
 - *There were discrepancies in the data collection process*
 - Footnote 11 is applied when there have been deviations from HCAHPS data collection protocols. CMS is working with survey vendors and/or hospitals to correct any discrepancies.
- Footnote 15
 - *The number of cases/patients is too few to report a star rating*

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/) (<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](https://www.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

Exception Request and Discrepancy Report

Exception Request and Discrepancy Report Overview

- Exception Request
 - Request alternative methodologies
 - Approval, if granted, will be for up to 2 years, unless otherwise specified
- Discrepancy Report
 - Notification of variation from HCAHPS Survey protocols during survey administration

Exception Request

- Exception Request must include sufficient detail for the HPT and CMS to assess the exception
 - Include how the proposed exception will maintain the integrity of data collection
 - Timely approval of an Exception Request is contingent upon survey vendor/SAH including complete documentation
- *Exceptions **not** allowed for alternative modes of survey administration*

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Exception Request *(cont'd)*

- Complete and Submit Exception Request Form(s) online <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**
 - Do **not** use symbols or special characters (^*#@#&) of any kind in any field when submitting an Exception Request
 - Approved Exception Requests are for internal survey vendor/SAH use only and must **not** be used for promotional or marketing purposes

Exception Request *(cont'd)*

- Common Exception Requests
 - Disproportionate Stratified Random Sampling (DSRS)
 - The following information must be submitted for each hospital:
 - Name of each stratum to be used in the DSRS sample
 - Estimated total number of inpatient discharges for each stratum
 - Estimated number of eligible patients for each stratum
 - Estimated number of sampled patients for each stratum
 - A plan for sampling a minimum of 10 eligible discharges in each stratum

Exception Request *(cont'd)*

- Common Exception Requests *(cont'd)*
 - Determination of HCAHPS Service Line
 - Survey vendors/SAHs must submit an Exception Request Form online for approval to use other means
 - Based on a combination of service lines (e.g., Medical/Surgical, Surgical/Maternity, Medical/Maternity). The following information must be submitted for each hospital:
 - Current electronic or written confirmation from the hospital that they are unable to provide MS-DRG codes or other preferred means of establishing the HCAHPS Service Line Category

Exception Request *(cont'd)*

- Common Exception Requests *(cont'd)*
 - Determination of HCAHPS Service Line *(cont'd)*
 - Based on a combination of service lines (e.g., Medical/Surgical, Surgical/Maternity, Medical/Maternity). The following information must be submitted for each hospital *(cont'd)*:
 - Current electronic or written confirmation from the hospital delineating which patient populations are served (e.g., Medical/Surgical, Surgical/Maternity or Medical/Maternity)

Exception Request *(cont'd)*

- Common Exception Requests *(cont'd)*
 - Participating in Another CMS or CMS-Sponsored Initiative
 - If a hospital accepts an offer to participate in another CMS or CMS-sponsored project that includes an inpatient survey which may contravene HCAHPS Survey protocols, the survey vendor/SAH should complete and submit an Exception Request to alert and inform the HPT of participation
 - Survey Materials
 - An Exception Request must be filed for the use of survey materials that do not align with the examples provided in the HCAHPS protocols

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Exception Request *(cont'd)*

- Common Exception Requests *(cont'd)*
 - Conducting Survey Operations from Remote Location
 - An Exception Request must be filed to request approval to conduct survey operations from a remote location (other than survey vendor's/SAH's place of business)
 - Other
 - Survey vendors/SAHs must request an exception for alternative strategies not identified in the HCAHPS *QAG Final V19.0*

Exception Request *(cont'd)*

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

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Exception Request *(cont'd)*

I. Exception request

Please complete items 1 and 2 for each requested exception.

Unique Report ID

73586

Submission Date

03/31/2025

1. Exception Request For (Check one in each box)

New Exception

Renewal Exception

Update of List of Applicable Hospitals

Appeal of Exception Denial

Disproportionate Stratified Random Sampling

Determination of Service Line (Exception Requests for single service lines are no longer required)

Participating in another CMS or CMS-Sponsored Initiative

Survey Materials

Conducting Survey Operations from Remote Location

Other Exception (specify)

2. List of Hospitals Applicable to this Exception Request

Do you currently have hospitals applicable to this exception request? *

Yes

No

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Exception Request *(cont'd)*

II. General Information

1. Organization (Survey vendor or self-administering hospital)

1a. Organization Name *

1b. Organization Type *

1d. Mailing Address 1 *

1e. Mailing Address 2

1f. City *

1g. State *

1h. Zip Code *

1i. Telephone *

1j. Website

2. Contact Person for this Exception Request (Confirmation email will be sent to the Contact Person)

2a. First Name *

2b. Middle Initial

2c. Last Name *

2d. Title *

2e. Degree (e.g. RN, MD, PhD)

2f. Telephone *

2g. Email Address *

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Exception Request *(cont'd)*

3. Description of Exception Request

3a. Purpose of Proposed Exception Requested (e.g. sampling, other) *

4000 characters remaining

3b. Rationale for Proposed Exception Requested *

4000 characters remaining

3c. Explanation of Implementation of Proposed Exception Requested *

4000 characters remaining

3d. Evidence that Exception Will Not Affect Results *

4000 characters remaining

Please submit any additional information, i.e., determination of service line documentation, via HCAHPS Technical Assistance at hcahps@hsag.com.

Upon submission, a confirmation email will be sent to the email address listed in the Contact Person section. If a confirmation email is not received, please contact HCAHPS Technical Assistance at hcahps@hsag.com to verify submission was successful.

Please print this form for your records prior to submission.

Once the form has been printed, please complete the captcha below and click "Submit" to submit the form.

98 + 4 = ?

Print Exception Request

Submit Form

Exception Request *(cont'd)*

- Appeals process for unapproved exception
 - Written notification with explanation provided by HPT
 - Survey vendor/SAH has five business days to appeal an unapproved exception
 - Use Exception Request Form

Discrepancy Report

- Notification of deviations from HCAHPS data collection protocols
 - Examples: missing eligible discharges from a particular date or computer programming issues that caused an otherwise eligible discharge to be excluded from the sample frame
- **Discrepancy Reports must be submitted by survey vendors on behalf of their client hospitals**
 - It is **strongly recommended** that survey vendors notify their client hospital prior to or upon the submission of a Discrepancy Report

Discrepancy Report *(cont'd)*

- Do **not** use symbols or special characters (^*#@#&) of any kind in any field when submitting the Discrepancy Report Form

Discrepancy Report *(cont'd)*

- Complete and submit report immediately upon discovery of issue(s) on the HCAHPS Website
 - 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

Discrepancy Report *(cont'd)*

- Complete and submit report immediately upon discovery of issue(s) on the HCAHPS Website
 - Provide sufficient detail *(cont'd)*
 - Specific time period affected
 - Other details and information, including initial and follow up Discrepancy Report numbers

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Discrepancy Report *(cont'd)*

1. General Information

Unique Report ID

141703

Submission Date

03/20/2025

1a. Name of Organization submitting the Discrepancy Report *

1b. Type of Organization *

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Discrepancy Report *(cont'd)*

2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name *

2b. Last Name *

2c. Organization Mailing Address 1 *

2d. Organization Mailing Address 2

2e. City *

2f. State *

2g. Zip Code *

2h. Telephone *

Extension

2i. Email *

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Discrepancy Report *(cont'd)*

3. Information about the Discrepancy

3a. Description of the discrepancy *

2000 characters remaining

3b. Description of how the discrepancy was identified *

2000 characters remaining

3c. Description of the Corrective Action to fix the discrepancy, including estimated time for implementation *

2000 characters remaining

3d. Additional information that would be helpful that has not been included above *

2000 characters remaining

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Discrepancy Report *(cont'd)*

4. List of Hospitals Applicable to this Discrepancy

4a. Total number of Affected Hospitals *

4b. Add the information for the affected hospitals by populating the following 10 fields. A hospital may be added more than once if there are multiple time frames for the hospital. It is important that the affects of the Discrepancy Report are quantified, however "unknown" will be accepted as a valid response.

Name of Hospital *

CCN *

Hospital Contact Name *

Email Address for the Hospital Contact *

Number of Eligible Discharges Affected *

Average number of Eligible Discharges per month *

Count of Sampled Patients affected *

Average number of surveys administered per month (sampled patients) *

Time frame affected: Begin Date *

Time frame affected: End Date *

Add

Name Of Hospital	CCN	Hospital Contact Person	Email Address	Number Of Eligible Discharges Affected	Avg. Number Of Eligible Discharges/Month	Count Of Sampled Patients Affected	Avg. Number Of Surveys Admin/Month	Time Frame Affected: Begin Date	Time Frame Affected: End Date

Discrepancy Report *(cont'd)*

- Review Process
 - The Discrepancy Report(s) will be thoroughly reviewed by the HPT and CMS, therefore it may be several weeks before results of review are communicated
 - Review(s) may result in assignment of footnotes to publicly reported results
 - Additional information may be requested
 - Notification of review outcome

Oversight Activities

Oversight Activities Overview

- Purpose of Oversight
- Description of Oversight Activities
- Quality Assurance Plan (QAP) Requirements
- On-Site Visits and Conference Calls
- Analysis of Submitted Data
- Oversight and Compliance

Purpose of Oversight

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

Description of Oversight Activities

- The HCAHPS Project Team (HPT):
 - Reviews Quality Assurance Plans
 - Reviews survey materials
 - Analyzes submitted data
 - Conducts on-site visits and conference calls

Quality Assurance Plan (QAP)

- Documents understanding, application and compliance with HCAHPS Survey protocols
- Serves as an organization-specific guide for administering and training project staff to conduct the HCAHPS Survey
 - Describes role of subcontractors, if any
- Must reflect **actual** survey processes and practices
- Provides a guide for the HPT on-site visit or call
- Ensures high quality data collection and continuity in survey processes

Quality Assurance Plan (*cont'd*)

- New QAP submitted ***after participation approval*** by CMS, and upon request thereafter, as a survey vendor or self-administering hospital
- QAP must be **updated annually** *and* when changes in key events or key project staff occur
- HPT "*accepts*" the QAP
- Acceptance does **not** imply approval of data collection processes
- For more information, see *QAG Final V19.0* Appendix BB for the QAP Outline

On-site Visits/Conference Calls

- Purpose: To ensure compliance with HCAHPS Survey protocols
 - Visits and calls are scheduled by the HPT
- Site visits will be conducted at formal business locations

FY 2014 IPPS Final Rule codified that:

"Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations."

On-site Visits/Conference Calls *(cont'd)*

- HPT reviews survey systems, resources and facilities
- Discussions with project staff, *including subcontractors*
 - HCAHPS Project Manager/Director must be physically present during the site visit
- All materials related to survey administration are subject to review
 - Including survey forms, letters, outgoing/return envelopes, scripts, screen shots, web survey programming, email invitations, monitoring procedures and practices, etc.

On-site Visits/Conference Calls *(cont'd)*

- HPT also reviews reports that survey vendors produce for client hospitals
- **Feedback Report** will include the HPT's observations on topics including:
 - Survey administration
 - Data preparation, specifications, coding and submission
 - Data quality checks
 - Staff training
 - Action items for follow-up

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On-site Visits/Conference Calls *(cont'd)*

- Documentation of any corrections is required
- Follow-up review may occur

Analysis of Submitted Data

- Each quarter, the HPT carefully examines all data submitted to HCAHPS warehouse
 - Outliers, anomalies, trends, unusual patterns, etc.
- High rates of missingness
- Unusually high/low response rates
- High rates of “break-offs”
- Contact survey vendors/SAHs regarding submitted data and HCAHPS scores, as necessary

HCAHPS Oversight

- If a hospital (*or its survey vendor*) fails to adhere to HCAHPS Survey protocols, it must develop and implement corrective actions
 - *Footnotes may be added to publicly reported HCAHPS scores, as appropriate*
- If problems persist, **the hospital** may not qualify as meeting the Annual Payment Update (APU) requirements for HCAHPS
 - *The hospital's APU may be jeopardized*
 - *Possible consequences for Hospital VBP*

HCAHPS Oversight *(cont'd)*

- Survey vendors that are non-compliant with HCAHPS Survey protocols may lose their approval status
- HCAHPS and **Hospital VBP** Program
 - With pay-for-performance (Hospital VBP), increased scrutiny and greater emphasis on compliance for:
 - All participating hospitals
 - Survey vendors

HCAHPS Oversight *(cont'd)*

- **A participating hospital should:**
 - Work closely with its survey vendor
 - Monitor HCAHPS Warehouse Feedback Reports
 - Including Review and Correct Period
 - Read the HCAHPS QAG
 - Visit the HCAHPS Website for news, updates and announcements
 - Comply with all HCAHPS oversight activities

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Next Steps

- Survey vendors/SAHs:
 - Complete training requirements as outlined in the Training Instructions
 - Submit HCAHPS Confirmation of Training Completion Form
 - Complete and submit post-training quiz
 - Next steps:
 - Submit QAP and survey materials
 - Register for Hospital Quality Reporting (HQR) system
 - Begin data collection
 - Monitor HCAHPS data submission reports
 - Participate in future HCAHPS Update Training
 - Monitor HCAHPS Website <https://www.hcahpsonline.org>
 - Contact us

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More Information and Resources

- Registration, applications, background information, reports, and other information can be found on the official HCAHPS Survey Website:

<https://www.hcahpsonline.org>

- Submitting HCAHPS data:

<https://hqr.cms.gov/>

- Publicly reported HCAHPS results on Care Compare on [Medicare.gov](https://www.medicare.gov/):

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

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More Information and Resources *(cont'd)*

- HCAHPS results in the Provider Data Catalog:
<https://data.cms.gov/provider-data/dataset/dgck-syfz>
- HCAHPS in Hospital Value-Based Purchasing:
<https://qualitynet.cms.gov/inpatient/hvbp>

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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