Introduction to the
Home Health Care CAHPS (HHCAHPS) Survey

Self-Administered Training

January 2026

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Introduction to the HHCAHPS Survey (1 of 3)

Purpose of this Training:

- This training is required for organizations applying to become approved HHCAHPS Survey vendors.

- Applicant vendors must also complete a training certification.

- Currently approved HHCAHPS Survey vendors can also use these slides to train new staff within their organization on the implementation of the HHCAHPS Survey.

This training covers:

- Background and development of the CAHPS Surveys

- Home health agency (HHA) and survey vendor roles, responsibilities, and participation requirements

- Sample selection

- Survey administration procedures and survey protocols for each approved mode

- The Exceptions Request Form (ERF) and Discrepancy Notification Report (DNR) processes

Introduction to the HHCAHPS Survey (3 of 3)

- Data processing and coding specifications

- The [HHCAHPS website](#) ↗

- Data file preparation and submission procedures

- Data submission and vendor authorization reports

- Vendor oversight activities

- Analysis and adjustment of results

- Public reporting

Information and Reminders

- You can submit questions about these slides (content or other) to the HHCAHPS Survey Coordination Team via email (hhcahps@rti.org).

- **For new vendor applicants only**: Each vendor's designated HHCAHPS Survey Administrator/Project Manager must complete the training certification form, which will be available via a link on the Vendor Dashboard page on the HHCAHPS website.
  - The certification will remain open from January 28–February 6, 2026.

- Currently approved vendors are encouraged to have new staff review these slides.

Background and Development of the HHCAHPS Survey

Protocols and Guidelines Manual, Chapter 2

Overview of CAHPS® Surveys

Consumer

Assessment of

Healthcare

Providers and

Systems®

- Family of surveys designed to collect data from patients about their experiences with the care they receive from their health care providers

- Developed over 20 years ago by the Agency for Healthcare Research and Quality (AHRQ)

- Allows patients to self-report their own perceptions of their care experience

CAHPS® is a registered trademark of AHRQ, a U.S. government agency

Overview of CAHPS® Surveys (cont'd)

CAHPS® development methods include:

- Public call for measures

- Literature reviews

- Focus groups with patients

- Cognitive interviews

- Stakeholder input

- Public response to Federal Register notices

- Field tests

Goals of CAHPS® surveys:

- Conduct the survey in a standardized manner

- Analyze and adjust data to achieve reliable comparisons

- Publicly report survey results

- Survey results used:
  - by consumers to choose a health care provider,
  - by providers to improve the quality of care they deliver to their patients, and
 - by the public to monitor performance of health care providers.

The Quality Initiative

- November 2001, the Department of Health and Human Services (HHS) announced the Quality Initiative.

- Spring 2003, the Quality Initiative expanded to include home health care agencies (the Home Health Quality Initiative).

- Goals of the Quality Initiative:
    - Provide Transparency in Health Care
    - Publicly Report Patient Survey Data

Home Health Care CAHPS® Survey Development Timeline

September 2006, call for measures issued.

In 2007, several rounds of cognitive testing conducted.

In 2008, a field test was conducted to evaluate the draft Home Health Care CAHPS® Survey instrument.

March 2009, the survey was approved by the National Quality Forum.

July 2009, the survey was approved by the U.S. Office of Management and Budget.

Home Health Care CAHPS® Survey Development Timeline (cont'd)

August 2009, proposed rule CY 2010 HH PPS published.

Fall 2009, HHCAHPS mode experiment conducted.

October 2009, voluntary participation in the Home Health Care CAHPS Survey began.

November 10, 2009, Home Health Prospective Payment System Rate Update for Calendar Year 2010, Final Rule.

November 17, 2010, Home Health Prospective Payment System Rate Update for Calendar Year 2011, Final Rule.

November 4, 2011, Home Health Prospective Payment System Rate Update for Calendar Year 2012, Final Rule.

Home Health Prospective Payment System (HHPPS) Final Rules

- HH PPS Final Rules are typically posted every November. When they are posted, there will be an announcement on the HHCAHPS website.

- Final Rules include:
  - Future data submission dates
  - HHA participation requirements
  - Approved HHCAHPS Survey vendor responsibilities
  - Any changes to the survey

Overview of the HHCAHPS Survey

Purpose of the HHCAHPS Survey: To measure experiences of patients with two home health care visits in the sample month and prior month.

Goals of the HHCAHPS Survey:

- Collect patient experience of care data in a standardized way to permit reliable comparisons of HHAs on important care issues

- Create incentives for HHAs to improve the quality of care they provide, through public reporting of results and value-based payments since HHVBP has now been implemented nationally.

- Provide transparency to consumers through public reporting about care that HHAs provide, in return for public investment

Overview of the HHCAHPS Survey (cont'd)

HHCAHPS is conducted by independent approved survey vendors working under contracts with HHAs

Survey vendors must meet specific requirements to be an approved HHCAHPS Survey vendor

Sampling and data collection are conducted monthly

Three modes of data collection are allowed—mail only, telephone only, and mail with telephone follow-up of nonrespondents (mixed mode)

Development of Revised HHCAHPS Survey Instrument

Spring 2022

Conducted a field test/mode experiment to test a shortened survey instrument and feasibility of a web-based mode.

2023

Analyzed collected data and formulated plans to update HHCAHPS Survey.

2024 to early 2025

Revised survey instrument went through CMS's Pre-Rulemaking Review process.

In August 2025, the five modified publicly reported HHCAHPS Survey measures to reflect the revised survey were endorsed by the Consensus Standards Approval Committee of CMS's consensus-based entity.

2025-Present

Revised survey under review with the U.S. Office of Management and Budget (OMB).

August 2025

Update Webinar Training conducted that focused on revised survey implementation plans for approved HHCAHPS Survey vendors.

April 2026

First sample month in which HHCAHPS Survey vendors administer the revised survey instrument, assuming OMB approval granted.

HHCAHPS Survey Questionnaire

Effective with the April 2026 sample month*, the revised HHCAHPS Survey contains 25 questions:

- 9 "About You" questions focus on the demographic characteristics of the patient

- 16 core questions about home health care:
  - Some questions form Composite Measures (see slide 293)
  - 1 Talk About Home Safety question
  - 1 Review Medicines question
  - 1 Talk About Medicine Side Effects
  - 1 Overall Rating of Care question
  - 1 Willingness to Recommend HHA to family or friend question

* Pending OMB approval.

HHCAHPS Survey Questionnaire (cont'd)

- Available in English, Spanish, Traditional and Simplified Chinese, Russian, Vietnamese, and Armenian.

- HHCAHPS must be administered in the HHCAHPS-approved versions of the languages.

- Vendors cannot edit or alter wording or order of the questions in any languages.

- All translations are available to download on the HHCAHPS website.

Updated Survey Materials and Protocols Starting Quarter 2, 2026

View Current Survey Materials

HHCAHPS Survey materials available below reflect the updated HHCAHPS Survey and take effect with the April 2026 sample month.

PDF versions of the materials below available upon request.

	English	Spanish	Simplified Chinese	Traditional Chinese	Russian	Vietnamese	Eastern Armenian
Protocols and Guidelines Manual							
PDF Version	1/23/2026						
MS Word Version (Available upon request)							
Questionnaire*							
	☑	☑	☑	☑	☑	☑	☑

Public Reporting on the Compare Tool on www.Medicare.gov

In April 2012, CMS began publicly reporting HHCAHPS data.

In January 2016, CMS began reporting HHCAHPS Star Ratings.

A rolling 4-quarter average is publicly reported. Data are updated quarterly with the earliest quarter being replaced by data from the most recent quarter.

- Results are not publicly reported for an HHA until that HHA has 4 quarters (or 12 months) of HHCAHPS Survey data.

- HHCAHPS results for an agency are posted with the comparable state and national averages. Data are reported on the compare tool on Medicare.gov along with other home health care quality data (OASIS) and with administrative data about the agency.

Data Submission Requirements and Deadlines

- HHCAHPS Survey data must be submitted to the HHCAHPS Data Center by the quarterly data submission deadlines available on the HHCAHPS website.

- There are no exceptions to this requirement. The Data Center closes after each deadline.

- Survey vendors are advised to submit HHCAHPS Survey data well in advance of the quarterly data submission deadlines.

- Data submission deadlines are on the third Thursdays in the months of January, April, July, and October.

Quarter and Year	Data Submission Deadline
Quarter 3, 2025	January 15, 2026
Quarter 4, 2025	April 16, 2026
Quarter 1, 2026	July 16, 2026
Quarter 2, 2026	October 15, 2026
Quarter 3, 2026	January 21, 2027
Quarter 4, 2026	April 15, 2027
Quarter 1, 2027	July 15, 2027

HHCAHPS® Survey
Roles and Responsibilities

Protocols and Guidelines Manual, Chapter 3

Roles and Responsibilities of CMS and RTI International

The Centers for Medicare & Medicaid Services (CMS) is responsible for overseeing the federal contractor for this Survey, RTI International.

- Ensures that the federal contractor carries out all tasks that support the national implementation of the HHCAHPS Survey

Section 3.2.1 in Protocols and Guidelines Manual

Roles and Responsibilities of CMS and RTI International (cont'd)

RTI International monitors approved HHCAHPS Survey vendors and conducts oversight activities to ensure that the HHCAHPS Survey is being implemented in adherence with the standard protocols.

- Updates the *HHCAHPS Survey Protocols and Guidelines Manual* annually

- Provides annual training sessions to vendors

- Ensures integrity of data collection by conducting oversight and quality assurance of survey vendors

- Provides technical assistance to vendors and HHAs

- Developed, maintains, and updates the HHCAHPS website

- Receives, processes, and analyzes HHCAHPS Survey data and prepares public reporting data files for the compare tool on Medicare.gov on a quarterly basis

- Prepares files for CMS's Quality Reporting Program; used by CMS when making determinations about compliance with the annual payment update (APU) participation requirements

Section 3.2.1 in Protocols and Guidelines Manual

Roles and Responsibilities of HHAs

Contract with an approved HHCAHPS Survey vendor to conduct the survey.

Know how to successfully switch vendors if needed and not miss monthly patient information file submissions

Compile and deliver a list of HHCAHPS-eligible patients to their survey vendor monthly. If there are no eligible patients, notify their survey vendor; otherwise, CMS will assume the HHA missed participation for that month.

Monitor HHCAHPS Data Submission Reports on the HHCAHPS website to ensure that data were successfully submitted.

Check Preview Reports posted on the HHCAHPS website quarterly. The Preview Reports contain the data that will be posted on the compare tool on Medicare.gov.

Section 3.2.2 in Protocols and Guidelines Manual

HHA Participation in the HHCAHPS Survey

HHAs interested in participating in the HHCAHPS Survey must:

✓ Be Medicare-certified (have a CMS Certification Number [CCN])

✓ Register someone as an HHCAHPS Survey Administrator on the HHCAHPS website ⬀

✓ Contract with an approved HHCAHPS Survey vendor (a list of approved survey vendors ⬀ is available under the "Quick Links" box on the Home page of the HHCAHPS website)

✓ Authorize the approved survey vendor to submit data on their behalf, on an ongoing basis

HHCAHPS Requirements for the CY 2027 APU

For the **CY 2027 APU**, HHAs must:

✓ Participate if their HHA was Medicare-certified prior to April 1, 2025.

✓ Determine how many unduplicated patients they served from April 1, 2024, through March 31, 2025. This is the **reference count** period for CY 2027 participation.

- If an HHA served 59 or fewer unduplicated patients in the **reference count period**, file a CY 2027 HHCAHPS Participation Exemption Request (PER) form on the HHCAHPS website by March 31, 2026.

- If an HHA served 60 or more unduplicated patients in the **reference count period**, contract with an approved HHCAHPS Survey vendor to collect data from April 2025 through March 2026 (all 12 months).

Section 3.2.2 in Protocols and Guidelines Manual

HHCAHPS APU Participation Periods and Dates

APU Period	Survey Participation Months	PER Form
CY 2027	April 1, 2025–March 31, 2026	Due March 31, 2026
CY 2028	April 1, 2026–March 31, 2027	Due March 31, 2027
CY 2029	April 1, 2027–March 31, 2028	Due March 31, 2028

Roles and Responsibilities of Approved HHCAHPS Survey Vendors

Work with client HHAs to create monthly patient information files.

Receive and process monthly patient information files from HHAs.

Field the Survey according to the specifications in the *Protocols and Guidelines Manual*.

Prepare and submit HHCAHPS Survey data files to the Data Center quarterly.

Review Data Submission Reports to ensure that data were successfully submitted.

Section 3.3 in Protocols and Guidelines Manual

Vendor Minimum Business Requirements (1 of 4)

- Survey organizations must meet a set of minimum business requirements (MBRs) to be considered for approval as an HHCAHPS Survey vendor.

- HHCAHPS MBRs ⤢ are available on the website, shown below:

Vendor Minimum Business Requirements (2 of 4)

To become an approved HHCAHPS Survey vendor, organizations must have:

✓ Been in business for a minimum of 3 years.

✓ A minimum of 2 years of experience conducting surveys of individuals responding about their own experiences, not of individuals responding on behalf of a business or organization (establishment or institution surveys).

   – If staff within the organization have relevant experience while employed by another organization, that experience may not count toward the 2-year minimum.

✓ A minimum of 2 years of experience conducting surveys in which statistical samples of individuals were selected.

✓ Proven experience conducting surveys in the desired mode(s) of data collection.

Additional information and MBR requirements are available on the HHCAHPS website.

Vendor Minimum Business Requirements (3 of 4)

In the CY2014 HH PPS Final Rule, "Survey Experience" is defined as:

The collection of survey data from individuals selected by statistical sampling methods and the collected survey data are used for statistical purposes.

Examples of data collection activities that **do not satisfy** the requirement of valid survey experience:

- Polling questions administered to trainees or participants of training sessions or educational courses, seminars, or workshops

- Focus groups, cognitive interviews, or any other qualitative data collection activities

- Surveys of fewer than 600 individuals

- Surveys that did not involve statistical sampling methods

- Internet or web-based surveys

- Interactive Voice Recognition (IVR) surveys

Additional information and MBR requirements are available on the HHCAHPS website.

Vendor Minimum Business Requirements (4 of 4)

Vendors must have the organizational capability and capacity to collect and process all survey-related data following standardized procedures.

- Adequate personnel (including at least two individuals who will serve in the designated HHCAHPS roles)
- Facilities and processing systems
- Security policies
- Data submission capabilities
- Technical assistance or customer support

Vendors must demonstrate that they have adequate quality control procedures for every step of the HHCAHPS Survey implementation process.

- Each person's work should be checked by someone else to ensure that the right protocols are being followed
- Ability to train survey personnel
- Have procedures and methods to review and ensure the quality of submitted data
- Document and maintain records of all quality control activities conducted

Additional information and MBR requirements are available on the HHCAHPS website.

Vendor Participation in HHCAHPS

Organizations interested in becoming approved HHCAHPS Survey vendors must:

| Create a user account via the Vendor Registration link ↗ on the HHCAHPS website for the HHCAHPS Survey Administrator/ Project Manager to complete the application process. | Submit a responsive Vendor Application Form on the HHCAHPS website. | Complete the self-paced HHCAHPS Introduction Training and Certification. | Collect data adhering to the *HHCAHPS Survey Protocols and Guidelines Manual*. | Check the HHCAHPS website frequently for announcements and updates ↗ and respond to the Coordination Team as needed. | Prepare and submit a responsive Quality Assurance Plan (QAP) 6 weeks after submitting data for the first time. | Participate in all vendor oversight activities. |

Sections 3.2.3 & 3.3 in Protocols and Guidelines Manual

Sampling Procedures

Protocols and Guidelines Manual, Chapter 4

Steps in the Sampling Process
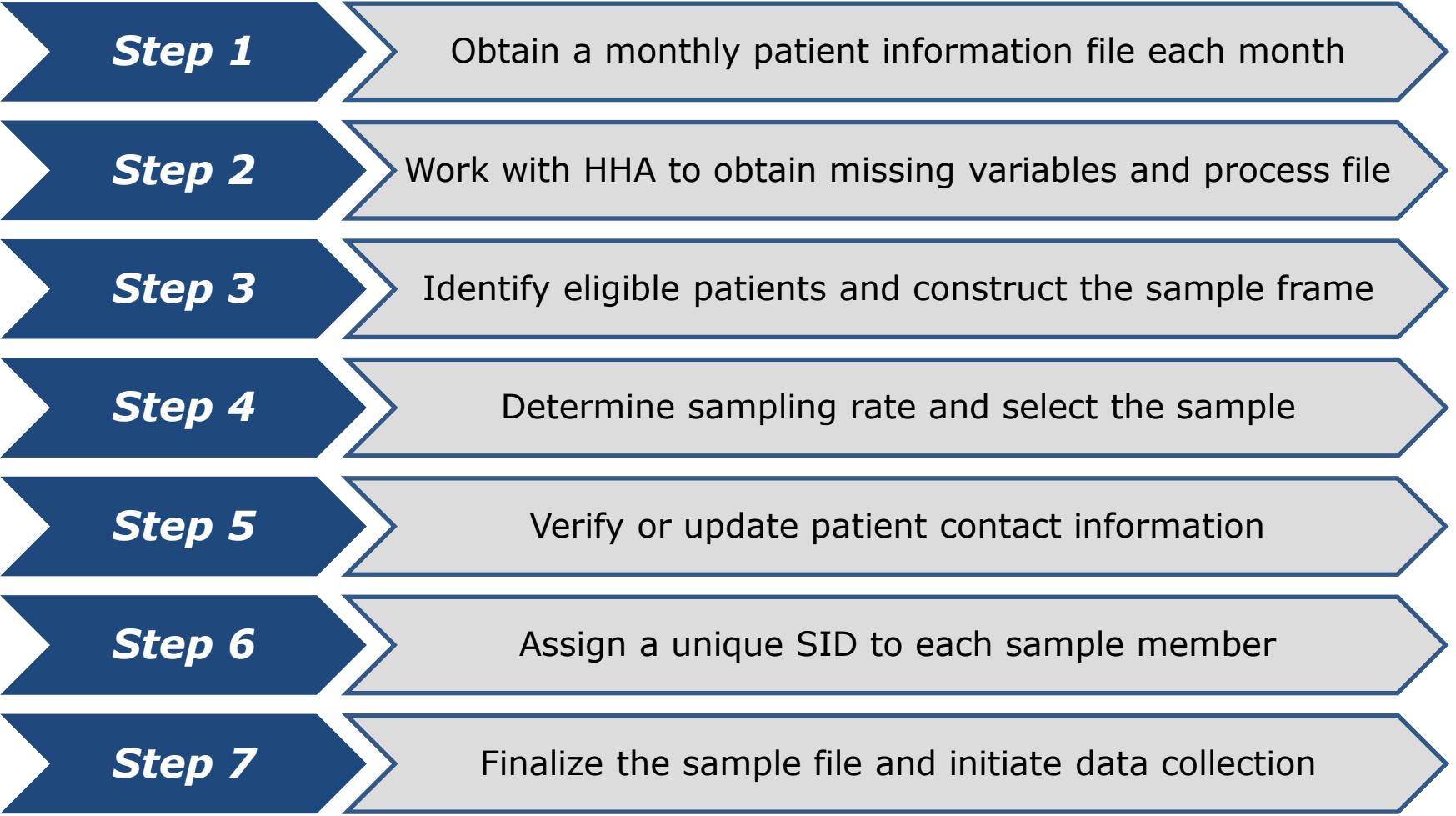
Step 1	Obtain a monthly patient information file each month
Step 2	Work with HHA to obtain missing variables and process file
Step 3	Identify eligible patients and construct the sample frame
Step 4	Determine sampling rate and select the sample
Step 5	Verify or update patient contact information
Step 6	Assign a unique SID to each sample member
Step 7	Finalize the sample file and initiate data collection

Steps in the Sampling Process: Step 1

Step 1	**Obtain a monthly patient information file each month** *Section 4.3 of Protocols and Guidelines Manual*
Step 2	Work with HHA to obtain missing variables and process file
Step 3	Identify eligible patients and construct the sample frame
Step 4	Determine sampling rate and select the sample
Step 5	Verify or update patient contact information
Step 6	Assign a unique SID to each sample member
Step 7	Finalize the sample file and initiate data collection

Step 1: Obtain Patient File From HHA

- Vendors must work with HHAs to obtain all required data elements for patients served during the sample month.

- HHAs are required to provide the vendor with a monthly patient information file for each sample month, *even if the HHA did not serve any patients who are eligible for the survey during the sample month*.

- It is also acceptable for the HHA to send the vendor an email in lieu of a zero-eligible file, both of which should be saved for potential audit during site visits.

- Vendors should keep all original HHA files for potential audit.

Step 1: Monthly Patient Data File Contents

- Vendors must ensure that HHA files:

  - Include all information about all patients served during the sample month (except allowable exclusions), *including those discharged during the sample month*.

    - HHCAHPS Survey includes patients still under the HHA's care.

  - Contain patients from all units and branches of the HHA filing under the same CCN.

    - All survey data must be aggregated by and reported by CCN.

  - Are submitted to the vendor by an agreed-upon date each month.

Step 1: Monthly Patient Data File Contents (cont'd)

HHAs must provide:

- Patient name and contact information (address, telephone number)
- Date of birth
- Medical record number (the unique ID assigned by the HHA to enable the tracking of the patient's care)
- Source of payment for the home health care
- Number of skilled visits during the sample month and lookback period (sample month and month immediately preceding sample month)
- Activities of Daily Living (ADLs)

If necessary, the HHA can send data elements for survey analysis to the vendor after the survey begins for the sample month.

Table 4.1 in *Protocols and Guidelines Manual* contains a complete list of data elements the HHA must provide.

Step 1: Patient Eligibility Criteria

- Patients eligible to be included on the sampling frame:

Payer*:	Age:	Number of skilled care visits:	Reason for visit:	Exclude:
Medicare	At least 18 by the end of the sample month	At least one visit in the sample month	Received home health care for reasons other than routine maternity care only	Known to be deceased
Medicaid		Two visits during the lookback period		Now receiving hospice care
				"No publicity" patients
				"State-regulated" patients

*To be considered eligible, a patient's payer source must include Medicare and/or Medicaid alone or in combination with other sources (private/other).

Step 1: Ineligible Patients – "No Publicity"

- *Definition:* "No publicity patients" are patients who request that the HHA not release any information about them to anyone other than agency personnel.

  – Usually, patients will make this request at the time they enroll for home care.

- HHAs **must not ask their patients if they want to be in the survey** or if the HHA can provide information about the patient to the survey vendor.

  – HHAs may send out general information that patients may receive a survey about their care (no coaching). See *Section 3.2.2.1* of *Protocols and Guidelines Manual* for more guidelines about HHA communications with patients.

- HHAs must exclude no publicity patients from monthly patient information file sent to HHCAHPS Survey vendor.

Step 1: Ineligible Patients – "State-Regulated"

- *Definition:* "State-regulated patients" are those who have certain conditions or illnesses and live in a state that prohibits the release of information about patients who have those conditions.

- HHAs should be aware of their state laws regarding privacy issues.

  - If a state has special privacy laws or regulations that require special consent for release of information concerning certain categories of patients, **those patients should be excluded from the patient files sent to the HHCAHPS Survey vendor**.

Typically, these patients are those with:

- HIV,
- alcohol or substance use,
- developmental disabilities, or
- mental health conditions.

Step 1: Excluding Ineligible Patients

- The HHA and survey vendor decide which organization *excludes* patients who are not eligible.
  - If the HHA makes the exclusions:
    - The vendor must provide exclusion criteria to the HHA.
    - Vendors should make sure that their HHAs understand that they must keep a record of the reasons that cases were excluded.
  - If the vendor makes the exclusions:
    - The HHA must provide all the patient information that the vendor will need to make the exclusions.

Step 1: Additional Patient File Exclusion Criteria

To reduce respondent burden, after a patient has been included in a sample, he or she is not eligible to be included in the sample for the next 5 months.	• The vendor must check its files to identify and exclude these patients. • Only the survey vendor can make this exclusion because the HHA will not know which patients were sampled.
Patients who have harmed or threatened to harm the health or well-being of a home health provider.	• HHAs must alert the vendor when they submit the monthly patient information file that a patient has been excluded from the file for this reason.

For full set of exclusion criteria, see *Chapter 4* in *Protocols and Guidelines Manual*.

Step 1: Skilled Visits

- For purposes of this survey, the basis for a skilled home health visit is the classification of the agency employee who visited the patient and *not the reason for the visit*.

A skilled visit is made by:

> a registered nurse (RN) or licensed practical nurse (LPN),

> a physical therapist or physical therapist assistant,

> an occupational therapist or assistant, or

> a speech therapist or assistant.

Skilled visits **do not** include:

> visits by social workers,

> home health or personal care aides,

> nursing aides, or

> visits made to train or evaluate personnel who are not making a skilled visit.

Step 1: Lookback Period

- The lookback period is the sample month and the month immediately preceding the sample month.
  - Vendors should make sure that HHAs are defining the lookback period correctly (in terms of months, not days). A term such as a "60-day" lookback period is not correct.

- To be eligible for the survey, the patient must have had at least one skilled visit in the sample month and two such visits in the lookback period.
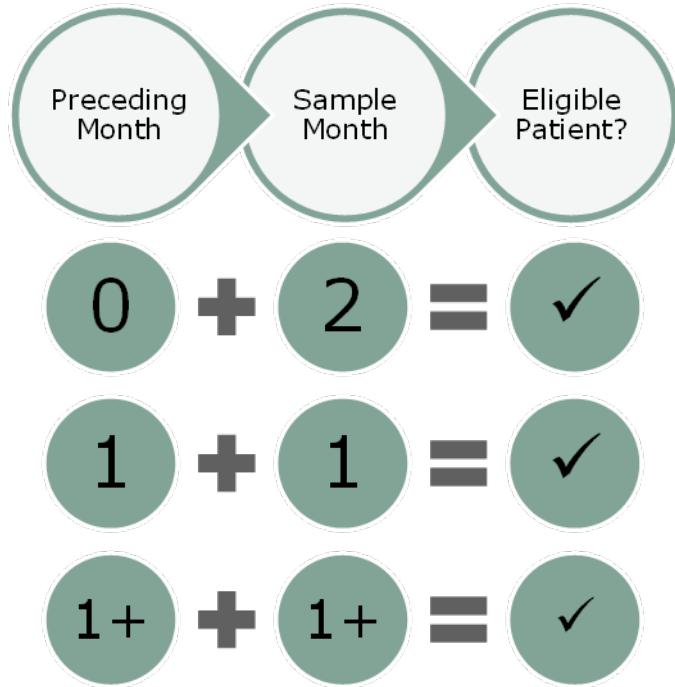
This diagram displays several scenarios where the combination of skilled visits in the sample month and preceding month would make a patient eligible.

Step 1: Lookback Period and Eligibility

Let's look at some examples for the December 2025 sample month.

- In example 1 below, the patient is ineligible: no skilled visits in the sample month.
- In example 2, the patient is eligible: one skilled visit in the sample month and two in the lookback period.
- In example 3, the patient is eligible: the three skilled visits in December meet the requirement for the sample month and the total for the lookback period. (The November aide visit is not counted.)
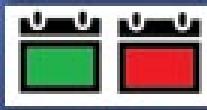
✗ December (sample month): Three aide visits
November: Six speech therapist visits in November, the **patient is ineligible**.
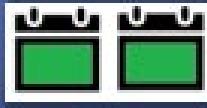
✓ December (sample month): One speech therapist
November: One RN visit in November, the **patient is eligible**.
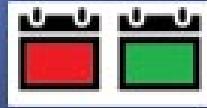
✓ December (sample month): Three RN visits
November: One aide visit in November, the **patient is eligible**.

Step 1: Information About ADLs

- There are five activities of daily living (ADL) indicators.
  - HHAs can provide either the total number of ADL deficits or the number of deficits for each individual ADL.
  - Vendors must submit this information to the HHCAHPS Data Center exactly as received from the HHA.
    - Vendors are **not** permitted to calculate the total number of ADL deficits using the number of deficits provided for the individual ADLs.
    - The *only* acceptable values of the ADL Deficit Count are 0-5 and M. If an HHA submits a value exceeding 5, the vendor should recode the total to 5.

Step 1: ESRD Indicator Data

- HHAs should know and be able to identify patients with End-Stage Renal Disease (ESRD).

- Although an HHA should know which of its patients are receiving dialysis and should be able to respond to this data requirement, there are diagnoses that, if reported, would be indicators:

  - ICD-10 diagnosis codes that are strong indicators are I12.0, I13.11, I13.2, N18.6, Z91.15, and Z99.2.

Step 1: Sources of Payment Data

The Source of Payment data element is important for eligibility and can occasionally be problematic. Here are ways to deal with missing data from HHAs for this data element.
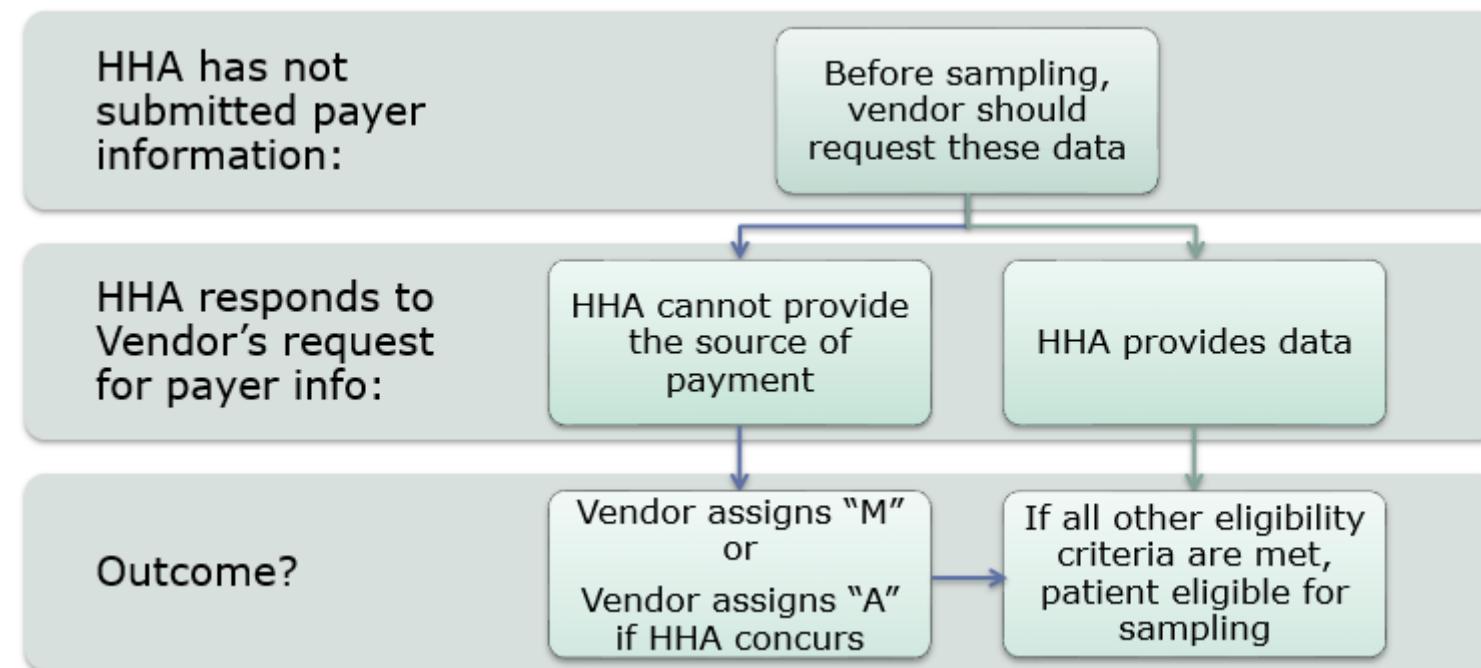
Step 1: Using OASIS as Data Source

If OASIS is the source of data:

- The HHA should provide patient information from the most recent OASIS Assessment conducted, but sometimes it may be necessary to provide data from earlier assessments or other sources.

  - For example: *Was the patient admitted from a recent inpatient setting and which setting?*

    - This information is on the Start of Care (SOC) and Resumption of Care (ROC) assessments but not on the Follow-Up (FU).

Step 1: Vendors Take Note

The HHA must provide information about **all eligible patients** who received skilled care.

Patients must have Medicare or Medicaid as payers for their home care. Any other patients the HHA wishes to survey would fall into a supplemental sample and do not count as part of the HHCAHPS sample.

- They should be sampled separately from the HHCAHPS sample.
- These patients should not be included in any data sent to the HHCAHPS Data Center or count toward sampling targets.

If the HHA is conducting other surveys of its patients, the HHCAHPS Survey sample should be selected **first**.

Step 1: No File Submitted by HHA

If an HHA **does not** submit a monthly patient information file for a sample month…

- Vendor must submit a DNR for that HHA.

    - Applies only to HHAs that have already begun their participation in the HHCAHPS Survey. (That is, a sample was selected, and a survey fielded in a preceding month.)

    - Does not apply to "newly participating" HHAs.

Steps in the Sampling Process: Step 2

Step 1	Obtain a monthly patient information file each month
Step 2	**Work with HHA to obtain missing variables and process file** *Section 4.4 of the Protocols and Guidelines Manual*
Step 3	Identify eligible patients and construct the sample frame
Step 4	Determine sampling rate and select the sample
Step 5	Verify or update patient contact information
Step 6	Assign a unique SID to each sample member
Step 7	Finalize the sample file and initiate data collection

Step 2: Examine Patient File for Completeness

Vendors should examine the file to ensure that it contains the information needed to confirm survey eligibility and contact the patient.

- Contact the HHA to obtain any missing eligibility or sampling information.

If the HHA does not provide an address or telephone number for a patient, the vendor should recontact the HHA.

- Keep in mind that these patients receive skilled care in their homes. The HHA must have an address in which the home care is provided.
- Even if no address or telephone number is provided, the patient is still eligible for the survey if he or she meets all other eligibility criteria.

Information must be requested for *all* patients included in the sample month file, NOT just those sampled.

Step 2: If HHA Submits More Than One File

- Vendors must select the sample at one point in time; vendors should **not** select two separate samples for the same month.

- If an HHA submits a second file with additional patients, and data collection has already begun for that sample month, the vendor should not select a second sample.

  - For this situation, the vendor should submit a DNR.

- If an HHA submits a second file with additional patients, and data collection has **not** begun for that sample month, the vendor must submit an ERF seeking CMS approval to sample from two separate files.

Steps in the Sampling Process: Step 3

Step 1	Obtain a monthly patient information file each month
Step 2	Work with HHA to obtain missing variables and process file
Step 3	**Identify eligible patients and construct the sample frame** *Section 4.5 in Protocols and Guidelines Manual*
Step 4	Determine sampling rate and select the sample
Step 5	Verify or update patient contact information
Step 6	Assign a unique SID to each sample member
Step 7	Finalize the sample file and initiate data collection

Step 3: Identify Eligible Patients and Construct Sample Frame

- An example layout of a sample frame showing information needed to determine survey eligibility is available with the <u>survey materials</u> ⬈ on the HHCAHPS website.

    - The example layout contains the name, length, and other characteristics of the data elements to include on the sample frame.

    - It also indicates which data elements are required for data submission.

Step 3: Confirm Eligibility

- The vendor should confirm that the patients included on the file are eligible:

✔ Verify that all patients included on the file are 18 years old or older by the end of the sample month.	✔ Verify that each patient included on the file received one skilled visit in the sample month and two skilled visits during the lookback period.
👁 Patients missing some eligibility criteria should be considered eligible as long as all other eligibility criteria are met.	✘ Exclude patients who have been included in the survey sample in the last 5 months, whether or not they responded.*
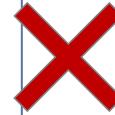
*Remember that an HHA will **not** know which patients are sampled; therefore, the vendor must make this exclusion.

Step 3: Identify Eligible Patients and Construct Sample Frame

- Vendors must use the number of skilled visits provided on each monthly patient information file. Some HHAs are unable to provide vendors with these lookback data (sometimes because of the software vendors they use). When this happens:

Cannot calculate number of skilled visits in the lookback period	Missing Data
Recontact the HHA	HHA cannot provide number of visits / HHA provides dates of visits instead of number of visits
Determine eligibility • Consider these patients eligible if all other eligibility criteria are met.	Enter "M" (missing) on the XML data file / Use the dates to calculate total number of visits

Step 3: Construct Sample Frame

- Vendors should construct the sample frame, which will contain information about **all patients eligible** for the survey.

- Keep the original monthly patient information file intact.

  - If the monthly patient information file is used to create the sample frame, copy the file and work in the copy.

  - Retain both the original monthly patient information file and the sample frame that is created for site visits.

Sampling Documentation Reminders

- Documentation will be subject to review by the HHCAHPS Survey Coordination Team.

- Vendors must also record and retain documentation indicating the **reasons patients were excluded** from an HHA's sample frame.

- For quality assurance purposes, vendors must keep all HHA patient files for at least 18 months.

Steps in the Sampling Process: Step 4

Step 1 — Obtain a monthly patient information file each month

Step 2 — Work with HHA to obtain missing variables and process file

Step 3 — Identify eligible patients and construct the sample frame

Step 4 — **Determine sampling rate and select the sample** *Section 4.6 of Protocols and Guidelines Manual*

Step 5 — Verify or update patient contact information

Step 6 — Assign a unique SID to each sample member

Step 7 — Finalize the sample file and initiate data collection

Step 4: Sampling Rate Requirements

- The reliability target for the survey measures is 0.8 or higher.

- For statistical precision, the sampling rate must be sufficient to yield the targeted minimum of 300 completed surveys per HHA over a 12-month period.

  - This is an average of 25 completed surveys per sample month.

- The sampling rate for each HHA, including small HHAs, must also ensure that an even distribution of patients is sampled over a 12-month period.

Step 4: Sampling Rate Requirements (cont'd)

- Although the sampling rate may be adjusted over time, it should remain the same for each month in a quarter.

- The sampling rate can be increased to reach the target, but it must not be abruptly changed to avoid exceeding 300 completed surveys.

- All patients sampled in a sample month must be surveyed. The target of 300 is not a quota after which surveying, or processing, can stop.

- Some HHAs will not serve enough patients to yield 300 completed surveys over a 12-month period.

Step 4: Determining the Sampling Rate Based on Mode of Administration

Response rates in this table reflect a year of data collection across all vendors
(received from 2024,Q2 through 2025,Q1).

Mode	Response rate	Sample size for 25 responses/month
Mail only	23.2%	108
Phone only	19.3%	130
Mixed	29.0%	86

- As shown, response rates tend to be higher when vendors use a combination of contact methods.

Table 4.2 in Protocols and Guidelines Manual

Step 4: Determining the Sampling Rate: Expected Response Rate

- To calculate a sampling rate, use the average response rate obtained on HHCAHPS for the last two to three quarters. Vendors should also consider HHA-specific or population factors, such as

  - patients with different types of medical conditions, or

  - if the survey is only administered in English but the HHA has a large Spanish-speaking population.

- The vendor may need to increase the sampling rate to meet the targeted number of completed interviews.

Step 4: Computing Sample Size

- A sample size for an example month is the starting point for establishing a sampling rate.

- A vendor knows how many completed interviews they need each month for an HHA. They also know their expected response rate. This lets them solve for the Sample Size:

$$\text{Sample Size} = \frac{\text{Number of Responses Needed}}{\text{Response Rate}}$$

- Although the formula is simple, the estimated and actual response rate may differ by HHA. Vendors may include other factors in estimating a sampling rate (as discussed on the previous slide). Make adjustments based on your experience but then set a target sampling rate.

- Know what the target rate is for an average month and then keep that rate for the rest of the months in the quarter, *even if the number of eligible patients changes*.

Step 4: Estimating a Sampling Rate

- To effectively estimate an initial sampling rate, vendors should work with their new HHAs to estimate the sample frame size for each month using the previous 3-6 months of information on eligible patients served.

- Each patient sampled is excluded from the sample frame for the next 5 months.

  - To help determine how many of an HHA's patients will be affected by the 5-month exclusion period, the vendor should ask the HHA for the proportion of long- and short-term patients it serves.

- The more information you obtain from your HHA (e.g., more months of patient counts), the more accurate your estimate will be.

Step 4: Sampling Rate vs. Sampling Number

What is the difference between using a sampling rate and using a predetermined set number of patients to sample?

- A sampling rate is a percentage of the eligible patients who will be sampled. It is not the **number** of patients sampled.

- As we'll see in this step, the sampling rate should remain consistent for a quarter. With fluctuating numbers of eligible patients each month, that means the number of patients sampled (also known as the sample size) will vary. However, patients will still be sampled at the same RATE.

- Calculating and using a sampling rate will ensure that about the **same *proportion*** of patients an HHA serves during a 12-month period will be surveyed, even if not all eligible patients will be surveyed.

Step 4: Sampling Rate vs. Sampling Number (cont'd)

- A vendor or HHA may think that they must survey all eligible patients each month to make sure they obtain 300 completed surveys; however, it is more important to survey a sample of patients each month to capture the patients' experience getting home care at different points in time.

- Even for small HHAs, surveying a census of all eligible patients in a sample month, in most cases, is not acceptable.

Why do we use a sampling rate each month and not a sample size (that is, a set number of patients)?

- Using a **SAMPLING RATE** instead of a set number smooths out the influence of patient characteristics over time.

- A sampling rate will ensure that patients' perspective of the care received *at different points in time* is proportionately captured, because there is variability over time in the number of patients an HHA serves, its personnel, and its operations.

- To illustrate this, let's use an example for the agency named ABC Home Care, which begins its participation in January.
  - First, we will use the sampling rate approach, and then we will use a sampling size approach.

- To begin, we examine ABC Home Care's prior 3-6 months of eligible patients served while looking at expected response rates for telephone surveys.

  - We find they have a typical sample frame of 100, with an estimated response rate of 30%.

- Using the **sampling rate** approach, we calculate a sampling rate of 83%.

$$\text{Sample Size} = \frac{25 \text{ responses}}{30\% \text{ response rate}}$$
$$83 \text{ patients}$$

- If we have 100 eligible patients in a month, our sampling rate of 83% yields 83 patients. We will now use 83% going forward for this quarter.

- We are not sampling 83 patients anymore. We will take this sampling rate and apply it to the Q1 months of January, February, and March, since we are going to keep the same sampling rate in place for a quarter.

Look at the next slides for how this works out

- For January, the agency serves 100 eligible patients. Applying our sampling rate (83%), we randomly select 83/100 eligible patients.

- Now we will continue to use that 83% sampling rate, along with our 30% response rate, as we sample in February and March. Using our sampling rate:

  - We will select 75 of 90 eligible patients in February.
  - We will select 92 of 110 eligible patients in March.

  Remember, we will always round our sample sizes up to the next whole person.

- Our sampled patients represent 83% of the January sample frame, 83.3% of the February sample frame, and 83.6% of the March sample frame.

  - By keeping our rate consistent, we are not giving any particular month's patients undue influence. They are proportionally influential over time.

Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (4 of 8)

- Using a **sampling rate** instead of a **sample size** smooths out the influence of patient characteristics over time.

- Table below displays the sampling calculations for ABC Home Care's Quarter 1 patients using the **sample rate** method.

Sample Month	Eligible Patients	Number Sampled With Sampling Rate Method	Effective Sampling Rate
January	100	83	83.0%
February	90	75	83.3%
March	110	92	83.6%

Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (5 of 8)

Now, let's turn the tables and see what this would look like if we use the **sample size approach** instead, which should **not** be the method used on HHCAHPS.

- With the same sample frame of 100 patients per month, we will see how our sampled patients will exert undue influence (disproportionate influence) in representing ABC Home Care's patients over time.

- ABC Home Care is beginning their participation, and again, based on the 3-6 prior months of patient data provided, we estimate the typical sample frame size for this HHA is ~100 eligible patients/month.

- Given that the average HHCAHPS Survey telephone mode response rate is 30%, we would choose a sample size of 83 patients each month to achieve the HHCAHPS Survey goal of 300 annual surveys.

> 83 patients sampled at a 30% response rate = ≈25 completes
> Over 12 months = 300 completed interviews

- When we receive the HHA's January patient data file, we find there are indeed 100 eligible patients on the sample frame and randomly select 83 (representing 83% of those eligible). With our telephone response rate of 30%, we should end up with about 25 completed interviews. *Great – off to a good start!*

- Applying our sample size, we continue to randomly sample 83 of 90 eligible patients in February and 83 of 110 eligible patients in March.

- Now, our sampled patients represent:

  - 83% of the January sample frame,
  - 92.2% of the February sample frame, and
  - 75.5% of the March sample frame.

- The **sample size approach** has given those 83 patients in January, February, and March undue influence in representing this HHA's patient population over time. These patients are disproportionately influential.

  - In other words, you can see that when we set our sample size to be static, we are subject to fluctuating **sampling rates**. This goes against what we want for understanding patient experience over time.

- Using a **sample size** gives undue influence on patient characteristics from month to month.

- The table below displays the sampling calculations for ABC Home Care's Quarter 1 patients using the **sample size** method.

Sample Month	Eligible Patients	Number Sampled With Sample Size	Sample Size Method: Effective Sampling Rate
January	100	83	83.0%
February	90	83	92.2%
March	110	83	75.5%

- As shown, if we are always picking 83 people, that means we have a sampling rate that varies within the quarter.

  - *This is not correct for the HHCAHPS Survey.*

  - As our example illustrates, this gives the February patients more "influence" than the March patients.

Step 4: Selecting the Sample

Let's say we now know what proportion of the patients we will sample. *It's time to start the actual process of random sampling!*

- Vendors are required to use a *random number generator* to help in the sample selection process.

- **Simple random sampling** is used by most vendors and is typically sufficient.

- **Note:** Be sure that your random number generator is picking a starting point, or random number, based on the Uniform Distribution. (That means each number will have an equal probability of being selected—and that's what we want here.)

Step 4: Selecting the Sample (cont'd)

- Use a random number generator with a "seed" **not** set by the user and *retain the seed for quality assurance* (so that you can recreate the sample).

  - **Note:** *Do **NOT** use a spreadsheet random number generator or similar program that has not passed rigorous testing.*

    - If you have used Excel before for a random number, you'll notice that the numbers change each time you open, edit, or save the spreadsheet, and we do NOT want that to happen because we can't recreate or validate the sample later.

- Software that meets the requirements: SAS or RAT-STATS.

  - [Download RAT-STATS for free](#) from the HHS Office of Inspector General website.

  - The OIG website also has links to YouTube tutorials available on how to use RAT-STATS.

Steps in the Sampling Process: Step 5

Step 1	Obtain a monthly patient information file each month
Step 2	Work with HHA to obtain missing variables and process file
Step 3	Identify eligible patients and construct the sample frame
Step 4	Determine sampling rate and select the sample
Step 5	**Verify or update patient contact information** *Section 4.7 of Protocols and Guidelines Manual*
Step 6	Assign a unique SID to each sample member
Step 7	Finalize the sample file and initiate data collection

Step 5: Verify or Update Sample Contact Information

- We *strongly encourage* vendors to send all HHA-provided contact information for sampled cases to an outside address service (e.g., National Change of Address) for address verification/update.

- Vendors using telephone-only or mixed mode are also encouraged to use a commercial telephone number look-up service to verify/update telephone numbers for sampled patients.

- Performing these steps *prior* to the start of data collection will result in fewer returned surveys or unsuccessful call attempts.

Steps in the Sampling Process: Step 6

Step 1	Obtain a monthly patient information file each month
Step 2	Work with HHA to obtain missing variables and process file
Step 3	Identify eligible patients and construct the sample frame
Step 4	Determine sampling rate and select the sample
Step 5	Verify or update patient contact information
Step 6	**Assign a unique SID to each sample member** *Section 4.8 of Protocols and Guidelines Manual*
Step 7	Finalize the sample file and initiate data collection

Step 6: Assign Unique SID Numbers

- Vendors must assign a **unique numeric or alphanumeric** sample identification (SID) number to each sample member.

- The SID number must be 6–16 characters in length and cannot include any information that would identify the HHA that served the patient, such as

  - patient's medical record number,

  - date of birth, or

  - street or house number,

- **Do not reuse SID numbers.** If a patient is sampled more than once, assign a new SID number to them each time.

Steps in the Sampling Process: Step 7

Step 1 — Obtain a monthly patient information file each month

Step 2 — Work with HHA to obtain missing variables and process file

Step 3 — Identify eligible patients and construct the sample frame

Step 4 — Determine sampling rate and select the sample

Step 5 — Verify or update patient contact information

Step 6 — Assign a unique SID to each sample member

Step 7 — **Finalize the sample file and initiate data collection** *Section 4.9 of Protocols and Guidelines Manual*

Sampling Reminders From Site Visit and QAP Observations

If the HHA does not provide all the information needed for administering the survey or for analysis, vendors should work with them to obtain the missing data.

Important: Vendors that have automated the receipt and processing of data files and sampling process must have quality control procedures in place to ensure these systems work properly.

The sampling rate can be adjusted quarterly (not monthly).

The total number of eligible patients entered on the XML file must include patients who were sampled but later identified (during data collection) as ineligible.

On the XML file, vendors should include the ADL deficit count and/or individual ADL values *as provided by the HHA* rather than compute the ADL deficit count themselves.

If an HHA switches vendors, the outgoing vendor should not provide any information about patients sampled in prior months to the new vendor.

Section 4.10 in Protocols and Guidelines Manual

Survey Administration Procedures

Protocols and Guidelines Manual, Chapters 5-7

HHCAHPS Survey Instrument and Materials

- Survey instrument has two key components*
    - "Core" Questions (Q1–Q17)
    - "About You" Questions (Q18–Q25)

- Survey materials ⬀ are available on HHCAHPS website:
    - English
    - Spanish
    - Simplified and Traditional Chinese
    - Russian
    - Vietnamese
    - Armenian
    - OMB Disclosure Notice (in all CMS-approved languages)
    - Supplemental questions (in all CMS-approved languages)

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

HHCAHPS Survey Instrument and Materials (cont'd)
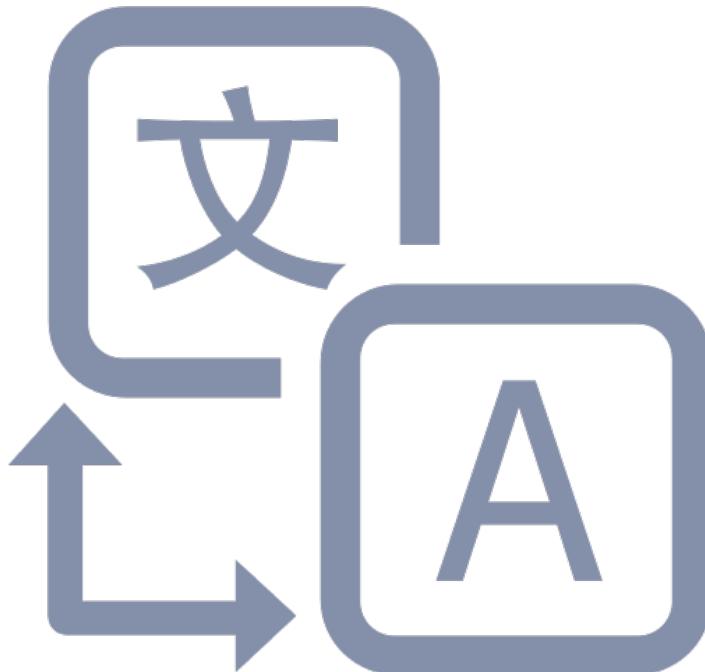
- Vendors must use the CMS-approved translations of the HHCAHPS Survey questions and responses.

- We welcome feedback on additional languages that would be useful to you!

- Send language requests to the Coordination Team for consideration by CMS.

Supplemental Questions (1 of 4)

- HHAs may add their own questions to the HHCAHPS Survey mail questionnaire or telephone interview following HHCAHPS requirements (detailed in *Sections 5.3.1.3* and *6.3.3* of *Protocols and Guidelines Manual*).

- HHAs may also choose to use some or all of the HHCAHPS supplemental questions.

  - Supplemental questions, including the "Consent to Share Responses" question are available with the survey materials ⤤ on the HHCAHPS website.

- The "Consent to Share Responses" supplemental question provides a way for vendors to determine whether the respondent agrees to allow his or her name to be linked with his or her responses.

- Supplemental questions must be placed after the "core" HHCAHPS Survey questions (Questions 1–17*).

- Supplemental questions must be placed either before or after HHCAHPS Survey "About You" questions.

- We strongly recommend that:

  – vendors be consistent in how these questions are formatted (should be identical to the rest of the questions), and

  – agencies/vendors avoid sensitive questions and lengthy additions because these will likely reduce response.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Supplemental Questions (3 of 4)

- Supplemental questions do not need to be approved or reported to CMS.

- Vendors must use CMS-approved translations of the HHCAHPS Survey supplemental questions.

- HHAs or their vendors are responsible for translating any additional questions.

- If vendors add their own questions, consider adding some transitional phrasing to help focus the respondent on the new questions.

Supplemental Questions (4 of 4)

- Supplemental questions cannot…

  - repeat any HHCAHPS items,

  - be used for marketing or promoting HHA services, or

  - ask for identification of people who might need home health services.

- Data collection must
  - begin no later than 3 weeks (21 days) after the close of the sample month, and
  - end 6 weeks (42 days) from the initial mailing or first telephone attempt.

- No changes are permitted to the HHCAHPS Survey "core" or "About You" questions or response options.

- Data collection should not stop for a given agency even if the targeted number of completes is reached.
  - Every sample member must receive the full protocol unless the case is finalized as a complete, ineligible, or refusal prior to the end of data collection.

Vendors must make a concerted effort to initiate the survey by the 21st day of the month following the sample month.

Survey initiated between the 22nd and 26th day of the month following the end of the sample month	Survey initiated more than 26 days after the sample month ends
Vendor must submit a DNR	Vendor must have prior approval from CMS
Vendors should complete and submit the DNR form available on the HHCAHPS website.	Vendor should email the Coordination Team requesting approval to initiate the survey with the impacted CCN(s) on copy.
	Include affected CCN(s), sample month, and reason the survey could not be initiated according to the protocol
	CMS will decide whether to approve or deny the request

Overview: All Survey Modes (3 of 4)

- Proxy respondents are permitted, regardless of survey mode.
  - Proxies must be familiar with the sample member's home health care experience and must **not** be affiliated in any way with the HHA.

- No incentives (monetary or nonmonetary) may be offered.

- HHAs should not influence sample members in any way.
  - Vendors should instruct HHAs to avoid sending sample members copies of the survey materials or do anything that could compromise the vendor's ability to implement the survey protocols.
  - It is acceptable for HHAs to inform patients that they may be asked to respond to a patient experience survey if **all** patients are notified in this way. An official HHCAHPS fact sheet is available in English and Spanish on the HHCAHPS website, for this purpose.

- All data files must be submitted to the HHCAHPS Data Center via the HHCAHPS Survey website quarterly.
  - We encourage vendors to submit as early as possible (monthly, for example), so that they can resolve any submission issues well in advance of the data submission deadline.

Mail-Only Protocol

Protocols and Guidelines Manual, Chapter 5

Mail-Only Protocol: Schedule

The mail only survey administration protocol consists of two questionnaire mailings.

1st Survey Mailing
- Includes survey cover letter and mail questionnaire
- Sent no later than 21 days after the close of the sample month
- Sent to ALL sample members

2nd Survey Mailing
- Includes follow-up survey cover letter and mail questionnaire
- Sent 21 days after 1st survey mailing
- Sent to non-respondents

Data collection ends
- 42 days after 1st survey mailing

Submit Data
- Submit to Data Center by quarterly submission deadline
- Vendors may submit monthly

Section 5.2 in Protocols and Guidelines Manual

Mailing Protocol – Requirements

- Vendors must meet to the following requirements for the HHCAHPS survey mailings:

  - Adhere to the prescribed mail administration schedule as outlined in Section 5.2 of the Protocols and Guidelines Manual

  - Mail a questionnaire package to all sampled cases.
    - Patients with incomplete mailing addresses are still eligible for the survey.
    - Each questionnaire package must contain a…
      - Personalized cover letter separate from the questionnaire,
      - Copy of the mail questionnaire, and
      - Pre-addressed postage-paid return envelope.

  - Provide support via their toll-free number in all languages in which the survey is being administered.

- **Note:** CMS and the Coordination Team may request to be added to vendor's mailing as a seed as an additional oversight measure.

Section 5.4.1 in Protocols and Guidelines Manual

Mailing Protocol – Recommendations

- Vendors should:

  - Verify mailing addresses from agencies using commercial address update services, such as National Change of Address (NCOA).

  - attempt to obtain a new or updated address for any mail returned as undeliverable in time to include in the second mailing.

  - Mail questionnaires using first-class postage or indicia, to ensure timely delivery and maximize response rates.

Section 5.4.2 in Protocols and Guidelines Manual

Cover Letters—Requirements

- **IMPORTANT:** Vendors must use the text in the HHCAHPS mail survey cover letter templates available on the HHCAHPS website.
  - Any formatting changes must adhere to HHCAHPS requirements in **Section 5.3.2** of Protocols and Guidelines Manual.
  - If vendors wish to revise the cover letter text or develop their own cover letters, they must seek CMS approval to do so via an ERF submission.

- Cover letters must meet the following requirements:
  - Be personalized with the name and address of the sample member
  - Display the HHA name or logo, if it isn't already on the questionnaire
  - Be separate from the questionnaire so that no personally identifiable information (PII) appears on the questionnaire
  - Contain the OMB Disclosure Notice (if it is not printed on the questionnaire)
  - Include a toll-free customer support telephone number (directed to the vendor)
    - It is very important for vendors to respond to all calls they receive in a timely manner.
  - **Not** offer sample members the option to complete the survey by phone if survey is offered as mail-only mode

Cover Letters—Requirements

- Cover letters must include language:

  - Indicating the purpose of the survey

  - Stating that no identifying information will be provided to the HHA (Many of the people sampled will still be receiving care, and we do not want them to be worried that their individual responses will be shared with their provider)

  - Stating that if help is needed, a friend or family member should help rather than HHA personnel

  - Stating that participation is voluntary

  - A text box stating, "We care about your home health care experience" in the initial mail questionnaire cover letter

  - A text box stating, "We care about your care experiences" in the follow-up mail questionnaire cover letter

Cover Letters—Recommendations

- If offering the questionnaire in any of the approved languages, add a sentence instructing the sample members how to request it in their preferred language.

- Include the electronic signature from someone from the HHA on the letter.

Section 5.3.2.2 in Protocols and Guidelines Manual

Mail Questionnaire—Requirements

- Mail questionnaires must adhere to the requirements provided in **Section 5.3.1.1** of the Protocols and Guidelines Manual including:

  - Placing "Core" questions (Qs. 1–17*****) first in the questionnaire.

  - Administering the "About You" questions (Qs. 18–25*****) together.

  - Use of a unique SID number for tracking purposes must be on at least the first page of the survey.

  - **Not including** any vendor or HHA promotional information or materials in the mail survey package.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Mail Questionnaire— Formatting Requirements

- Mail questionnaires must meet the following formatting requirements:
    - Questions and responses may not be split across pages.
    - Font size should be no smaller than 10 point.
    - Matrix formatting is not allowed.
        - Matrix formatting often results in missing data as people tend not to mark an answer in each row.
    - Vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally.

Mail-Only Protocol: Materials Production (8 of 9)

Mail Questionnaire—Printing Requirements

- Vendor must print the following information on the mail questionnaire:

  - OMB number and expiration date must be printed on the questionnaire cover page or, if no cover page, on the first page of the questionnaire.

    - If printed on questionnaire, it must be located separately from the OMB number and expiration date.

  - HHA name or logo on the survey or the cover letter

    - It cannot be printed on the outgoing envelope unless the vendor has received approval from CMS via an ERF submission.

  - Vendor name and address must be printed on the last page of the survey (in case someone loses their return envelope).

Mail Questionnaire—Recommendations

- Maximize the use of white space.

- Use a simple font, like Arial.

- Use a two-column format, so there are two columns of questions per page.

- Use font size of 12 point or larger.

- If keying is used, vendors may include small numbers next to the question response box (optional).

Mail-Only Protocol: Data Receipt and Scanning/Keying Requirements

Data Receipt and Scanning/Keying Requirements

- All returned questionnaires must be marked with a date of receipt that will be entered into the data file for that case.

- Questionnaires must be logged into the tracking system in a timely manner.

- If two questionnaires are received from the same respondent, keep the one that has the more complete data.

    - If both are equally complete, keep the **first one** received.

- A final HHCAHPS Survey status code must be assigned to each case.

    - See **Table 9.1** in Protocols and Guidelines Manual

Section 5.5 in Protocols and Guidelines Manual

Scanning Requirements

- The **scanning program** must not permit:
  - scanning duplicate questionnaires.
  - out-of-range or invalid responses.
- A sample of questionnaires (minimum 10%) must be rescanned and compared with the original as a quality control measure.

Data Entry Requirements

- The **data entry process** must not permit:
  - keying of duplicate questionnaires.
  - out-of-range or invalid responses.

- All questionnaires must be 100% rekeyed by a different keyer for quality control purposes.

- A supervisor must resolve any discrepancies.

Section 5.5.3 in Protocols and Guidelines Manual

Mail-Only Protocol: Staff Training

Training is an important part of overall quality control vendors undertake on this survey. Vendors must document and save all training records for staff working on the HHCAHPS Survey.

- All support staff must be trained on HHCAHPS Survey protocols.

- Make available relevant sections of the *Protocols and Guidelines Manual* to all relevant staff.

- Staff must be trained on

  - use of relevant equipment (scanning, case management systems, data entry programs), and

  - decision rules and coding guidelines for returned questionnaires (data receipt and data entry staff) according to HHCAHPS protocols (*Chapter 9* in *Protocols and Guidelines Manual*).

- Training must include proper handling and storage of paper and electronic data (*Chapter 8* in *Protocols and Guidelines Manual*).

Section 5.6 in Protocols and Guidelines Manual

Mail-Only Protocol: Quality Control Requirements

Second Set of Eyes

- All quality control (QC) checks must be conducted by a different person than the one who initially completed the activity.

10% Rule

- A minimum of 10% of
    - outgoing print materials should be checked to ensure print quality,
    - outgoing questionnaire packages should be checked to ensure that package contents are correct, and
    - received questionnaires must be rescanned and compared with the originals.

Rekeying

- All keyed questionnaires must be 100% rekeyed by a different keyer.

Section 5.7.1 in Protocols and Guidelines Manual

Mail-Only Protocol: Quality Control Recommendations

Verify mailing addresses obtained from the agencies using commercial address update services, such as NCOA.

"Seed" each mailing by including names of designated staff members in the mailing file to assess timeliness and completeness of questionnaire packages.

Select a sample of questionnaires and compare to the XML file to ensure the responses match.
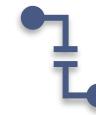
Conduct an audit check of a sample of cases with non-complete codes.

Section 5.7.2 in Protocols and Guidelines Manual

Mail-Only Protocol: Quality Control Recommendations (cont'd)

Calculate and review response rates periodically for each HHA.

Review a sample of cases with a noncomplete final code (i.e., cases with coded something other than 110 or 310) against the original source of information that resulted in the case being finalized.

Select and review a sample of cases coded by each coder to make sure that coding rules were followed correctly.

Check for accuracy of how marginal notes are coded, if applicable.

Compare mail survey response values in system with the response values in the XML file to ensure that the survey responses match.

Develop a way to measure and reduce error rates of both data receipt staff and data entry or scanning verification staff.

Telephone-Only Protocol

Protocols and Guidelines Manual, Chapter 6

Phone-Only Protocol: Schedule

The phone-only survey administration protocol consists of attempting to reach each sampled patient.

Begin Telephone Contact
- Begin no later than 21 days after the close of the sample month
- Make up to 5 call attempts

Data collection ends
- 42 days after telephone contact begins

Submit Data
- Submit to Data Center by quarterly submission deadline
- Vendors may submit monthly

Section 6.2 in Protocols and Guidelines Manual

Telephone-Only Protocol: Telephone Interviewing Systems

- To administer the HHCAHPS Survey using a telephone-only data collection mode, vendors must use

  - a computer-assisted telephone interviewing (CATI) system,

    OR

  - some other electronic data collection system.

- **Note:** Paper-and-pencil administration is not permitted for telephone surveys.

Section 6.3 in Protocols and Guidelines Manual

Telephone-Only Protocol: Telephone Interviewing Systems (cont'd)

- Vendors must have a case management system to ensure that sample members are called at different times of the day and across different days of the week.

- Predictive or auto dialers are permitted if they are compliant with FTC and FCC regulations and respondents can easily interact with a live interviewer.

- HHCAHPS requires vendors to identify cell phone numbers in advance, since the July 2015 addition to the Telephone Consumer Protection Act of 1991 does not permit predictive dialing of cell phone numbers.

  - Vendors must use an external cell phone database to identify cell phone numbers if the HHA cannot provide this information.

  - If the vendor cannot determine if a phone number is a cell phone number, the vendor should treat it like a cell phone number as described above.

Section 6.3.1 in Protocols and Guidelines Manual

Telephone-Only Protocol: Telephone Script Programming

- Vendors must use standardized telephone scripts for the HHCAHPS Survey, available on the HHCAHPS website under "Survey and Protocols" menu.

  - The scripts include the introductory statements and the survey questions.

  - Questions 1–17 are the "core" questions. Questions 18–23 are the "About You" questions.*

- Questions 24 and 25 in the mail survey are not included in the telephone script.*

- No changes in wording or order are allowed to the HHCAHPS Survey questions or response options.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Telephone – Requirements

> Vendors must attempt to contact every sample member.

- Vendors must
  - make five telephone contact attempts for each sample member, unless the sample member refuses, or the vendor learns that the sample member is ineligible to participate in the survey; and
  - place phone calls at different times of the day and on different days of the week throughout the data collection period.
- Vendors may
  - make more than one telephone attempt in one 7-day period but cannot make all five attempts in one 7-day period; and
  - continue working on a case after five attempts, if the fifth attempt results in a scheduled appointment with the sample member (as long as it is still within the data collection period).

Section 6.4 in Protocols and Guidelines Manual

Telephone-Only Protocol: Contacting Guidelines (2 of 4)

A telephone contact attempt is defined as:

- Telephone rings 6 times
  - No answer
  - Reach an answering machine or voicemail

- Busy signal
  - 3 consecutive busy signals = 1 attempt
  - Space 20 minutes apart

- Interviewer reaches a household member
  - Told that sample member is not available

- Interviewer reaches the sample member
  - Asked the schedule a call-back

Section 6.4.1 in Protocols and Guidelines Manual

Telephone-Only Protocol: Contacting Guidelines (3 of 4)

Vendors **Must**:

- Continue to work every case in the sample until the minimum number of attempts have been made for each case.
- Make additional attempts to complete an interview if the respondent does not complete on the first attempt.
- Attempt to obtain a direct number for patients who reside in assisted living facilities, nursing homes, etc.
- Assign code 340–Wrong/Disconnected/or No Telephone Number if no number can be identified.
- Be able to present the Coordination Team with a call log indicating the date and time calls were made to each sample member.

Section 6.4.1 in Protocols and Guidelines Manual

Telephone-Only Protocol: Contacting Guidelines (4 of 4)

Vendors **May**:

- Tell household members that they are calling about a "health care study" only.
- Tell the person who answers the phone *ONLY IF they volunteer* they are next-of-kin to the sample member (i.e., sample member's partner, child, parent, sibling, grandchild or power of attorney) that they are calling to speak to the sample member about their experiences with home health care at the named agency.

Vendors **Must** *Not*:

- Leave voicemail messages on answering machines **or with household members**.
- Continue contact attempts if interviewers discover the sample member is ineligible for HHCAHPS.

Section 6.4.1 in Protocols and Guidelines Manual

Telephone-Only Protocol: Contacting Difficult-to-Reach Sample Members

Requirements

- Interviewers must attempt to recontact the sample member before the end of data collection if the sample member is temporarily ill, on vacation, or unavailable during initial contact.

- If the sample member does not speak the language in which the interview is being conducted, the interviewer should thank the sample member for his or her time, terminate the interview, and code the case as 230–Ineligible: Language Barrier.

Recommendations

- Verify telephone numbers obtained from the HHA using a commercial address/telephone database service or directory assistance and:
  - Attempt to identify a new or updated telephone number for any sample member whose telephone number is no longer in service or who has moved.
  - If the sample member's telephone number is incorrect, the interviewer may ask the person who answers the phone for a new telephone number for the sample member.

Section 6.4.2 in Protocols and Guidelines Manual

Telephone-Only Protocol: Proxy Interviews

Vendors are permitted to use proxy respondents.	Individuals may assist or answer questions on behalf of the sample member if the sample member is physically or mentally unable to participate in the interview.

- A proxy should be familiar with the sample member's health and health care experiences.
  - A family member or friend is an ideal proxy respondent.
    Interviewers can use the relationship of proxy to sample member (e.g., "your wife") rather than repeat sample member's name in every question.
  - An employee of a group home may serve as a proxy *if* that person is **not** an employee of the HHA.
  - The sample member should be advised **not** to ask for help from home health aides, nor can interviewers conduct interviews with HHA staff.
- Code the case 240–Ineligible: Mentally or Physically Incapacitated if no acceptable proxy is available.

Proxy telephone interview scripts in each approved language (except Chinese and Armenian) are available with the [survey materials] on the HHCAHPS website.

Telephone interviewer and customer support staff training must include teaching staff how to

- effectively communicate the content and purpose of the survey to the sample member,
- read questions as worded,
- use effective neutral probing techniques,
- establish rapport with the respondent without providing the respondent additional (unscripted) information,
- use the HHCAHPS Frequently Asked Questions (FAQs) to answer questions in a standardized manner,
- maintain a professional manner and adhere to quality control standards,
- administer the proxy script (when appropriate), and
- handle distressed respondents.

Telephone Interviewer FAQs are available with the <u>survey materials</u> ⤢ on the HHCAHPS website.

Section 6.5 in Protocols and Guidelines Manual

Telephone-Only Protocol: Staff Training (2 of 4)

- Train Interviewers on Interviewing Conventions

  – Emphasize all **bolded** words in the question text.

  – Ask questions in the exact order in which they are presented.

  – If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question.

- Vendor must train interviewers not to…

  – suggest answers to the respondent,

  – help the respondent answer the questions,

  – change the order of the response options,

  – skip any questions, or

  – read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories (e.g., "DON'T KNOW," "REFUSED").

Section 6.5 in Protocols and Guidelines Manual

Vendor should also train interviewers on

- Providing neutral feedback

- The use of neutral and other effective probes

- How to avoid interviewer bias

- How to avoid refusals

- See the General Guidelines for Telephone Interviewers resource document available with the survey materials 🔗 on the HHCAHPS website for more details on how to provide training for these topics.

Section 6.5 in Protocols and Guidelines Manual

Telephone-Only Protocol: Staff Training (4 of 4)

To consider training complete vendors are required to conduct an interviewer certification process, either verbal, written, or both.

- The certification process should assess interviewers' knowledge and comfort administering the survey and ability to answer respondent questions.

- Vendors should maintain documentation of training and certification of all telephone interviewers and customer support staff and outcomes.

- Documentation is subject to review during site visits.

Telephone-Only Protocol: Quality Control Guidelines

Vendors are required to:

- Thoroughly test the electronic telephone interviewing system to verify that the scripting, questions and answers are faithful to the standard HHCAHPS telephone script before beginning administration.

- Establish and communicate clear telephone interviewing quality control guidelines for their staff to follow.

- Silently monitor a minimum of 10% of all HHCAHPS interviews.

- Have supervisors provide performance feedback to interviewers as soon as possible after monitoring sessions.

- Give interviewers the opportunity to correct deficiencies in their HHCAHPS Survey administration.
  - However, interviewers who receive consistently poor monitoring scores should be removed from the project.

Section 6.8.1 in Protocols and Guidelines Manual

Telephone-Only Protocol: Quality Control Guidelines (cont'd)

It is recommended that vendors:

- Conduct regular meetings with telephone interviewing and customer support staff to obtain feedback and discuss quality issues related to the telephone survey administration or handling of inbound calls.

- Compare responses from their CATI system with the response values in the XML file to ensure that the survey responses match.

- Review a sample of cases with a noncomplete final code (i.e., cases with coded something other than 120 or 310) against original source of information that resulted in the case being finalized.

- Regularly examine response rates to assess optimal call scheduling.

Section 6.8.2 in Protocols and Guidelines Manual

Mixed-Mode Protocol

Protocols and Guidelines Manual, Chapter 7

Mixed-Mode Protocol:
Survey Administration Guidelines

- Follow all guidelines for mail survey administration (**Chapter 5** of *Protocols and Guidelines Manual*) **but send only ONE questionnaire mailing instead of two**.

- Follow all guidelines for telephone survey administration (**Chapter 6** of *Protocols and Guidelines Manual*) for the telephone follow-up portion of the mixed-mode implementation **but only over 3 weeks instead of 6 weeks**.

- Vendors using a mixed-mode design must administer the survey using the same language in both components (mail and telephone) (e.g., Spanish mail survey must be administered with Spanish phone follow-up).

- Vendors are not permitted to administer the Chinese or Armenian versions of the HHCAHPS Survey under the mixed-mode protocol because there is no corresponding HHCAHPS-approved telephone interview for these languages.

See *Chapter 7* of the *Protocols and Guidelines Manual* for detailed requirements and procedures unique to mixed-mode administration.

Case Management:
All Modes

- Case management systems must be electronic and allow the vendor to track the status of sampled cases through all phases of the data collection process.

- Cases are assigned and tracked using a unique SID number.

- All cases must be assigned a final HHCAHPS Survey disposition code (see *Table 9.1* in the *Protocols and Guidelines Manual*) at the conclusion of the data collection period; however, vendors can use their own set of pending status codes to track cases before they are finalized.

Case Management: All Modes (cont'd)

- Case management systems must ensure that the appropriate cases

  - are included in a second mailing (for mail-only administration),

  - receive the required number of call attempts (for phone-only and mixed-mode administration), and

  - are rolled over to telephone follow-up (for mixed-mode administration).

- The case management system and CATI or data entry systems must be synchronized so that the current status of a case is readily accessible.

Data Confidentiality, Security, and Storage: All Modes (1 of 6)

Data Confidentiality

- Patient data must be safeguarded.

  - Anything that has patient contact information must be protected. For example, assembling questionnaire packages must take place in a secure environment where there is no risk of any unauthorized individual getting access to patient contact information.

- Follow Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines.

  - The guidelines relate to keeping data secure if they contain personally identifiable information (PII) or protected health information (PHI). For example, this includes how vendors obtain monthly sample information from agencies with which they are contracted.

Chapter 8 in Protocols and Guidelines Manual

- Vendors cannot share the identities of sampled patients with their HHA clients UNLESS respondents have given their consent to share their responses linked to their name (using the "Consent to Share" supplemental question available with the survey materials ⬀ on the HHCAHPS website).

- All reports provided by vendors to clients summarizing the "About You" survey data must follow one of two methods of reporting.

- **Option 1: The Rule of "11."** There must be AT LEAST 11 RESPONSES for EVERY RESPONSE OPTION, for a given question, before a vendor can report aggregated results to clients.

  - This means that the likelihood that a vendor will be able to report aggregated race or education data is very, very small.

  - For example, looking at the race/ethnicity question, this means that unless there are 11 respondents for **each** of the 7 response categories, vendors CANNOT report responses to this question to their client HHAs.

Section 8.5 in Protocols and Guidelines Manual

- **Option 2: Combine two or more response options**.

  - Vendors may combine two or more response options such that the combined option meets the rule of a minimum of 11 responses.

  - For example, for the highest year of education completed question, you may want to combine "8th grade or less" and "Some high school" into a new reporting category "Some high school or less."

  - The new category, "Some high school or less," must still have at least 11 responses to be reported.

Section 8.5 in Protocols and Guidelines Manual

Data Confidentiality, Security, and Storage: All Modes (4 of 6)

- Confidential data must be kept secure.

- Limit access to authorized staff.

- All staff and subcontractors who might have access to confidential data must sign a confidentiality agreement.

- Vendors should establish procedures for handling data security breaches.

- No PII can be submitted to the HHCAHPS Data Center. All files submitted to the Data Center must contain only de-identified data.

Sections 8.2 and 8.4.2 in Protocols and Guidelines Manual

Physical and Electronic Data Security

- Physical security measures can include

  - locked file cabinets, or

  - locked or restricted-access rooms.

- Electronic security measures can include

  - firewalls,

  - restricted-access levels, or

  - password-protected access.

Section 8.4 in Protocols and Guidelines Manual

Physical and Electronic Data Storage

- Paper copies of questionnaires must be stored in a secure location and kept for 3 years; or electronic images of the questionnaires can be kept instead.

- Telephone interview data should be retained for 3 years, also in a secure location.

- Do not remove data files or questionnaires from the office environment.

- Data stored electronically should be backed up frequently to minimize data loss.

Section 8.4 in Protocols and Guidelines Manual

Protecting PII and PHI

- HHAs and vendors are responsible for protecting all PII and PHI of all HHA patients.

- To ensure confidentiality and maintain data security, HHA patient data files must at a minimum be encrypted and password-protected.

Protecting PII and PHI (cont'd)

- PII and PHI should **never** be sent via email without adequate security protection. This includes files sent from the HHA to its vendor or from the vendor to its subcontractor, if applicable.

  - This also applies to emails vendors or HHAs send to CMS. Email is **never** an appropriate vehicle for this type of information.

- Whether using File Transfer Protocol (FTP), Secure File Transfer Protocol (SFTP), or website protocols (HTTP or HTTPS), vendors must work with their HHA clients to have them transmit PHI and PII as securely as possible.

Reporting HHCAHPS Survey Data to HHA Clients (1 of 3)

- CMS-calculated results for the HHCAHPS Survey and the publicly reported results CMS disseminates (see *Chapter 13* of the *Protocols and Guidelines Manual*) are official survey results.

- However, vendors may analyze data to provide their HHA clients with early or additional reports on their HHCAHPS Survey results if HHCAHPS guidelines in *Section 8.6* of the *Protocols and Guidelines Manual* are met.

- These requirements apply to all types of reporting vendors offer to their HHA clients, including client dashboards.

Requirements if Vendor Provides Client Reports:

- Include a disclaimer in a minimum 14-point font size on the first page:

  - "[VENDOR] results are not official CMS results and are for [HHA]'s internal quality improvement purposes only. Official star ratings and other publicly available reporting of HHCAHPS Survey data will be released from CMS on the Care Compare website. There is no required minimum response rate for scoring."

- Provide clear explanation and context for numbers in report.

- Aggregate survey data or information from respondents must meet the requirements described in *Section 8.5* of the *Protocols and Guidelines Manual*.

Section 8.6 in Protocols and Guidelines Manual

Requirements if Vendor Provides Client Reports:

- Submit an ERF and have CMS approval to append data from the sample file to the survey data.

  - Example: if a vendor wants to report on survey responses, or survey response rate by variables on or derived from the sample file (e.g., region, age), vendor must submit an ERF and include a specific list of the items to be merged and an analytic plan that explains how the data will be used.

- Contact the HHCAHPS Survey Coordination Team (hhcahps@rti.org) for additional guidance if not clear as to whether certain types of survey response data can be shared with an HHA client.

Section 8.6 in Protocols and Guidelines Manual

Exceptions Request Form
and
Discrepancy Notification Report

Protocols and Guidelines Manual, Chapter 14

Overview

Exceptions Request Form

Vendors must complete and submit this form for any **planned** deviations from the standard protocol.

Discrepancy Notification Report

Vendors must complete and submit this report to notify the Coordination Team of any **unplanned deviation** from standard protocols.

ERF Process

- Exceptions Request Forms (ERF) can be accessed and submitted on the HHCAHPS website by approved vendors.
  - Vendors can access a standalone copy of the ERF available with the [survey materials](#) ↗ on the HHCAHPS website.

- Any time vendors plan to deviate from a standard protocol, must submit an ERF **before** implementing the deviation. Protocol deviations requiring an ERF include
  - requesting to use Disproportionate Stratified Random sampling (DSRS),
  - requesting to display HHA logo on outgoing mail survey envelopes, and
  - conducting HHCAHPS operations from a remote location.

- CMS will not grant exceptions for modes of survey administration other than those currently approved for the HHCAHPS Survey.

Section 14.2 in Protocols and Guidelines Manual

Exceptions Request Review Process

CMS and the Coordination Team will review all Exceptions Requests, evaluating the methodological strengths and weaknesses of the proposed approach.

Depending on the type of Exception, the Coordination Team may request more information.	An Exception may be requested for multiple HHAs for which the vendor is collecting data.

If the request is denied: the vendor has 5 business days to appeal.

To submit an appeal, the vendor should check the "Appeal of Exception Denial" in box 1a of the Exceptions Request Form and update the form.	The Coordination Team will review the appeal and return a final decision to the vendor within 10 business days.

DNR Process

- The DNR is used to notify the Coordination Team of an **unplanned deviation** from standard protocols that may require some form of corrective action by the vendor.

Examples of scenarios requiring a DNR:
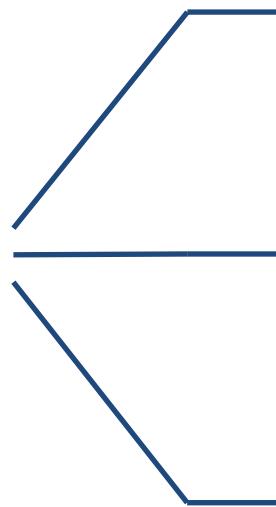
Vendor is unable to initiate the survey within 21 days after the sample month ends but can initiate the survey within 26 days after the sample month ends.

Vendor never received a sample file from its HHA client and therefore was unable to field the survey for that month.

A data element was incorrectly coded and submitted on the XML file (e.g., proxy indicator was incorrectly computed).

Section 14.3 in Protocols and Guidelines Manual

DNR Process (cont'd)

- DNRs can be accessed and submitted on the HHCAHPS website ⬀ by approved vendors.

  - Vendors can access a standalone copy of the DNR form available with the survey materials ⬀ on the HHCAHPS website.

- Notify the Coordination Team within 24 hours of discovery of the discrepancy so that we can work with the vendor to address the issue.

  - Timely notification is important because if the vendor waits for months after the deviation occurs, it may be too late to take appropriate measures for the affected HHA.

- **Reminder:** The affected HHA should be informed of the DNR submission.

DNR Excel Template

- Vendors are encouraged, regardless of how many CCNs they are reporting on the DNR, to use the "DNR Excel file template."

- The template is available on the DNR Form page of the HHCAHPS website.

- Using the template allows you to submit **one** online DNR and accompanying Excel file containing information on all the CCNs you want to report that day.

- If you correct and resubmit the Excel template, you must also resubmit the online DNR form so the submission dates match, for audit purposes.

The DNR template is *designed* to accommodate multiple scenarios:

- late starts,
- missed sample months, and
- "other" situations, which can be used for any scenario.

Information to Include in DNRs

- Each of the data elements to the right must be included in each DNR.

- If you use the DNR Excel template, there are prelabelled columns for each item.

Info to Include for Each CCN Listed on the DNR Form:
- Affected Home Health Agency Name
- Affected CCN
- Affected Sample Month(s) and Year(s)
- Data Collection Start/End Dates (if Late Start)
- # Patients Affected in Sample Month(s)/Year(s)
- Description of the Discrepancy
- Description of Corrective Action
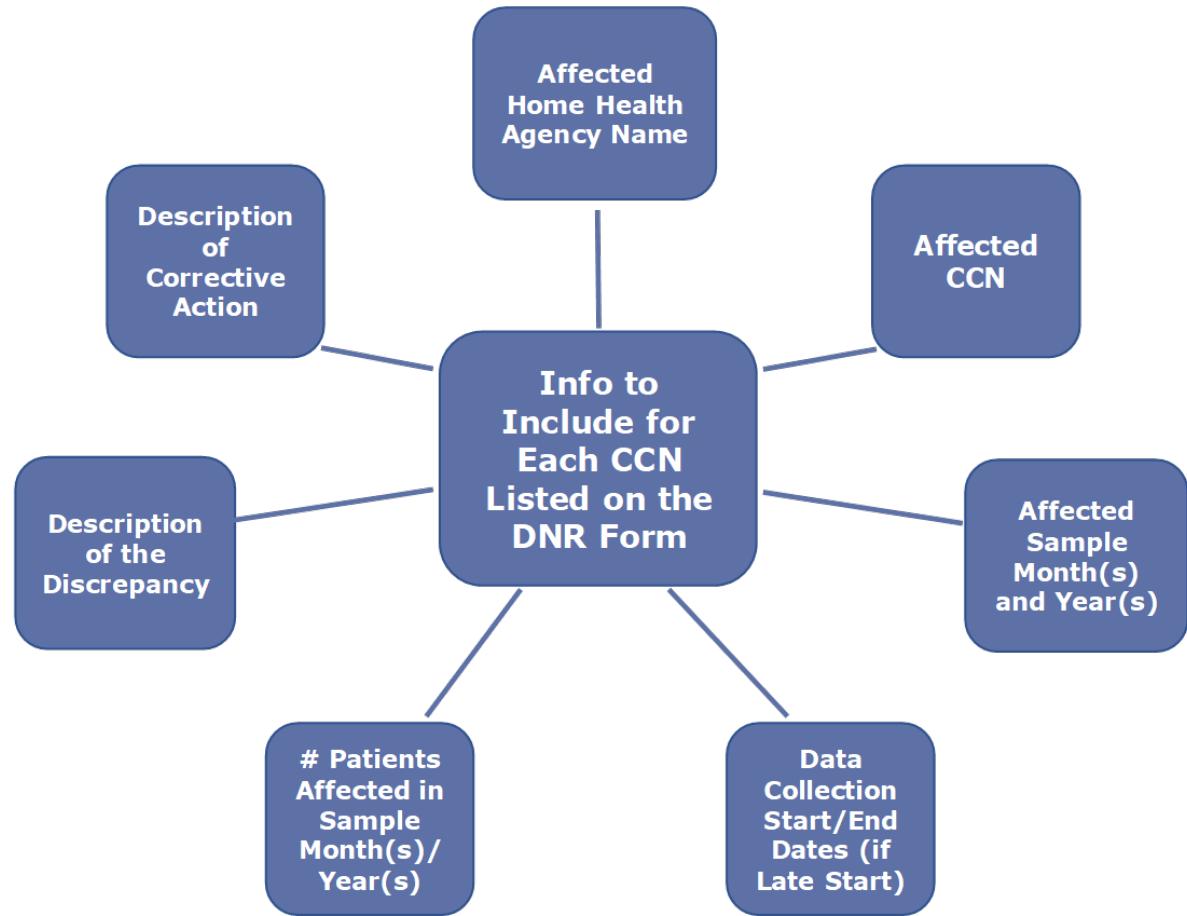
DNR Review Process

DNRs help inform CMS's review of HHCAHPS participation compliance for each annual payment update (APU) period. Understanding why an HHA missed a sample month is important to this process.

- The Coordination Team reviews each DNR, asking
  - What is the impact, if any, on publicly reported data?
  - Is any additional information needed to document or correct the discrepancy? Such as
    - missing patient counts or sample months/years,
    - missing or incomplete CCNs,
    - missing start dates, or
    - confirmation that the survey was administered.
- The Coordination Team will inform the vendor of any action it must take to correct the discrepancy.

When No Monthly File is Submitted

- When an HHA does **not** submit a patient information file to the vendor, the vendor should submit a DNR.

- Vendors do not need to continue submitting DNRs after an HHA fails to submit a patient information file for **3 consecutive sample months**.

  *Please note that it is the responsibility of the **vendor** to track the number of months the HHA has failed to submit a monthly patient information file and to submit a DNR for the first 3 months that this occurs.*

No DNR Needed

DNRs are NOT required for the following situations:

- **No eligible patients:** If there are no eligible patients in a given sample month, the vendor must still submit an XML file with this information, designating "0" in the "Eligible Patients" field.

- **Late field requests:** If the vendor is requesting permission from CMS to initiate the survey more than 26 days after the sample month ends, the vendor must submit an email request for approval to initiate the survey and copy the affected HHA on that request.

HHCAHPS Survey
Data Processing and Coding

Protocols and Guidelines Manual, Chapter 9

Guidelines for Handling Inconsistent Responses (1 of 5)

- Decision Rules for coding follow-up questions 16 and 25.*

  – Enter the response provided by the respondent regardless of whether the response agrees with the screener question.

  – If the follow-up question is correctly left blank because the preceding screener question was "No," code the question as "8" (Not Applicable).

  – If the follow-up question is incorrectly left blank because the respondent skipped it, code as "M" (Missing).

Section 9.2.2.2 in Protocols and Guidelines Manual

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

- Decision Rules for coding screener questions 15 and 24.*

  - Enter the response provided by the respondent. Do not guess what the responses "should" be.

  - If the screener question is left blank, code it as "Missing."

Example #1

15   Have you contacted this agency's **office** for help or advice?

   1 ☐ Yes

   2 ☐ No ➜ If No, skip to Q17.

Coding Guidance:

Code as "M" for Missing

16   When you contacted this agency's office, did you get the help or advice you needed?

   1 ☒ Yes

   2 ☐ No

Coding Guidance:

Code as "1" for Yes

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

- For follow-up questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question.

Example #2

15 Have you contacted this agency's **office** for help or advice?

¹ ☐ Yes

² ☒ No ➔ If No, skip to Q17.

Coding Guidance:

Code as "2" for No

16 When you contacted this agency's office, did you get the help or advice you needed?

¹ ☒ Yes

² ☐ No

Coding Guidance:

Code as "1" for Yes

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

- If the follow-up question is correctly left blank because the preceding screener question was "No," code the question as "Not Applicable."

Example #3

15 Have you contacted this agency's **office** for help or advice?

1 ☐ Yes

2 ☒ No ➜ **If No, skip to Q17.**

Coding Guidance:

Code as "2" for No

16 When you contacted this agency's office, did you get the help or advice you needed?

1 ☐ Yes

2 ☐ No

Coding Guidance:

Code as "8" for Not Applicable

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

- If the follow-up question is incorrectly left blank because the respondent skipped it, enter "Missing."

Example #4

15 Have you contacted this agency's **office** for help or advice?

    ¹ ☒ Yes

    ² ☐ No ➜ **If No, skip to Q17.**

    Coding Guidance:

    Code as "1" for Yes

16 When you contacted this agency's office, did you get the help or advice you needed?

    ¹ ☐ Yes

    ² ☐ No

    Coding Guidance:

    Code as "M" for Missing

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Guidelines for Coding Surveys – Ambiguous Responses

Use the following rules to handle ambiguous or missing responses when processing completed questionnaires.

- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.

- If a mark is between two answer choices but is not clearly closer to one answer choice, code as "missing."

- If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as "missing" rather than guessing.

Section 9.2.2.3 in Protocols and Guidelines Manual

Guidelines for Coding Surveys – Open-Ended Response Options

- Keying responses to open-ended response options—"Some other language" in Q23, and "Helped in some other way" in Q25—is up to each individual HHA.*

- Vendors should not include responses to these open-ended items on XML data files submitted to the HHCAHPS Survey Data Center.

- Review open-ended entries to provide feedback to the Coordination Team about additional preprinted response options that might be useful.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Guidelines for Coding Surveys – Blank Questionnaires

- How to assign a final code to a case where a blank questionnaire was returned in a postage-paid envelope.

Vendor Action:	Outcome:	
Send First Questionnaire	Never returned or returned blank	
Send Second Questionnaire	Returned blank	Never returned
Assign Disposition Code	320—Refusal	350–No Response After Max Attempts
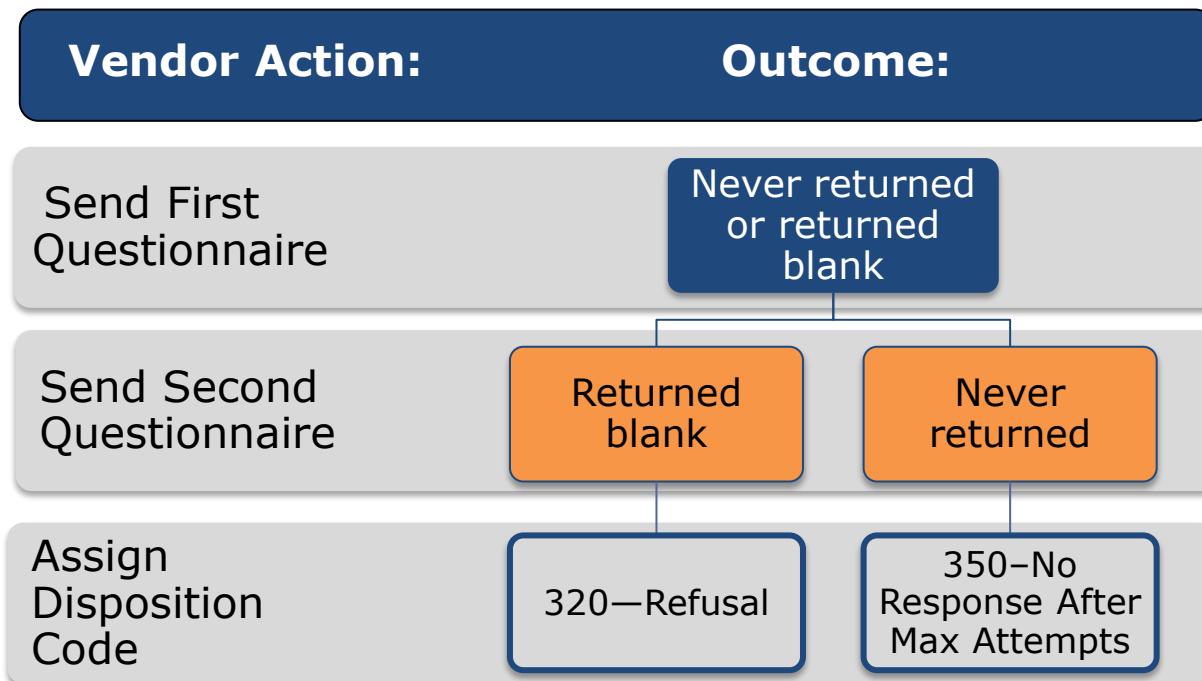
See *Table 9.2* in the *Protocols and Guidelines Manual*

Guidelines for Coding Surveys – Additional Directions

- If a sample patient returns two completed questionnaires, the vendor should keep the one that has the more complete data. If the questionnaires are equally complete, the vendor should keep the one that was received first.

- If in a mixed-mode survey the respondent returns a completed mail survey and participates in the telephone interview, use the survey that has the most complete data.

- Vendors should not use any surveys returned after the data collection period ends.

Survey Disposition Codes

- The HHCAHPS Survey requires that vendors assign a final survey disposition code to each sampled case on the XML data files submitted to the HHCAHPS Data Center.

- Vendors are free to use their own internal interim or pending disposition codes to track the status of work on a case **before** it is finalized.

- Vendors must consider the full history of the sample case when assigning a final status code, not solely on the final call attempt (for phone and mixed modes).

Home Health Care CAHPS Survey Final Disposition Codes

Code	Description
110	Completed Mail Survey
120	Completed Phone Interview
210	Ineligible: Deceased
220	Ineligible: Does Not Meet Eligible Population Criteria
230	Ineligible: Language Barrier
240	Ineligible: Mentally or Physically Incapacitated/No Proxy Available
310	Break-Off
320	Refusal
330	Bad Address/Undeliverable Mail
340	Wrong, Disconnected, or No Telephone Number
350	No Response After Maximum Attempts

See *Table 9.1* in the *Protocols and Guidelines Manual* for additional details.

Survey Disposition Codes: Completes (Codes 110 and 120)

- To assign completed disposition codes, 50% or more of the "core" questions that are applicable to all sample members must have responses (the completion calculation is discussed later in this section).

- The "core" questions applicable to all sample members are Questions 1–15 and 17.*

- Survey questions that are part of skip patterns and the "About You" items are not included in this calculation.

- Completed mail surveys should be assigned **code 110**.

- Completed telephone surveys assigned **code 120**.

Section 9.6 in Protocols and Guidelines Manual

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Decision Rules for Question 1 in Mail Surveys

- If Question 1 ("According to our records, you got care from the home health agency, AGENCY NAME. Is that right?") is missing, or the respondent answers "No:"

AND	*the respondent does not answer any of the remaining questions*	Assign Code 220
BUT	*some of the remaining questions are answered*	Key all responses given (including "No" or "Missing" to Q1)
THEN	*run completeness criteria*	Assign Code 110 or 310 as appropriate
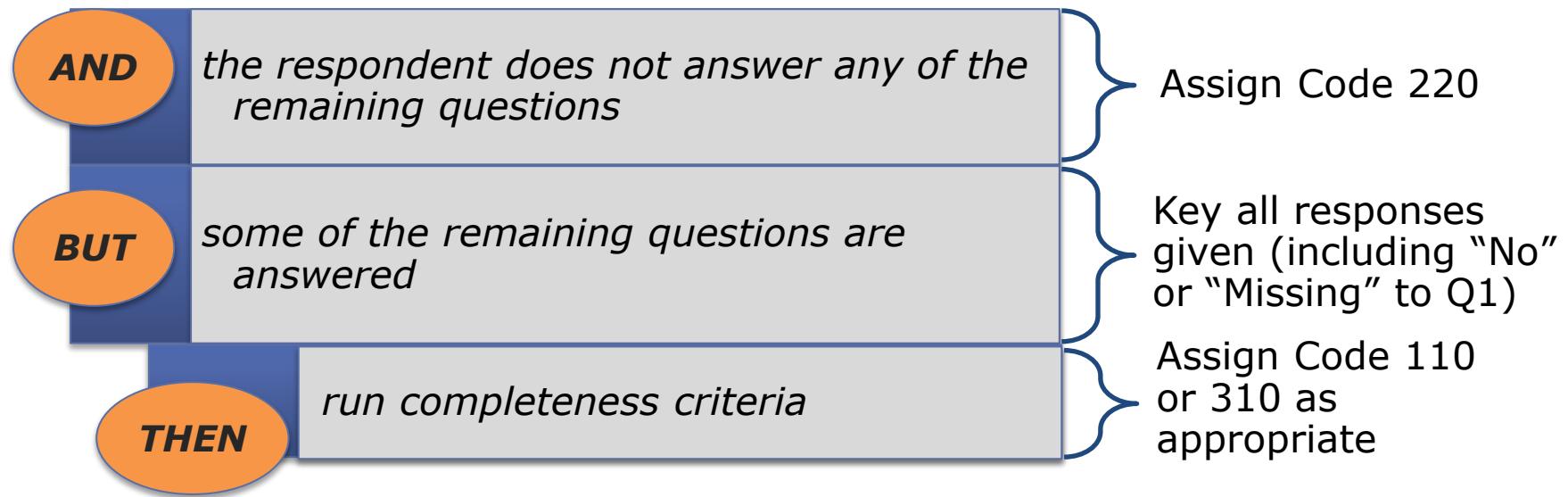
Decision Rules for Question 1 in Telephone Surveys

If the respondent answers "No," Don't Know, or refuses to answer

Assign Code 220 (Ineligible: Does Not Meet Eligible Population Criteria)

Do not assign code 310 (Break-off)
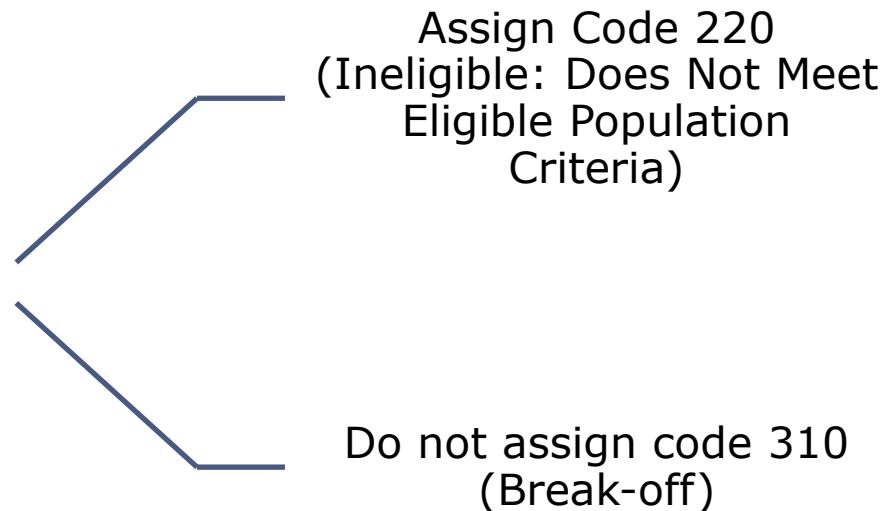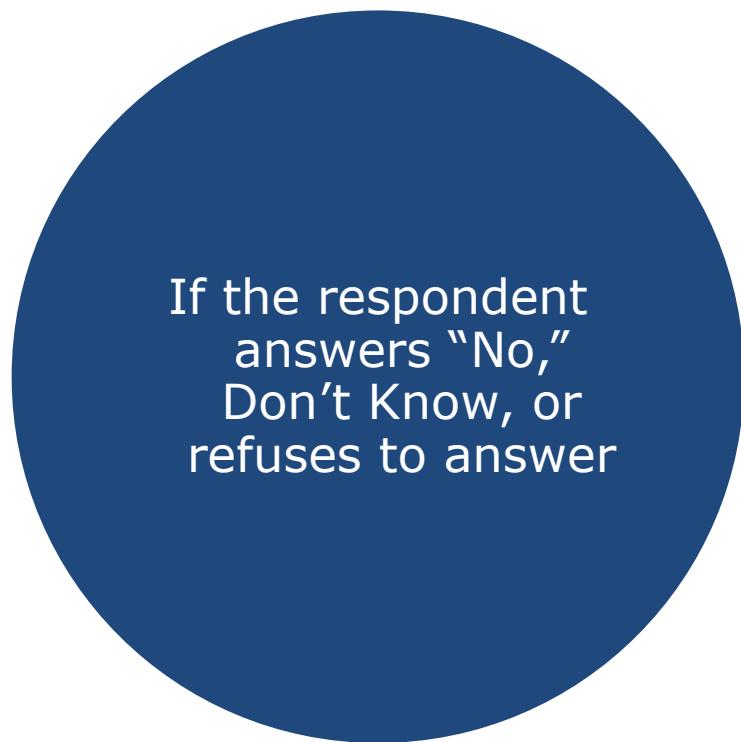
Survey Disposition Codes: Ineligibles (Codes 210, 220, 230, and 240)

- **Final Code: Ineligible (Disposition Codes 210, 220, 230, and 240)**

  - 210—Ineligible: Deceased

  - 220—Ineligible: Does not meet eligible population criteria
    - The sample member is under age 18.
    - The sample member's home health care was not paid for by either Medicare or Medicaid.
    - The sample member reports that he or she did not have at least one skilled care visit by the sample HHA during the sample month.
    - The sample member reports that the home health visits she received were only for routine maternity care.
    - It is reported that the sample member was discharged to hospice care during the sample month.
    - The sample member answers "No" to Q1 **and** no additional questions in the survey instrument are answered.

Survey Disposition Codes: Ineligibles (Codes 210, 220, 230, and 240) (cont'd)

- 230—Ineligible: Language barrier

- 240—Ineligible: Mentally or physically incapacitated/No proxy available

  - Determined during the course of data collection.

  - To be used only when there is no proxy respondent.

  - Includes visually impaired for mail-only mode.

  - Includes hearing impaired for phone-only mode.

  - Includes mental and physical impairments for all applicable modes.

Survey Disposition Codes: Nonrespondents (Codes 310, 320, 330, 340, and 350) (1 of 4)

- 310—Break-off

  - Assigned when less than 50% of survey is completed.

  - You will need to check for completeness before assigning this code by following the steps in **Exhibit 9.3** in the *Protocols and Guidelines Manual*.

- 320—Nonresponse: Refusal

  - Sample member indicates in writing or verbally that he or she does not wish to participate.

- 330—Nonresponse: Bad address/undeliverable mail

  - Use for mail-only mode.

  - The address is not viable when

    - the HHA does not provide an address;

    - the vendor has attempted and failed to obtain a new address;

    - the questionnaire is returned as "undeliverable," no forwarding address," or "addressee unknown"; or

    - other similar Post Office return notices.

- 340—Nonresponse: Wrong, disconnected, or no telephone number

  - For phone **and mixed mode** if the telephone number is not viable.

  - The HHA does not provide a working number, and the vendor has attempted and failed to obtain a new number.

- 350—Nonresponse: No response after maximum attempts

  - **For mail-only mode**: Assign if address is viable but there is no response to the mail survey.

  - **For phone-only mode**: Assign if telephone number is viable but minimum number of call attempts (five) does not result in a completed interview or other final status code.

  - **For mixed mode**: Assign if telephone number is viable but maximum call attempts (five) do not result in a completed interview or other final status code.

Coding Proxy Surveys

- For telephone interviews:

  – Assign a proxy flag value of "1" if the interview was completed by a proxy respondent.

  – Assign a proxy flag value of "2" if the interview was completed by the sample member.

  – It is not acceptable to assign a proxy value of "M" for surveys completed by telephone.

- For mail surveys, see **Exhibit 9.1** in the *Protocols and Manual* shown in the next slide*.*

Section 9.5 in Protocols and Guidelines Manual

Coding Proxy Surveys (cont'd)

Exhibit 9.1
When to Assign the Proxy Flag [Mail]

Value for Q24* <help-you>	Value for Q25* <help-answer>	Proxy Flag
1	1	1
2	1	1
M	1	1
1	M	2
2	M	2
M	M	M

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Definition of a Completed Survey (1 of 3)

- At least 50% of "core" questions applicable to all sample members are answered (Questions 1–15 and 17*).

- **Step 1:** Sum the number of "core" questions that the respondent answered that are applicable to all sample members.

  - As per HHCAHPS protocols, "Don't Know" and "Refuse" should be recoded to missing – "M" (for telephone survey administration).

  - "Don't Know" (DK) should never be counted as a response.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Definition of a Completed Survey (2 of 3)

- **Step 2:** Divide the total number of questions* answered by 16, which is the total number of questions applicable to all sample members and then multiply by 100 to determine the percentage.

- **Step 3:** If percentage is ≥ 50%, assign status code of "Completed Survey" (either 110 or 120, as appropriate).

- If percentage is < 50%, assign status code of "310—Break-off."

  - See next slide for example calculation.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Definition of a Completed Survey
(3 of 3)

Determining Completion (Example)*

- A mail survey is returned to the vendor from the first questionnaire mailing. The respondent answered the following questions applicable to all sample members: 1, 2, 3, 4, 5, 9, 10, 11, 15, 20, 21, 25. The rest of the items applicable to all sample members were left blank.

- Step 1: Sum the number of questions answered: 9.

- Step 2: $9/16 \times 100 = 56\%$.

- Step 3: Percentage is equal to or greater than 50%, so we assign status code of 110—Completed Mail Survey.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Computing a Response Rate

- Vendors are not required to compute a response rate; the following formula is for informational purposes only.

- Final status codes to be used for calculation are shown in parentheses.

$$\text{Response Rate} = \frac{\text{Completed surveys}}{\text{Surveys fielded} - \text{Ineligible surveys}}$$

OR

$$\text{Response Rate} = \frac{(110 + 120)}{(110 + 120 + 210 + 220 + 230 + 240 + 310 + 320 + 330 + 340 + 350) - (210 + 220 + 230 + 240)}$$

Section 9.7 in Protocols and Guidelines Manual

HHCAHPS Survey Website

Protocols and Guidelines Manual, Chapter 10

HHCAHPS Website Purpose

The HHCAHPS Survey website: **https://homehealthcahps.org** 🡕

- Provides users with a single location for current information about the HHCAHPS Survey.

- Serves as the portal through which most project activities are conducted.

- Is the location of the HHCAHPS Data Center, where all survey data file submissions occur.

- Contains public and private links (accessed via login).

HHCAHPS Website Home Page

HHCAHPS Website Overview

- Recent Announcements, including:
  - Deadline reminders
  - Protocol updates
  - Public reporting updates
  - Training materials for Introduction and Update sessions:

- Survey and Protocols Materials updates*
  - Survey instruments (mail and telephone)
  - Sample cover letters, OMB Disclosure Notice, Consent to Share question, etc.
  - *Protocols and Guidelines Manual*

- Data Submission updates*
  - XML data file submission layout specifications and templates
  - *Website User and Data Submission Manual*
  - Data submission tools for vendors
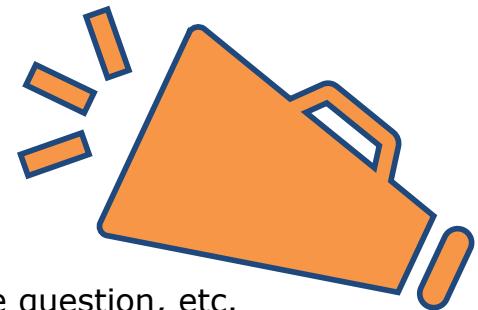
Table 10.3 in Protocols and Guidelines Manual

* Both current and updated survey and data submission materials available on webpage.

HHCAHPS Website Overview (cont'd)

The private links on the website include forms that vendors and HHAs need to implement and manage the survey:

Online forms for vendors:

- Vendor Registration Form
- Minimum Business Requirements (MBRs)
- Vendor Application Form
- Exceptions Request Form
- Discrepancy Notification Form

Online forms for HHAs:

- Login Registration
- Participation Exemption Request Form
- CCN Registration
- Vendor Authorization Form

Table 10.3 in Protocols and Guidelines Manual

HHCAHPS Site Map

General Information

- About Home Health Care CAHPS
- CTQR Newsletter
- Chartbook
- Mode Experiment
- Vendor Application Process
- Approved Survey Vendors
- Archived Publicly Reported Data
- Calculating PR Measures
- Mode Adjustments for Updated HHCAHPS Survey
- Contact Us/Other Links
- Announcements

Vendor & HHA Dashboards

- Links available to users based on their role

For HHAs

- Register for Login Credentials
- Register CCNs
- Participation Exemption Request Form
- Manage Users*
- Authorize a Vendor*
- Data Submission Reports*
- Survey Preview Report*
- Understanding the Preview Report*

Training

- Registration Form
- Training Slides
- Q&A

Data Submission

- Data Submission Deadlines
- Data Submission Resources
- Schema Validation Tool*
- Data Submission Tool*
- Data Submission Reports*

Forms for Vendors

- Vendor Registration
- MBRs
- Exceptions Request Form*
- Discrepancy Notification Report*
- Model Quality Assurance Plan
- Submit Quality Assurance Plan*
- Survey Vendor Authorization Report*
- Manage Users*

Surveys and Protocols

- Protocols & Guidelines Manual
- Questionnaire
- Supplemental Questions
- Consent to Share Responses
- Survey Composites
- Sample Letters
- Telephone Scripts
- FAQs for Interviewers
- General Guidelines for Telephone Interviewers
- Interviewer Monitoring Form
- OMB Disclosure Notices
- Sample File Layout
- Vendor Application PDF
- Exceptions Request Form PDF
- Discrepancy Notification Report PDF

* Private links are marked with an asterisk and only available with active login credentials.

Survey Vendor Access
to the Dashboard (and Private Links)

Vendors interested in becoming approved must designate an HHCAHPS Survey Administrator/Project Manager who is responsible for…

- designating another staff member as a backup Administrator;

- maintaining/updating access for all users, including adding and removing users; and

- serving as main point of contact with the HHCAHPS Survey Coordination Team.

Survey Vendor Access
to the Dashboard (and Private Links) (cont'd)

- The applicant vendor's HHCAHPS Survey Administrator/Project Manager needs to register for credentials via the [Vendor Registration link]🗗 in the Forms for Vendors menu.

- Once logged in, the vendor applicant can access the following:

  - the Vendor Application Form,

  - an electronic Consent,

  - the training registration form, and

  - the training certification exam.

Vendor Dashboard

The Dashboard gives vendors quick access to a variety of important links.

HHA Access to the Dashboard (and Private Links)

- HHAs must designate a staff member as an HHCAHPS Survey Administrator, whose is responsible for:

  - Serving as main point of contact with the HHCAHPS Survey Coordination Team
  - Authorizing a vendor to submit data on the agency's behalf
  - Reviewing the online Data Submission Report each quarter
  - Designating another staff member as a backup Administrator
  - Maintaining/Updating user information, including adding and removing users as appropriate

HHA Dashboard

The Dashboard gives HHAs quick access to a variety of important links.

Backup Survey Administrator for HHA

- It is important that the agency designates someone as the backup Administrator if the primary Administrator is not available.

- The backup Administrator has all the same permissions as the primary Administrator, including adding and removing accounts for their organization and updating vendor authorizations as needed.

- To add a backup Administrator, the HHAs' Survey Administrator should **follow the instructions in *Section 6.1.4* of the HHCAHPS Survey Website Data Submission Manual available on the** Data Submission Resources webpage ⬈.

Survey Vendor Authorization

- An HHA's HHCAHPS Survey Administrator must authorize their vendor before the vendor can submit data on its behalf.

- To authorize a vendor, HHAs should log into the HHCAHPS website and follow the instructions provided in the [Vendor Authorization Instructional document](#) available on the HHCAHPS website or the guidance in *Section 10.3* of the *Protocols and Guidelines Manual*.

- Sometimes updates are needed such as changing a start or end date or switching vendors. These changes can be completed with this form—as well as viewing all the current authorizations.

Survey Vendor Authorization (cont'd)

- HHAs can only change vendors at the beginning of a quarter.

- Vendors should confirm the start date the HHA enters is on or before the date of the first sample month the HHA begins its participation in HHCAHPS.

  - Example: if an HHA submits its first patient data file to the vendor for the March sample month, the HHA should authorize the vendor to begin with the January sample month, since March is part of the first quarter.

- HHAs should **not** select an end date on the Vendor Authorization Form until they are ready to change vendors.

Website Security

- Survey vendor and HHA staff should protect the security of the website.

  – Do not share or allow any staff to use the login credentials of another staff member.

  – Limit user access to ensure security.

  – Remove access for any staff no longer working on the survey.

> **Everyone plays a role in keeping the website secure.**

Chapter 3 in HHCAHPS Survey Website and Data Submission Manual

HHCAHPS Survey
File Preparation and Data Submission

Protocols and Guidelines Manual, Chapter 10

XML File Specifications

- Vendors submit HHCAHPS Survey data via XML files only if an HHA has authorized them on the HHCAHPS Survey website.

  - The use of XML files ensures consistent formatting of all data submitted so the HHCAHPS Data Center can run data checks and catch potential errors.

- Submit one XML file per HHA for each sample month of a given quarter.

- There are two types of XML data file templates:

  1. Standard, and

  2. Disproportionate Stratified Random Sample (DSRS).

Section 10.5 in Protocols and Guidelines Manual

XML File Specifications (cont'd)

Header Record

Both XML file templates consist of three sections:

Patient Administrative Data Record

XML Data File Layouts are available on the Data Submission Resources webpage 🗗

Patient Response Record

Section 10.5 in Protocols and Guidelines Manual

Standard XML Header Record

All **Standard Header Records** MUST contain the following data elements:

- Header Type ("1" for Standard Header Record)
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type
- # of Patients Served
- # of Patients on File Submitted by the HHA
- # of Eligible Patients
- # of Patients Sampled

DSRS XML Header Record

All **DSRS Header Records** MUST contain the following data elements:

- Header Type ("2" for DSRS Header Record)
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type ("4" for DSRS)

- DSRS Stratum Name
- # of Patients Served
- # of Patients on File
- # of Patients Eligible
- # of Patients Sampled

Stratum section repeated for each strata.

XML Header Record For No Patients Sampled

Vendors must submit a file with a Header Record even if **no patients were sampled** during a sample month.

The Header Record for **no sampled patients** matches the Standard Header Record, with "0" for the last two fields:

- Header Type
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type
- # of Patients Served
- # of Patients on File Submitted by the HHA
- # of Eligible Patients – will be zero ("0")
- # of Patients Sampled – will be zero ("0")

XML Header Record Comparison

Standard	Zero Sampled	DSRS

• Header Type (Value: 1)
• Provider Name
• Provider ID (CCN)
• National Provider ID
• Sample Month
• Sample Year
• Survey Mode
• Sample Type
• Patients Served
• Patients on File Submitted by HHA
• Patients Eligible
• Patients Sampled
	• Header Type (Value: 1)
	• Provider Name
	• Provider ID (CCN)
	• National Provider ID
	• Sample Month
	• Sample Year
	• Survey Mode
	• Sample Type
	• Patients Served
	• Patients on File Submitted by HHA
	• Patients Eligible (Value: 0)
	• Patients Sampled (Value: 0)
		• Header Type (Value: 2)
		• Provider Name
		• Provider ID (CCN)
		• National Provider ID
		• Sample Month
		• Sample Year
		• Survey Mode
		• Sample Type
		• Repeated for each strata:
		  ✓ DSRS Stratum Name
		  ✓ Patients Served
		  ✓ Patients on File Submitted by HHA
		  ✓ Patients Eligible
		  ✓ Patients Sampled

XML Patient Administrative Data Record

- There MUST be a **Patient Administrative Data Record** for every patient included the sample.

- Some of the data elements in the Patient Administrative Data Record include*****:

✓ *Provider ID*	✓ *Final Survey Status*
✓ *Sample Month and Year*	✓ *Survey Language*
✓ *Sample ID*	✓ *Survey Mode*
✓ *Age Category*	✓ *Proxy Flag*
✓ *Sex*	✓ *# of Supplemental Questions*
✓ *Number of Skilled Visits and Lookback Visits*	

* List of data variables effective with the April 2026 sample month, assuming OMB approval.

See **Section 10.5** in *Protocols and Guidelines Manual* for a full list of Patient Administrative Record data elements and descriptions.

XML Patient Response Record

- The **Patient Response Record** contains survey responses for each respondent.

- There must be a Patient Response Record for every Patient Administrative Data Record with a completed survey that has a status code of 110/120 or break-off code of 310.

- There must be a response coded for every survey question – missing and not applicable options are always provided.

- Do not submit open-ended responses to Q23 and Q25*, the "Consent to Release Identifying Information" question, or supplemental questions added to the survey.

* Survey question number references reflect the revised HHCAHPS Survey rolling out with the April 2026 sample month, assuming OMB approval.

Data Submission Procedures

To submit files vendors must:

| Log into HHCAHPS Survey website. | → | Proceed to the **Data Submission Tool** ↗

(screenshot on next slide) | → | **Vendors can upload:**
• a single XML file,
• multiple XML files, or
• multiple XML files in one ZIP file. |

| **Submit files using the Upload button.** | → | **System will run two validation checks on each file:**
• first at time of upload, and
• if file passes, a second check. | → | **The results of each validation check are provided via the Data Submission Report.** |

Use *Chapter 5* in the *HHCAHPS Website User and Data Submission Manual* as a how-to guide for submitting HHCAHPS Survey data.

Data Submission Tool

XML Data File Validation Process

- All XML files go through a two-step validation check.

- If the file passes both checks, then all data in the file will be accepted. If any check fails, the file will be rejected.

- The **first validation check** takes place immediately upon upload, checking for
  - properly formatted XML file,
  - required sections,
  - required data elements,
  - duplicate sample records,
  - valid ranges for all data elements, and
  - whether the vendor is authorized by the HHA.

XML Data File Validation Process (cont'd)

The **secondary validation** performs additional checks on the data, including:

- Check to make sure that each record with a final status code (110, 120, or 310) has a corresponding Patient Response Record.

- Check that each record with a final status of 110 or 120 meets the completeness criteria.

- Check to make sure the values in the Header Record match the values in the Patient Administrative Data Record.

- Check that the number of records in each stratum matches the stratum size value in the Header Record (DSRS files only).

Data Submission Deadlines

- Data files for all months in a specific quarter for each HHA MUST be submitted *before* **the submission deadline** for that quarter.

- If you have collected data for an HHA that has closed, you must still submit the survey data to the Data Center.

- Do NOT wait until the data submission deadline to begin uploading files.

  – Submit as early as possible; you can submit monthly or weekly if you want.

  – CMS does not accept data files after the 11:59 PM Eastern Time data submission deadline.

Data Submission Deadlines (cont'd)

Quarter and Year	Data Submission Deadline
Quarter 4, 2025	April 16, 2026
Quarter 1, 2026	July 16, 2026
Quarter 2, 2026	October 15, 2026
Quarter 3, 2026	January 21, 2027

Quality Control on XML Files

Prior to data submission, use the **Schema Validation Tool** to conduct an initial quality control of XML file formatting prior to submission.

- The Schema Validation Tool ↗ is available on the HHCAHPS website under the "Data Submission" menu after logging in. Survey vendors can test their XML files as many times as needed.

- This application allows you to perform the following:

    - Well formed test: *Is your XML file a properly formatted file?*

    - Schema validation: *Does your XML file match the HHCAHPS XSD Schema?*

    - Data element range checks: *Do the values for your data elements fall within the acceptable ranges?*

Section 10.7 in Protocols and Guidelines Manual

Quality Control on XML Files: Header Record

Compare the variables in the **Header Record** of the XML file against the HHA's monthly patient file to make sure that the HHA data were correctly exported.

Check that:

- The number of patients served is greater than or equal to the number of eligible patients.

- The number of eligible patients is greater than or equal to the number of patients sampled.

- The file indicates the correct sample month in which the patient received skilled care.

Section 10.7 in Protocols and Guidelines Manual

Quality Control on XML Files: Patient Administrative Data Record

Compare data elements in the **Patient Administrative Data Record** of the XML file against the HHA's monthly patient file to make sure that the HHA's data were correctly exported.

Check that:

- All ADL values are correctly captured as provided by the HHA.

- The correct proxy code has been entered on the XML file.

- There are no duplicate SID numbers.

- All cases have been assigned a final disposition code.

Section 10.7 in Protocols and Guidelines Manual

Quality Control on XML Files: Patient Response Record

- Check the **Patient Response Record** in the XML file to confirm:

  - The survey values for the overall rating of care, race/ethnicity, and level of education for all respondents are not the same.

  - Questions that are appropriately skipped are correctly coded "8" for "Not Applicable" rather than "M" for missing.

- Vendors can also run frequencies of distributions on the patient response data to:

  - Look for outliers or anomalies, including variables that only have missing values.

Section 10.7 in Protocols and Guidelines Manual

Data File Preparation and Submission Tips

- Do NOT alter the XML template; this will create data upload errors.

- Make sure you use the Schema Validation Tool ⬈.

- Clearly name your XML files; include the HHA's CCN, sample month, and year in the file name (no spaces).

- Check the Survey Vendor Authorization Report ⬈ and follow up with HHAs whose authorizations prevent file submission.

- Be sure to check Data Submission Reports.

Data Submission Reminders

- A file is not accepted until it has passed both the initial and secondary validation checks.

  - Vendors must submit at least 2 days before the data submission deadline to ensure that all files are accepted.

- If a vendor resubmits an XML data file, the system will overwrite the data file that the vendor previously submitted.

  - This means that each time a vendor resubmits a file, the vendor must check the Data Submission Report to make sure that the resubmitted file was accepted.

Data Submission: File Rejections

The most common reasons files are rejected:

- HHA has not authorized the vendor.
- Start date on the authorization is *after* the sample month entered on the data file.
- Data element values are out of range.
- Some data elements are left blank (a value must be entered for every data element, even if it is entered as Missing).
- XML namespace is changed.

HHCAHPS Data Submission and Vendor Authorization Reports

Protocols and Guidelines Manual, Chapter 11

Website User and Data Submission Manual, Chapter 5

- Data Submission Summary Report contains:

  - Initial Validation Results

  - Secondary Validation Results

- Initial validation results are available after the vendor has completed the file upload process.

  - Provides details on each file submitted, including failure information.

  - Confirmation of record count for files successfully uploaded.

Initial Validation Results

- Vendor will receive a confirmation email shortly after upload that includes the link to the Data Submission Summary Report.

- Example error messages for files that fail upload:

  - XML file not properly formatted—file immediately rejected;

  - missing values for required elements—report will list each element with missing values;

  - invalid values—report will list any value that is outside of the allowed range; and

  - duplicate records—report will list any sample ID that is duplicated for given HHA.

Validation Results Report for File: HHCAHPS Standard xml - passes all.xml, CCN #: 160035, # Patients: 1
Message 1010: File Passed all XML Format checks.
Schema Validation: VALID
Data Validation Checks: VALID

Validation Results Report for File: HHCAHPS Standard xml - not well formed.xml, CCN #: Could not Retrieve, # Patients: 0
Error 1020: This file has not been properly formatted. Please review XML file specifications and upload again.
Schema Validation: NOT CHECKED due to XML failing Well Formed test.

Validation Results Report for File: HHCAHPS Standard xml - fails value missing for header-type.xml, CCN #: 160035, # Patients: 1
Message 1010: File Passed all XML Format checks.
Schema Validation: INVALID. Please review XML file specifications and upload again. Please see the schema validation errors below:
Error 2001: Value for "header type" is missing

Validation Results Report for File: HHCAHPS Standard xml - fails data validation 18 for number-sampled.xml, CCN #: 160035, # Patients: 1
Message 1010: File Passed all XML Format checks.
Schema Validation: VALID
Data Validation Checks: NOT VALID. Please review Data Validation specifications and re-upload. 18 - The number of Patient Administrative Data Records on the file does not match the number of patients sampled!

Secondary Validation Results

- Vendor will receive an email confirming the results of the secondary validation checks that includes the link to the updated Data Submission Summary Report.

  – Processes within an hour of the initial validation.

  – Provides details about the edit checks processed for each HHA.

  – Confirmation of record count for files successfully processed.

  – Error messages for files that fail the edit checks:

    ▪ missing response record values, and

    ▪ any response record that does not pass the completeness test.

Validation Results Report
CCN #: 202020, Sample Month: 5/2009, Patients Sampled: 100
File: 202020 Std 100 patients- passes all (2).xml

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

Nightly Data Check: VALID.

Validation Results Report
CCN #: 202020, Sample Month: 7/2009, Patients Sampled: 1
File: 202020 Std - fails data validation 18 for number-sampled.xml

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: NOT VALID. Please review Data Validation specifications and re-upload.
18 - The number of Patient Administrative Data Records on the file does not match the number of patients sampled.

Validation Results Report
CCN #: 202020, Sample Month: 2/2010, Patients Sampled: 21
File: 202020 DSRS - fails nightly 25.xml

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

Nightly Data Check: INVALID: 25 - The total records in each stratum does not match the value in the dsrs-samplesize record.

Reports for Survey Vendors: Data Submission History Reports

- Data Submission History Report ↗

  - Allows vendors to see a summary or detailed list of their data submission activity.

- Data Submission History by Upload Date Report ↗

  - Allows vendors to search for a data submission report by the file upload date.

- For both reports, the user can click on the *date* to view the Data Submission Report for a given uploaded file.

Data Submission History Report

Data Submission History by Upload Date Report

Reports for Survey Vendors:
Data Submission Validation Status Report

Data Submission Validation Status Report ↗

- Shows data submissions by CCN, with failed validations pulled to the top.

  - Since invalid or missing vendor authorizations account for most failed file validations, there is a column showing the authorization status of each CCN.

- Vendors can use this report to quickly identify CCNs that need new or corrected vendor authorizations, if that is the reason for the file failure.

- This report is most useful for vendors with large numbers of CCNs. (Smaller vendors may find the Data Submission Summary Report and the Survey Vendor Authorization Report sufficient).

Reports for Survey Vendors:
Survey Vendor Authorization Report

[Survey Vendor Authorization Report]⤢

- Allows vendors to see which HHAs have authorized them to upload data.

  - CCNs marked with an asterisk are no longer on CMS's active list and get sorted to the bottom of the report.

- Vendors are responsible for verifying that any HHA with which they have contracted has authorized them.

- **Files submitted for HHAs that have not authorized the vendor will fail.**

Survey Vendor Authorization Report

Report for HHAs:
Data Submission History Report

Data Submission History Report 🔗

- The intent of this report is to allow HHAs to monitor data submission activity by their contracted HHCAHPS Survey vendor.

- The report lists dates for which vendor has submitted data to the HHCAHPS Survey Data Center for a given HHA.

- Only data that have passed both the initial and secondary edit checks will appear on this report.

HHA Data Submission History Report

HHCAHPS Survey Oversight Activities

Protocols and Guidelines Manual, Chapter 12

Purpose of Oversight Activities

Ensure compliance with HHCAHPS Survey Protocols.

Ensure that survey data are complete, valid, and timely.

QAP Content and Requirements

The QAP describes how vendors implement, comply with, and provide oversight of all sampling, survey, and data processing activities associated with the HHCAHPS Survey.

Vendors should use the Model QAP ↗, available on the HHCAHPS website as an outline for the following sections:

- Organization Background and Staff Experience
- Work Plan
- Sampling Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan

We *strongly* advise vendors submitting their QAP for the first time to structure it according to this outline, as that is how it will be reviewed.

QAP Content and Requirements (cont'd)

- The QAP must provide sufficient information for someone not familiar with your organization to understand the specific procedures you are using to implement the HHCAHPS Survey.

- In the QAP, the vendor must

  - note key staff responsible for implementing or overseeing a described activity or process;

  - incorporate descriptions of quality assurance measures in each section; and

  - include a copy of the formatted mail questionnaire and cover letters or a full set of the screenshots from its CATI system, for English and Spanish languages. It is not necessary to submit materials in other languages you administer.

QAP Submission Requirements

First QAP
- A vendor's first QAP must be submitted within 6 weeks of its first quarterly data submission.

Update QAPs
- Vendors must submit an update to the QAP annually (on or before April 30 each year) and whenever there is a change in key staff, processes, or systems, or if the organization is acquired/merged with another survey vendor.

Track Changes
- All changes to previously approved QAP versions must be shown in track change mode, making it easier for CMS and the HHCAHPS Coordination Team to see revisions. Once the QAP is formally accepted by CMS, the vendor should accept all the tracked changes.

Submit Online
- Upload to the HHCAHPS website via Quality Assurance Plan submission tool.

Separate submissions
- Use of embedded documents for the purpose of QAP submissions is prohibited. Vendors must submit materials or appendices via email at hhcahps@rti.org.

QAP Review Process

Multiple members of the Coordination Team review each QAP:

Independently evaluate each QAP and consolidate all feedback.

The Coordination Team may:

Accept as-is (no revisions required);

Request revisions or clarifications; or

Request a complete rewrite of the plan

(if there are too many deviations from protocols).

Review Outcome:

Vendors will be notified via email.

Site Visits and Conference Calls

Site visits and conference calls are intended to ensure compliance with HHCAHPS Survey protocols.

All approved vendors receive site visits from the Coordination Team submitting HHCAHPS Survey data.

- Generally, vendors will be contacted about 3 weeks prior to the site visit to confirm their availability. An HHCAHPS site visit team will be made up of two or three individuals.

Subcontractors with significant roles are subject to the same review as vendors.

- For example, this could be a subcontractor responsible for telephone survey data collection or a subcontractor responsible for mail receipt and data entry.

Conference calls with the Coordination Team can be scheduled at the request of a vendor or by the Coordination Team.

- All information gathered during site visits and all vendor communications are treated as confidential by the Coordination Team.

Site Visit Procedures

Site visits include the following activities:

- Meetings with key project staff
- Virtual walkthrough of vendor's facilities/systems
- Observation of applicable survey administration procedures, including activities occurring in real time, such as
  - questionnaire production/assembly/mailing,
  - questionnaire receipt/coding, and
  - telephone interviewing/monitoring. NOTE: Vendors must have the ability to conduct live monitoring with the Site Visit Team.

Site Visit Agenda

- Below is a preview of the topics on a standard site visit agenda.

NOTE: Site Visits in 2025 and 2026 will focus on each vendor's preparation activities for administering the revised HHCAHPS Survey. As such, the HHCAHPS Survey Coordination team will provide a site visit agenda that reflects this more focused purpose.

Standard Site Visit Agenda Topics

✓ Welcome
✓ Overview of HHCAHPS Survey Systems/ changes made since last visit
✓ Onboarding new HHAs
✓ Review of sampling procedures
✓ Review procedures for safeguarding patient confidentiality
✓ Review and observe mail/phone survey administration process and quality oversight
✓ In-depth review of mail or phone survey data
✓ Review data security procedures
✓ Closing conference

Site Visit Agenda (cont'd)

- Agenda topics are tailored to each vendor based on

  - approved mode(s),

  - whether it is an initial visit, or

  - whether there are any identified issues that the site visit team would like to review.

- Before the Visit
  - Vendors are provided a detailed agenda, which will be reviewed during a conference call with the site visit team and vendor staff.

  - This call allows the vendor to ask clarifying questions about the site visit so they can be fully prepared.

Site visits include a review of the following activities, procedures, and documents:

- ✓ data processing activities, including how final disposition codes are assigned;

- ✓ data file preparation and submission activities and procedures;

- ✓ documentation associated with survey activities;

- ✓ data security and storage procedures; and

- ✓ raw survey data.

- One of the topics that the site visit team and vendor staff spend a good amount of time on is **sampling**. The site visit team meets with the vendor's sampling staff to do the following:

  step-by-step review of the monthly sampling process;

  comparison of information on individual HHA patient files with submitted XML data; and

  review of random sampling or other procedures used for large and small HHAs,
  - including sampling methods used, seed number generation, and documentation.

- After the site visit, the Coordination Team prepares a report summarizing the team's findings, which is reviewed and approved by CMS.

- Once approved, the Coordination Team sends the report to the vendor.
  - May request additional clarification or documentation or a change in a system or process.

- A timeline is included for when change(s) must be implemented.

- Vendor may be subject to additional site visits, teleconference calls, increased oversight, or a corrective action plan.

F. COMMENTS SECTION

Complete applicable item in the Comments Section if there were any issues or problems detected in Sections A-F. Enter the action that the vendor must take to resolve the issue, if any.

Issue Noted	Action Requested	Vendor Response
A. Survey Vendor Global Process		
B. Sampling Process		
C. Current Survey Operations and Data Review		
D. Preparations to Implement Revised HHCAHPS Survey		
E. Data Security and Confidentiality		
Survey Vendor Remarks/Questions to CMS/Coordination Team		

A portion of the Site Visit Report is displayed to the left. Completed by the site visit team, it includes space to document issue(s) noted during the visit and requested action(s) the vendor should take to resolve that issue.

Corrective Action Plan

- If a vendor fails to adhere to HHCAHPS Survey protocols and guidelines, CMS may implement a formal corrective action plan.

- A corrective action plan provides vendors with specific tasks and task deadlines to show compliance with HHCAHPS protocols and guidelines.

- Failure to comply with a corrective action plan may result in the vendor's approval status being revoked and/or affected HHAs' data not being publicly reported.

Ongoing Review of Submitted Data

- The Coordination Team conducts ongoing reviews of submitted data, checking for

  - missing data,

  - incorrect application of status/disposition codes,

  - unusual data patterns, or

  - unusual response rate patterns.

- The Coordination Team will notify vendors of any ongoing data issues and may set up a conference call to discuss any questions we have.

Analysis and Adjustment
of Results

Purpose of Analysis and Data Adjustment

RTI analyzes HHCAHPS Survey data to:

Determine whether there are any differences in responses not directly resulting from HHA patient care, due to…

- survey mode (mail, telephone, mail with telephone follow-up),
- patient mix (e.g., demographics, patient health characteristics), or
- nonresponse (may vary by demographics, case mix).

Produce results for the publicly reported composite measures and global items.

Adjust national implementation results to ensure a "level playing field."

HHCAHPS Survey Mode Experiments

Points of Information	2009 Mode Experiment	2022 Mode Experiment
Goal	Estimate the effects of survey mode and to identify patient characteristics affecting survey responses.	Estimate the effects of survey mode, to identify patient characteristics affecting survey responses, test a shortened survey and web-based mode.
HHA Sample	75 agencies, which differed according to size, location, profit status, etc.	100 agencies, which differed according to size, location, profit status, etc.
Patient Sample	24,561 patients were sampled to cover a wide range of patient characteristics.	25,759 patients were sampled and randomly assigned to one of the four survey modes.
Survey Modes	mail-only, telephone-only, and mixed-mode (mail with telephone follow-up of nonrespondents)	mail-only, telephone-only, mail with telephone follow-up, and web with mail follow-up

Why Conduct a Mode Experiment?

- To determine whether modes of survey administration (i.e., mail and telephone) produce different results on average.

- To estimate mode effects, patients need to be randomly assigned to all the potential survey modes within an agency.

  - This randomization would not have been practical to implement during public reporting.

Why Conduct a Mode Experiment? (cont'd)

- Patients with different characteristics (age, health conditions, education, etc.) may also respond differently to the survey.

  - They may have systematically more or less favorable reactions to the care they receive.

- The mode experiments determined which factors produced statistically significant effects for which adjustments should be made.

  - For example, if respondents who live alone rate their care more negatively, then responses will be adjusted to account for any difference in HHCAHPS scores associated with living alone.

Analysis and Adjustment Tasks

The analysis and adjustment tasks use statistical modeling to determine non-agency sources of differences in patient ratings of care. Analyses use a mathematical equation to examine patient characteristics that might account for any identified differences.

- In simplified form, the analysis for a particular item would be based on the following relationship:

  Reported Rating = function of (survey mode used, patient age, patient health, patient mental functioning, other patient characteristics, and patient HHA care)

- Meaning, a patient's reported rating is a function of the survey mode, patient age, health, mental functioning and other characteristics, in addition to the care provided by the patient's HHA.

Analysis and Adjustment Tasks (cont'd)

- The relationship between patient characteristics and ratings is assumed to be consistent across all sample members who respond to the survey.

- Running a statistical model using thousands of patients allows estimation of the average influence of each of the factors.

Accounting for the characteristics of sample members allows the effect of patient mix to be removed from the agency rating.

Adjust HHA-Level CAHPS Ratings

To determine the appropriate set of characteristics by which the data would be adjusted, we ran regression models that included variables for mode and patient characteristics.

We tested the estimated coefficients for statistical significance, size, and reasonableness in the effects they had on the two global rating measures and the three composites.

Patient characteristics with smaller and inconsistent effects were dropped and new regressions were tested.

The effects of these tests on HHA scores were tracked.

Some variables were included because they also had effects on the likelihood a patient would respond to the survey.

Final Adjustment Factors Selected Based on 2009 Mode Experiment

Age	Education	Self-reported overall health status	Self-reported mental/emotional status
• 18–49 • 50–64 • 65–74 (reference group) • 75–84 • 85+	• < grade 8 • Some HS • HS grad or GED (reference group) • Some college • College grad +	• Excellent • Very Good • Good (reference group) • Fair • Poor	• Excellent/Very Good • Good (reference group) • Fair/Poor

As well as

- Diagnoses: schizophrenia, dementia
- Patient lives alone
- Survey answered by proxy
- Language in which the survey was completed

- Data elements are from information supplied by the HHA, patients, and survey vendors.

- Mode effects were small and inconsistent; no adjustment for mode is being made.

Adjust HHA-Level CAHPS Ratings

- After the necessary data elements have been received, we calculate adjusted agency CAHPS scores. The final adjusted HHA score for each measure for each HHA is expressed as the sum of a series of products below:

  Adjusted score = Raw score + (mean coef. for factor 1) × (proportion of patients with factor 1 in HHA − proportion of patients with factor 1 in average HHA)

  + (mean coef. for factor 2) × (proportion of patients with factor 2 in HHA − proportion of patients with factor 2 in average HHA)

  + Negative effects of factors result in upward score adjustments.

Adjust HHA-Level CAHPS Ratings (cont'd)

- Coefficients used in patient mix adjustment are re-estimated each quarter, and score adjustments for each quarter are made independently of prior quarters.
  - We post the adjustment coefficients every quarter on the HHCAHPS website ↗.

- Results are reported for each HHA using averages of the most recently available rolling four quarters of data.

- Each quarter, the oldest quarter of results is replaced with the newest quarter.

- Results for the selected measures are reported on CMS's Care Compare tool, at the level of the HHA's CCN.

- Based on testing the revised HHCAHPS Survey in the recent mode experiment, CMS reviewed the variables included in the patient-mix adjustment models (see slide 277) to determine if any changes need to be introduced along with the updated survey.

- CMS found that while no patient-mix variables needed to be added, the diagnosis adjustments were found to be no longer statistically significant frequently enough to be included. Therefore, CMS plans to drop the adjustments for diagnosis variables with the updated survey.

Future Changes to HHCAHPS Survey Analysis Based on Recent Mode Experiment (2 of 3)

- Mode effects were observed with the recent mode experiment.

- Therefore, CMS is adding a mode adjustment in addition to the patient-mix adjustment, with the updated survey.

- Patient-mix adjustment will be performed within each quarter of data after data cleaning and before mode adjustment.

- Mail-only will serve as the reference mode for the mode adjustment because it is the most frequently used survey mode for HHCAHPS.

- In the recent mode experiment, phone-only respondents were more negative in their evaluations of care relative to mail-only respondents across the HHCAHPS measures.

Future Changes to HHCAHPS Survey Analysis Based on Recent Mode Experiment (3 of 3)

Mode Adjustments of Top Box Percentages After Patient-Mix Adjustment to Adjust Other Modes to a Reference of Mail Only (Derived from the Mode Experiment)

HHCAHPS Publicly Reported Measures	Top-Box Adjustments	
	Phone Only	Mail with Phone
HHCAHPS Composite Measures		
Care of Patients	0.026	0.017
Communications between Providers and Patients	0.024	0.017
HHCAHPS Individual Items		
Talk About Home Safety	0.021	-0.005
Review Medicines	0.045	0.019
Talk About Medicine Side Effects	0.060	0.033
HHCAHPS Global Items		
Overall Agency Rating	0.027	0.035
Willingness to Recommend Agency	0.035	-0.003

Public Reporting

Protocols and Guidelines Manual, Chapter 13

Care Compare Tool

Home health services
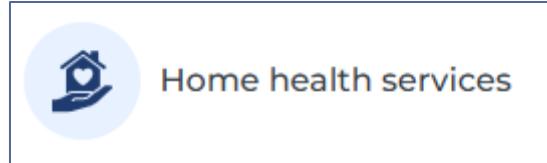
- The Home Health data reside in the house icon with the heart. The words "Home health services" are under the icon. Users can choose three agencies to compare. The search can be by zip code, by city/state, or by agency name. Users cannot choose more than three home health agencies at any one time.

- The compare tool on Medicare.gov contains data for all Medicare-certified HHAs. The HHCAHPS Survey data are under "**Patient Survey Results**". Nearly 7,100 HHAs have HHCAHPS data on Care Compare. About 4,700 HHAs have HHCAHPS Star Ratings.

- When a user selects **Patient Survey Results**, a display is opened that shows the agencies that were selected in the search. The first display shows the summary statistics. To view the results for each HHCAHPS measure, the user must choose "View More Details." If the HHA has Star Ratings, the Summary Star Rating will be displayed.

Current Publicly Reported HHCAHPS Survey Data

- A Summary Star is displayed for any agency that has 12 months of data <u>and</u> at least 40 completed surveys in the 12-month public reporting period.

- The Summary Star is an average of 4 individual star ratings: the three composite measures and one global rating:
  - Care of Patients (Q9, Q16, Q19, and Q24)
  - Communication Between Providers and Patients (Q2, Q15, Q17, Q18, Q22, and Q23)
  - Specific Care Issues (Q3, Q4, Q5, Q10, Q12, Q13, and Q14)
  - Overall Rating of Care Provided by the Home Health Agency (Q20)

- The individual star ratings are not currently displayed on Care Compare but are available on CMS's Provider Data Catalog (PDC) website.

Future Publicly Reported HHCAHPS Measures

- Modified measures associated with updated survey instrument (effective with the April 2026 sample month*) will include:

  - Composite Measures
    - Care of Patients (Q6, Q7, Q10, Q11, and Q13)
    - Communications Between Providers and Patients (Q5, Q8, Q9, Q12, and Q16)

  - Individual Measures
    - Talk About Home Safety (Q2)
    - Review Medicines (Q3)
    - Talk About Medicine Side Effects (Q4)

  - Global Items
    - Overall rating of care (Q14)
    - Patient willingness to recommend HHA to family or friends (Q17)

  * Pending OMB approval.

Future Publicly Reported HHCAHPS Measures (cont'd)

- CMS intends to use the same process for calculating the above measures that is currently used (see **Section 13.2** of the *Protocols and Guidelines Manual*).

- These modified measures have been endorsed by a consensus-based entity.

- More information will be available via the HHCAHPS website closer to when these modified HHCAHPS measures are publicly reported.

Compare Tool Home Page

Compare Tool Home Page:
Find an HHA with Zip Code or by City/State

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List of HHAs in the Zip Code or City/State Entered in "Find an HHA"

Selected HHAs to Compare

Expanding "Patient Survey Rating"

Key Points

- The results on the Care Compare tool on Medicare.gov are the official data for the HHCAHPS Survey.

- Although approved HHCAHPS Survey vendors provide data to their HHA clients, these data are not considered the official data results.

- The current patient mix adjustments corresponding to the data publicly reported on the compare tool on Medicare.gov are available on HHCAHPS website ↗, under "Information for HHAs."

- Archived publicly reported HHCAHPS Survey data ↗ are available going back to 2012.

Thank You

- All registrants for this training received an email with a link to an evaluation form. Your feedback is important to us!

- New applicant vendors will receive an emailed link to the Certification. You must complete the Certification as part of your application to become an approved HHCAHPS Survey vendor.

> *For technical assistance on HHCAHPS:*
> *By email:*   *hhcahps@rti.org*
> *By telephone:*   *(866) 354-0985*