

HHCAHPS Frequently Asked Questions for the Updated Survey

Please note the Updated HHCAHPS Survey instrument is pending OMB approval.

HHCAHPS Survey Changes

What changes have been made to the HHCAHPS Survey?

The updated HHCAHPS Survey is shorter than the current survey and includes new questions on topics suggested by interested collaborators. Specifically, changes to the survey include:

- Addition of three new questions to assess topics of importance to patients:
 - whether the care provided helped the patient take care of their health,
 - whether the patient’s family/friends were given sufficient information and instructions, and
 - whether the patient felt the staff cared about them “as a person.”
- Removal of questions or topics of less importance to patients (i.e., six questions about medications were reduced to two questions). The following four questions were removed:
 - whether someone asked to see all the prescription and over-the-counter medicines the patient was taking (Q5),
 - whether the patient is taking any new prescription medicines or whether the patient’s medicines have changed (Q11),
 - whether home health providers talked to patient about the purpose for taking new or changed prescription medicines (Q12), and
 - whether home health providers talked to the patient about when to take the medicines (Q13).
- Removal of questions not currently used in public reporting composites (i.e., three questions on which type of staff served the patient—nurse Q6, physical or occupational therapist Q7, and home care aide Q8).
- Removal of one question that did not perform well in testing to stand alone or fit into one of the modified composite measures:
 - whether the patient got information about what care and services they would get when they first started getting home health care (Q2).
- Minor text changes to some existing questions to help clarify the question or response options, based on feedback from patients.

A crosswalk detailing the changes between the original HHCAHPS Survey and the updated HHCAHPS Survey is available on the HHCAHPS website through the “Survey and Protocols” menu in the “Updated Survey Materials and Protocols Starting Quarter 2, 2026” view.

When will the updated HHCAHPS Survey take effect?

As stated in the Home Health Prospective Payment System (HH PPS) Rate Update Final Rule for calendar year (CY) 2026, CMS finalized their plans and the HHCAHPS Survey vendors will begin fielding the updated HHCAHPS Survey instrument with the April 2026 sample month, assuming OMB approval.

When will the OMB expiration date be updated?

OMB approval is pending. Once granted, we will update the HHCAHPS Survey materials available on the HHCAHPS website to include the OMB expiration date. The HHCAHPS Survey Coordination Team will post an announcement on the HHCAHPS website and send an email to all vendors once the updated materials are available.

Data Submission Changes

What changes will vendors need to make to the XML data files?

In addition to the changes in the Patient Response Record to correspond with the updated survey instrument, CMS will also make the following two changes in the Patient Administrative Record section of the XML data file layout:

- All primary and other diagnosis code variables will be removed.
- <gender> data variable will be relabeled to <sex>.

A crosswalk between the original XML data file layout (standard version) and the updated XML data file layout (standard version) is available on the HHCAHPS website through the “Survey and Protocols” menu in the “Updated Survey Materials and Protocols Starting Quarter 2, 2026” view. The XML file schema (via the XSD files available on the Data Submission Resources webpage) has also been updated to reflect all proposed changes, so that vendors can begin testing files when they are ready.

When will the HHCAHPS data submission tools be updated?

The Data Submission and Schema Validation Tools (available on the HHCAHPS website) will be unavailable soon after the last quarterly data submission deadline in which vendors will submit the current HHCAHPS Survey data. The last quarterly data submission deadline in which the current survey data would be uploaded is the July 2026 deadline (for

CY2026, Q1 data).¹ We will post announcements on the HHCAHPS website alerting vendors to when the tools are unavailable and when the updated tools are available again.

What do vendors need to do to prepare to submit the updated survey data?

Once HHCAHPS Survey vendors update their XML data file generation and preparatory systems in the fall of 2026¹, they must submit a test XML data file (with dummy data) to the HHCAHPS Data Center. This will allow vendors to address any errors well before they are required to submit live HHCAHPS Survey data by the first quarterly deadline. We will share more information with vendors at a later date. Vendors are encouraged to use the updated XML Schema Definition (XSD) files currently available on the Data Submission Resources page to aid in creating XML data files, and the updated Schema Validation Tool on the website (when it becomes available in 2026) to test their updated XML data files prior to submitting files to the HHCAHPS Data Center.

Public Reporting Changes

What changes will be made to the HHCAHPS Survey publicly reported measures?

The HHCAHPS Summary Star Rating is currently based on the Overall Rating of Care and the three composite measures that are equally weighted. With the updated survey, CMS will calculate the Summary Star Rating based on the Overall Rating of Care, the two modified composite measures (Care of Patients and Communications between Providers and Patients), and the three stand-alone measures modified from the current Specific Care Issues composite (Talk about Home Safety, Review Medicines, and Talk About Medicine Side Effects).

CMS does not plan to publicly report these new measures until there are four quarters of data. Based on this and the assumption of an April 2026 launch, CMS anticipates that the first Care Compare refresh in which publicly reported measures scores would be updated to include the new measures would be October 2027, with scores calculated using data from Quarter 2, 2026 through Quarter 1, 2027. In the interim, CMS plans to make the following available:

- Continue to publicly report the Overall Rating (and associated star rating) and Willingness to Recommend the Agency scores. HHCAHPS Survey data are publicly reported with a rolling four quarters of data (i.e., with each quarterly refresh, the oldest quarter's data rolls off while the newest quarter's data rolls on). The star rating score for the Overall Rating measure will continue to be calculated using four rolling quarters of data, so (as stated in the calendar year 2026 Final Rule) CMS plans to combine scores from quarters using the current and new survey and continue to create the Overall Rating star rating.

¹ Assuming the updated HHCAHPS Survey launches with the April 2026 sample month.

- Measure scores for the new measures will be made available to HHAs confidentially via their HHCAHPS Survey Preview Reports on the HHCAHPS Survey website after two full quarters of revised survey data are submitted.

A crosswalk detailing the changes between the original HHCAHPS Survey publicly reported measures and the updated publicly reported measures is available on the HHCAHPS website through the “Survey and Protocols” menu in the “Updated Survey Materials and Protocols Starting Quarter 2, 2026” view.

Will there be changes to the adjustments made to the HHCAHPS Survey data for public reporting?

Yes. Prior to public reporting, HHAs’ HHCAHPS Survey scores are adjusted for the effects of patient-mix. Patient-mix refers to characteristics of the patient that are not under control of the HHA that may affect reports of home health experiences. Patient-mix adjustment is performed within each quarter of data after data cleaning. The current patient-mix adjustment model includes the following variables:

- patient age,
- patient education,
- self-reported overall health,
- self-reported mental health,
- diagnosis of schizophrenia or dementia,
- whether the patient lives alone,
- whether the patient or a proxy answered the survey, and
- language in which the survey was completed.

Based on testing the updated survey in the recent Mode Experiment, CMS found that while no patient-mix variables need to be added, the diagnosis adjustments were no longer significant. Therefore, CMS has made the decision to drop the adjustment for diagnoses of schizophrenia or dementia with the updated survey.

CMS also tested for whether there were impacts in how someone responds to the survey based on the mode of survey administration. We observed mode effects during the recent Mode Experiment and as a result CMS is proposing to add a mode adjustment in addition to the patient-mix adjustment. Patient-mix adjustment would be performed within each quarter of data after data cleaning and before mode adjustment. When making mode adjustments, it is necessary to choose one mode as a reference mode. The [mode adjustments](#) are available on the HHCAHPS website. CMS has made the decision to use mail-only as the reference mode for the updated HHCAHPS Survey, because it is the most commonly used mode for HHCAHPS.

When will the updated HHCAHPS Survey results be publicly reported?

HHCAHPS Survey results with the updated survey data will be publicly reported when 4 quarters of data have been collected, submitted and prepared for dissemination, which is

not anticipated until late 2027.² We will post updates about public reporting and the updated HHCAHPS Survey on the HHCAHPS website as they become available.

Contact the HHCAHPS Survey Coordination Team (hhcahps@rti.org or 1-866-354-0985) if you have any questions.

² Assuming the updated HHCAHPS Survey launches with the April 2026 sample month.