

# HCAHPS

## Frequently Asked Questions

### Q: What is the HCAHPS survey?

**A:** The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was established in 2002 by the Centers for Medicare & Medicaid Services (CMS) when the Agency for Healthcare Research and Quality (AHRQ) was asked to develop an instrument to measure patient perceptions of care. AHRQ and CMS designed the measurement to be used to publicly report hospital performance (quality of care as perceived by patients). The goal of this public reporting instrument, as stated by CMS, is to provide consumers with information that might be helpful in choosing a hospital. CMS has also stated that the survey should complement rather than compete with quality improvement instruments already being used by hospitals.

### Q: Who is required to participate in the HCAHPS survey?

**A:** Hospitals that are paid under the Inpatient Prospective Payment System (IPPS) are required to report quality data to CMS, including HCAHPS data. As a result, hospitals that are not paid under the IPPS, such as critical access hospitals and some specialty hospitals, are not subject to HCAHPS requirements. If you are unsure whether your hospital should participate in HCAHPS, contact [hcahps@area-M.hcgis.org](mailto:hcahps@area-M.hcgis.org) or call 1-888-884-4007.

### Q: What does the HCAHPS survey measure?

**A:** The HCAHPS survey contains 29 questions about the patient's recent hospital stay, covering the following topics. The instrument can be used either as a stand-alone survey or embedded into an existing patient survey with the core HCAHPS questions at the beginning of the survey. The hospital can decide how many supplemental questions it wishes to add.

The survey questions will be reported in the following domains:

- Communication with Doctors (composite)
- Communication with Nurses (composite)
- Responsiveness of Hospital Staff (composite)
- Communication about Medicines (composite)
- Care Transition (composite)
- Cleanliness of Hospital Environment (individual)
- Quietness of Hospital Environment (individual)
- Discharge Information (composite)
- Overall Hospital Rating (global)
- Likelihood to Recommend (global)

### Q: Is reimbursement tied to HCAHPS participation?

**A:** Hospitals reimbursed under IPPS that fail to report the required quality measures (which include the HCAHPS survey) could receive an annual payment update (APU) that is reduced by 25%. Non-IPPS hospitals (e.g., critical access hospitals) can voluntarily participate in HCAHPS. However, neither participation nor non-participation in HCAHPS will affect the APU of hospitals that are not subject to IPPS payment provisions. In addition, hospital performance on the HCAHPS survey affects the hospital's base operating Medicare payments by 2.0%, positively or negatively, as part of the Hospital Value-Based Purchasing Program.

**Q: Which patients are eligible for the survey?**

**A:** The survey is designed for all (not just Medicare) adult patients discharged from general acute-care hospitals after an overnight stay. Exclusion criteria include patients who:

- Are under 18
- Died in the hospital
- Were discharged to hospice
- Received psychiatric or rehabilitative services
- Are prisoners
- Are observation patients
- Have international addresses

**Q: How many patients will be surveyed?**

**A:** CMS has indicated that participating facilities must target a minimum of 300 completed surveys per year per Medicare Provider Number (CCN).

**Q: How often are patients eligible to receive the HCAHPS survey?**

**A:** Patients are eligible to be sampled for the HCAHPS survey once per calendar month (by discharge date).

**Q: When should the survey be sent to the patient, and when does it need to be returned?**

**A:** Surveys must be sent to the patient between 48 hours and six weeks post-discharge. Data collection must close six weeks following the start of data collection for each respondent.

**Q: Will the survey vendor submit the HCAHPS data to CMS?**

**A:** Yes. The survey vendor will submit HCAHPS data to CMS on the organization's behalf.

**Q: Are we required to send all inpatient records to Press Ganey?**

**A:** Yes, this is a CMS requirement designed to ensure that all eligible patient discharges are reported. You cannot sample records before sending the files to Press Ganey. Per CMS guidelines, Press Ganey must be able to count the number of eligible discharges and attest to the randomness of the sample. All inpatient discharge records must be sent and all required fields must be populated in the upload.

**Q: Should patients who are discharged to another facility receive a mailed or phone survey at their home or at the other facility?**

**A:** Press Ganey will attempt to contact all discharged patients at the home address/telephone number provided in the hospital's administrative record. Patients discharged to another facility, such as a nursing home or a skilled nursing facility, are not eligible to receive the HCAHPS survey.

**Q: Can we sample once a year to fulfill the HCAHPS requirement?**

**A:** No. In order to have your data publicly reported, you must have data for every month. Most hospitals sample on an ongoing basis each month.

**Q: How many completed surveys do we need to receive in order to have our data publicly reported?**

**A:** CMS guidelines recommend that hospitals submit a minimum of 300 completed HCAHPS surveys over a rolling four-quarter period. Small hospitals not able to reach that volume must sample all eligible records and submit as much data as possible. For HCAHPS results to be publicly reported on Hospital Compare, only 25 completed surveys in the 12-month reporting period are required. In order to receive HCAHPS star ratings on Hospital Compare, a hospital must have at least 100 completed surveys. For hospitals that do not receive 300 returns over a 12-month period, CMS will apply a footnote to their top box scores on Hospital Compare.

**Q: What are the approved survey modes for HCAHPS?**

**A:** The survey can be administered via any of the following: two-wave mail survey, five-attempt phone survey, combined mail/phone survey, or Active Interactive Voice Response (Active IVR). However, Press Ganey does not administer the HCAHPS survey via combined mail/phone or Active IVR.

## Reporting

**Q: How are HCAHPS data publicly reported?**

**A:** The first nationwide public reporting of HCAHPS results occurred in March 2008, and the data is available on the [Hospital Compare website](#). Hospital results are refreshed on a quarterly basis. Participating hospitals will receive a Preview Report from CMS that contains their results prior to each quarterly refresh.

**Q: What is the patient-mix adjustment?**

**A:** The patient-mix adjustment is a calculation used to adjust a hospital's results, based on patient and hospital demographics, to reflect what one would expect from a "typical" patient population. The intent of the patient-mix adjustment is to make data comparable across different settings. CMS will apply the patient-mix adjustment to a hospital's data before it is publicly reported.

**Q: Does CMS adjust the data in other ways?**

**A:** CMS also performs a mode adjustment to account for systematic differences between survey modes. Patients generally respond more favorably to a phone survey, so CMS adjusts the data to account for these differences between mail mode and telephone mode, making the results comparable across all survey modes. CMS applies the mode adjustment to a hospital's data before it is publicly reported.

**Q: Do star ratings exist for the HCAHPS data?**

**A:** Yes. CMS reports star ratings for each individual HCAHPS composite measure, the individual items, and the global items. In addition, CMS calculates and reports an HCAHPS Summary Star Rating, which is the average of all the star ratings (5 Composite Measure Star Ratings + 2 Star Ratings for Individual Items + 2 Star Ratings for Global Items).

**Q: How many completed surveys are required to receive HCAHPS star ratings?**

**A:** Hospitals must have at least 100 completed HCAHPS surveys over a four-quarter period in order to receive the HCAHPS star ratings.

Disclaimer: Information and timelines presented herein are based solely upon Press Ganey's experience with other CAHPS initiatives and our interpretation of CMS rulemaking and policy statements. Official CMS policy is distributed as part of CMS's normal rulemaking process. Information regarding the use of a visit-specific survey for targeted performance improvement is Press Ganey's recommendation based on our experience and expertise. The information herein does not represent the views or policies of CMS or any other government agency.