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HCAHPS Toolkit
for Critical Access Hospitals

Version I - August 2025

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Toolkit Overview

The **Medicare Beneficiary Quality Improvement Project** (MBQIP) focuses on quality improvement in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 rural hospitals certified as Critical Access Hospitals (CAHs) in reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other federal programs. CAHs are expected to participate in MBQIP and report a set of core measures, including **HCAHPS**, the Hospital Consumer Assessment of Healthcare Providers and Systems. HCAHPS is a nationally standardized patient experience survey and part of the Patient Experience Domain in MBQIP

This toolkit was developed to assist CAHs in reporting and utilizing HCAHPS data. HCAHPS data are submitted to CMS via the Hospital Quality Reporting (HQR) system by an approved **vendor**. (*Hospitals have the option to self-administer the survey, but nearly all CAHs contract a vendor due to strict approval criteria and cost*). Another federal program, the **Small Rural Hospital Improvement Program (SHIP)**, has funds that can be used to support HCAHPS reporting. MBQIP participation is required for CAHs to participate in SHIP.

This toolkit is intended for all CAHs reporting HCAHPS but specifically focuses on resources and potential strategies to address **the challenges faced by CAHs with low response rates and/or low patient volume**.

Information in this toolkit includes:

- a detailed description of HCAHPS as an MBQIP core measure
- strategies for improving HCAHPS survey response rates
- answers to common HCAHPS questions
- recommendations for utilizing HCAHPS data reports from your vendor and from the Flex Monitoring Team (FMT)
- recommendations for improving HCAHPS scores

HCAHPS in MBQIP

HCAHPS Data

HCAHPS is a nationally standardized patient experience survey administered after discharge to adult inpatients. The table below provides an overview of HCAHPS measure components and additional information about how to review HCAHPS data. The first column of the table lists the ten HCAHPS components. The second column shows the specific questions on the survey that correspond to each component.

CMS classifies patient responses into top-box, middle-box, and bottom-box categories. Top-box data include the most positive responses to questions, while middle-box data include intermediate responses, and bottom-box data include the least positive responses. See the table below for how responses are categorized for each component in the "Patient Survey Response" columns.

The benchmarks in the table are percentages for the top-box data. For example, the benchmark of 86% for the Communication with Nurses component means hospitals should aim for 86% of their patients to respond "Always" for this component.

The information in this table is accurate for data collected **before January 2025**. CMS released a new HCAHPS survey effective January 1, 2025 with slightly different components and questions. The **2025 HCAHPS updates** will not be reflected in the data until CMS processes data from the updated surveys (data from Q1 2025). We anticipate changes to be reflected in data reports from the FMT in late 2025 and will update this table and other relevant parts of the toolkit accordingly.

HCAHPS Data Components and Information

HCAHPS Component	Q	Patient Survey Response			Benchmark*
		Bottom-Box	**Middle-Box**	**Top-Box**	**2024**
Communication with Nurses	Q-1 Q-2 Q-3	Sometimes or Never	Usually	Always	86%
Communication with Doctors	Q-5 Q-6 Q-7				86%
Responsiveness of Hospital Staff	Q-4 Q-11				77%
Communication about Medicines	Q-13 Q-14				70%
Cleanliness of Hospital Environment	Q-8				77%
Quietness of Hospital Environment	Q-9				

Discharge Information	Q-16 Q-17	No	N/A	Yes	91%
Hospital Rating	Q-18	6 or lower	7 or 8	9 or 10	83%
Recommend the Hospital	Q-19	Probably No or Definitely No	Probably Yes	Definitely Yes	N/A
Care Transition	Q-20 Q-21 Q-22	Disagree or Strongly Disagree	Agree	Strongly Agree	61%

*MBQIP benchmarks are set by FORHP and based on benchmarks set as a part of the **CMS Hospital Value-Based Purchasing Program**. The "Recommend the Hospital" component does not have a benchmark, and the benchmark for "Quietness of the Hospital Environment" and "Cleanliness of the Hospital Environment" is a joint benchmark.

CMS uses data from the current quarter to calculate adjusted percentages of patients who responded for each measure component. These values are adjusted to account for the 1) different types and distribution of patients across hospitals (see **Patient-Mix Adjustment** for details) and 2) differences in how the survey was administered to patients, such as by phone or mail (see **Mode Adjustment** for details). The purpose of adjusting percentages for these differences is to allow for more accurate comparisons across hospitals.

The adjusted percentages for the current quarter are then combined with the adjusted percentages from the previous three quarters to generate **a rolling four-quarter average** for each box. For more information, please visit the **HCAHPS website** and/or **Star Rating Technical Notes**.

CMS also computes **HCAHPS Star Ratings** at the component level and as an overall summary of HCAHPS performance. CAHs must have at least 100 completed surveys over four consecutive quarters for CMS to calculate a Star Rating. HCAHPS Star Ratings are first calculated for each component, and the Summary HCAHPS Star Rating is an average of the component ratings. More details on the CMS calculation process can be found in the **Star Rating Technical Notes** on the HCAHPS website.

HCAHPS Survey Response Rates

The response rate for HCAHPS is defined as the number of completed surveys divided by the number of eligible patients surveyed. From July 2023 to June 2024, the average HCAHPS response rate for all hospitals nationally was around 23% (see this **PDF** for the average response rates by state), while the average for all CAHs nationally in CY 2023 was **27.6%.** Higher survey response rates can help make the data you receive more representative of your CAH's patient population and more accurately inform quality improvement activities.

Response Rates and Survey Administration

HCAHPS vendors often have toolkits or other resources for improving response rates. If you are interested in improving your response rate, reaching out to your vendor may be a good first step to understand what support they can provide as a part of your CAH's contract with them.

The following section is intended to inform conversations with your HCAHPS vendor regarding response rates and survey administration.

For the highest response rate, CMS recommends using a mixed mode of survey administration; maximizing patient contact attempts with the CMS contact schedule; limiting supplemental items (*the new 2025 guidelines officially limit items to 12);* providing approved language options; and utilizing patient proxies.

Survey Mode

Adjusting or changing the mode of survey administration is one way to potentially improve response rates. With the January 2025 update to HCAHPS, CMS added a Web option in which a link to an online HCAHPS survey is sent to patients via email. See the table below for the six modes now supported by CMS.

Overview of survey administration modes

Mode	Description
Mail Only	Mail the patient the HCAHPS survey. The patient will complete the survey on paper and mail it back
Phone Only	Call the patient to verbally complete the HCAHPS survey over the phone
Mail-Phone	Mail and Phone options combined
Web-Mail	Web and Mail options combined
Web-Phone	Web and Phone options combined
Web-Mail-Phone	All three options combined

A 2024 study by CMS found the new Web mode for the HCAHPS survey is less expensive to administer than the Mail or Phone modes and improves response rates, particularly among patients aged 18 to 64 years. To use the new Web mode, however, your CAH must routinely collect patient email addresses as part of standard patient contact information. As with phone numbers and home addresses, emails will be shared with your vendor in eligible patient discharge lists.

CMS conducted **a study in 2016** that showed survey attempts with **mixed modes had higher response rates** compared to survey attempts using only one mode of communication. **The 2024 study by CMS** confirmed these findings and identified the new Web-Mail-Phone mode as the most effective (approximately 36% response rate compared to 30% for Web-Mail, Web-Phone, and Mail-Phone).

The **HCAHPS FINAL Quality Assurance Guidelines V19.0** outline how to administer the survey via each of the six modes. *(This is a large document. We recommend searching with the "Control+F" function to find information)*. We recommend discussing with your HCAHPS vendor any potential changes in mode that could improve your HCAHPS response rates, especially with the new Web option added in 2025.

Patient Contact Attempts

Also changed in the 2025 updates, CMS extended the survey period by one week to give patients more time to answer the survey. Patients now have 49 days from first contact to respond. CMS has a recommended patient contact schedule (i.e., when and how to contact patients) that maximizes patient contact attempts. You can check with your vendor to see if their patient contact schedule for each mode aligns with the CMS recommended schedule. See the table below for more details and the recommended patient contact schedule for each mode.

Survey Mode	CMS recommended contact schedule										
	Day 0	Day +3	Day +4	Day +6	Day +7	Day +8	Day +10	Day +21	Day +28	Day +30	Day +49
Mail Only	Mail							Mail			End
Phone Only	Call*										End
Mail-Phone	Mail								Call*		End
Web-Mail	Email	Email		Email		Mail				Mail	End
Web-Phone	Email		Email		Email		Call*				End
Web-Mail-Phone[1]	Email		Email	Mail					Call*		End
[1]A **2024 study by CMS** demonstrated the Web-Mail-Phone mode resulted in the highest response rate (~36%) and patient representativeness.											
*A maximum of five call attempts are allowed per patient. Up to four call attempts are allowed in a seven-day period.											

Survey Translations

The **2016 study** also assessed how language options offered by hospitals affected survey response rates. Hospitals offering **multiple CMS-approved translations had higher response rates**. The **2025 update to HCAHPS** now requires hospitals to provide their survey vendors with each patient's preferred language. Additionally, if the patient indicates Spanish as their preferred language, the HCAHPS survey must be administered in the CMS-approved Spanish translation. For the other languages, hospitals or vendors can decide which CMS-approved translations to offer.

Only CMS-approved translations of the HCAHPS survey can be administered. CMS does not allow hospitals or vendors to independently translate and administer the HCAHPS survey in additional languages. A hospital or vendor can request CMS translate HCAHPS into a language not currently provided by emailing CMS (HOSPITALCAHPS@cms.hhs.gov) or the HCAHPS Project Team (hcahps@hcqis.org). The new 2025 survey is available from CMS in the following languages.

Survey materials translated by CMS								
English	Spanish	Chinese	Russian	Vietnamese	Portuguese	German	Tagalog	Arabic
• Mail • Web • Phone	• Mail • Web • Phone	• Mail • Web • Phone	• Mail • Web • Phone	• Mail • Web	• Mail • Web	• Mail • Web	• Mail • Web	• Mail • Web

Supplemental Items

Supplemental items are custom questions added to the end of the HCAHPS survey. Adding supplemental items can be valuable in tailoring the survey to your CAH's quality initiatives and needs. You can ask more specific questions related to the HCAHPS components (e.g., a question specific to your discharge process), experiences not covered by the HCAHPS questions (e.g., billing processes), characteristics of the patient responding to the survey (e.g., health status), and/or more information on population groups (e.g., patients who use interpreter services).

The Agency for Healthcare Research and Quality (AHRQ) has a **webpage resource** with lists of potential supplemental items by topic. Vendors also typically have a set of supplemental questions they recommend and often can provide comparison data for other hospitals asking these questions. Before you suggest your own supplemental questions, asking your vendor about their use of supplemental questions can be helpful to get the most out of the data.

HCAHPS surveys with fewer supplemental items had higher response rates in the **2016 study**. The new HCAHPS guidelines officially limit supplemental items to a maximum of 12. If your CAH has supplemental items, discuss with your vendor to ensure the items are still relevant to your hospital and provide added value. If your CAH is interested in adding supplemental items, consult with your team, vendor, and the AHRQ resource linked above.

Patient Proxies

In addition to mode, contact attempts, language, and supplemental items, a potential factor to consider for improving response rates is the option to utilize patient proxies. With the 2025 changes, CMS amended its rules and now **allows patient proxies to respond to HCAHPS** surveys. Proxies can only be used with patient approval. For example, when first contacted by the survey vendor, a patient can request that a proxy answer the survey. Additionally, if a patient is struggling to answer questions over the phone, vendors are permitted to ask if they would like a proxy.

Strategies Recommended by CAHs

In 2017, Stratis Health conducted **a study** to understand the strategies used by CAHs (including those with low patient volume) that perform well on HCAHPS. These CAHs recommended the following strategies to improve response rates:

- **Notify patients to expect the survey**. CAHs in the study recommended staff directly inform patients about the HCAHPS survey near discharge and remind patients during post-discharge phone calls. CAHs also utilized indirect communication through flyers or posters, brochures, website posts, and announcements on waiting room television screens to inform patients about HCAHPS.
- **Involve leadership in patient rounding**. In several CAHs with high response rates, hospital leadership participated in patient rounding. Hospital leaders would ask patients about satisfaction with their stay and communicate the importance of HCAHPS. In one CAH, the CEO rounded on every patient, and their HCAHPS response rate was over 70%.
- **Send patient lists to vendors biweekly**. Another strategy was providing vendors with patient discharge lists on a biweekly basis. The two CAHs with the highest response rates sent their vendors a list of patients twice a month to improve the timeliness of the surveys.

Common HCAHPS Questions

The FMT has received several common questions regarding HCAHPS. To help clarify points of confusion, we have compiled a list of true/false statements and provide a detailed explanation following each statement.

Summary of True/False Statements

TRUE	Swing bed patients are not eligible for HCAHPS.
TRUE	Observation patients are not eligible for HCAHPS.
FALSE	Only dissatisfied patients respond to HCAHPS, and this lowers HCAHPS scores for smaller hospitals.
TRUE	Hospitals are allowed to tell patients about HCAHPS before discharge.
FALSE	CAHs perform worse than other hospitals nationally on HCAHPS.
FALSE	Hospitals need at least 100 surveys to find value in HCAHPS.

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| Swing bed patients are **not eligible** for HCAHPS. | **TRUE** |

Swing bed patients are excluded from HCAHPS. The [HCAHPS FINAL Quality Assurance Guidelines V19.0](#) (pg. 67) groups "discharge to a swing bed" with "discharge to hospice care, a skilled nursing facility, or a nursing home," and specifies that these patients are ineligible for HCAHPS. The guidelines list the specific discharge codes ineligible, including 61 ("Discharged / transferred within this institution to a hospital-based Medicare approved swing bed").

| Observation patients are **not eligible** for HCAHPS. | **TRUE** |

Observation patients are excluded from HCAHPS unless they have at least one overnight stay as an inpatient admission. If a patient only has an overnight stay as an observation admission, they are not eligible for HCAHPS.

For more information on overall patient eligibility, please see the **[Appendix](#)**.

| Only **dissatisfied** patients respond to HCAHPS, and this lowers HCAHPS scores for smaller hospitals. | **FALSE** |

"Only dissatisfied patients respond to surveys" is a common myth. Studies have demonstrated patients who are **satisfied with care are more likely to respond to surveys**. For example, for all hospitals nationally, [70% of patients](#) who responded to HCAHPS ranked their hospital in the top-box score categories.

Further, hospital size does not affect whether a dissatisfied patient responds to the HCAHPS survey. Dissatisfied patients are just as likely to respond to surveys in small hospitals as they are in large hospitals. In fact, small hospitals generally outperform large hospitals on patient satisfaction surveys. In 2016, a study by Chatfield compared small hospitals (<99 beds), medium hospitals

(100 to 249 beds), and large hospitals (>249 beds). Small hospitals outperformed both medium and large hospitals on patient satisfaction measures. Several studies support this finding.[1-3]

Hospitals are **allowed** to tell patients about HCAHPS before discharge.

TRUE

There has been some confusion among hospitals regarding what they can and cannot tell patients about HCAHPS . The **HCAHPS FINAL Quality Assurance Guidelines V19.0** (pg. 29-30) describes appropriate communication with patients regarding HCAHPS.

While patients are still in the hospital, CAHs are allowed to "inform patients that they may receive a survey after discharge asking about their stay in the hospital" and/or use posters or other indirect communication to notify patients. As described in the **Strategies Recommended by CAHs** subsection above, CAHs performing well on HCAHPS recommended staff directly inform patients about the HCAHPS survey near discharge and remind patients during post-discharge phone calls. CAHs also recommend utilizing indirect communication to inform patients about HCAHPS during their hospital stay. Most utilized flyers or posters, brochures, website posts, and announcements on waiting room television screens.

While patients are still in the hospital, CAHs are **not** allowed to show or send the HCAHPS survey to patients or discuss the items on the survey with patients. Surveys must be sent to patients at least 48 hours after discharge and before 42 days post-discharge.

CAHs **perform worse than other hospitals nationally** on HCAHPS.

FALSE

CAHs actually tend to outperform the national average scores on HCAHPS. CMS compared responses to the hospital rating question (i.e., patients rate your hospital on a scale from 0 to 10) across hospital characteristics in April 2024. In all hospitals across the U.S., an average of 70% of patients rated their hospital a 9 or 10 out of 10. In smaller hospitals with 6-24 beds, most of which are CAHs, **10% more patients** reported a 9 or 10 for an average of 80%. This trend is similar in the other HCAHPS questions.

CMS conducts comparisons across hospital characteristics annually and publishes the charts on the **Summary Analyses** webpage of the HCAHPS website. Please see **this PDF** for a question-by-question breakdown for the most recent HCAHPS Hospital Characteristics Comparison Chart done in April 2024. These data can be compared to quarterly or annual MBQIP reports that contain CAH-only data for comparisons of CAHs to all hospitals nationally.

Hospitals need **100+ surveys** to find value in HCAHPS.   **FALSE**

Some CAHs state that they wish they had at least 100 survey responses so they would be able to receive an HCAHPS Star Rating, as they view that as a valuable indicator for HCAHPS. While CMS does require 100+ surveys within a rolling four quarters for a hospital to receive an HCAHPS Star Rating, this does not mean that CAHs receiving fewer than 100 surveys do not have valuable data from the HCAHPS survey.

CMS recognizes 100+ completed surveys per year as a number usually sufficient for HCAHPS scores to be considered statistically valid; however, what is considered valuable goes beyond statistical validity and Star Ratings. For example, patient comments are often the most useful data for improving patient experience. You also do not need 100+ surveys to compare your CAH to others in your state/nationally, identify trends in your CAH's performance over time, or to inform and implement a quality improvement plan. The next section of this toolkit, **Finding Value in HCAHPS**, dives further into how to find value in HCAHPS data and improve HCAHPS scores.

Finding Value in HCAHPS

Your State Flex Program (SFP) is available to support your CAH with quality reporting and improvement activities. SFPs have many resources at their disposal to help you and your CAH. SFP contact information is available on **this webpage**. Additionally, the Rural Quality Improvement Technical Assistance Center (RQITA) at Telligen can provide specific assistance to your CAH (rqita@telligen.com). The **RQITA website** also has various resources for HCAHPS.

HCAHPS Vendors

Increasing Value with Vendors

A vendor suited to the needs of your CAH is critical to finding value in HCAHPS. If your CAH is experiencing low response rates or other concerns with your current vendor, we recommend reaching out to your vendor and discussing the **HCAHPS Survey Response Rates** section of this toolkit. Possible discussion points include:

- Do you have a toolkit or other resource we can implement to improve response rates? What strategies are you currently using or would you suggest we use? Have your strategies been successful with other CAHs or small hospitals?
- What survey mode are you using to administer HCAHPS? If the vendor is not using multiple modes, you can request the vendor switch to a mixed-mode approach. You can also discuss the new Web option.
- When and how are you contacting patients for each survey mode? Does your patient contact schedule align with the schedule recommended by CMS and do you maximize contact attempts?
- What languages are you offering for the survey? With the new 2025 updates, vendors are required to offer Spanish. If your CAH has a significant patient population that speaks Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, or Arabic, you can request your vendor also provide the CMS-approved translation.
- If you have supplemental items, you can ask to review these with your vendor for continued relevance and added value. If you do not have supplemental items, consider discussing a few added questions specific to your CAH's needs. Keep in mind that response rates tend to decrease with longer surveys. CMS limits supplemental items to 12.
- With the 2025 updates to HCAHPS, are you prepared to allow patient proxies to answer the survey? (CMS has template phone scripts for vendors.)
- We are interested in sending you our patient discharge list on a biweekly or monthly basis to help improve response rates. Is this something our contract can accommodate?
- To improve our patient experience and scores on HCAHPS, we would like to request patient comments be sent to us monthly. Is this something our contract can accommodate?

Whether or not changes are possible depends on your vendor and your contract. If your contract is up, you can renegotiate a new contract with your current vendor or consider switching to a different vendor that more closely aligns with your CAH's needs. The above questions also serve as good discussion points for conversations with potential new vendors.

Negotiating Vendor Contracts

As the entity paying for a service, your CAH has the power to negotiate and structure vendor contracts to align with your needs. *(Note: CAHs that are part of a system may be limited in what they can negotiate but can use the above question list to talk with their system about the possibility of receiving different data as well)*. For example, vendors often provide quarterly reports for HCAHPS, but your CAH is not bound to this reporting schedule. In the Request for Proposal and/or the contract, your CAH can require monthly reports to receive more timely data and improve care accordingly. Alternatively, perhaps your CAH does not need full data reports every month but would appreciate monthly reports including the free text comments from patients. **The vendor contract can and should be negotiated to fit the needs of your CAH.** The current approved **vendor list** can be found on the HCAHPS website.

In 2018, AHRQ released a brief **how-to guide** for hospitals hiring a vendor for survey administration. The AHRQ guide recommends your CAH develop a Request for Proposal to inform potential vendors exactly what your CAH needs regarding HCAHPS. Once your CAH selects a vendor suited to your needs, the guide discusses how to approach contract development.

Other CAHs can also be useful resources for providing information about new vendors or how to successfully work with an HCAHPS vendor. You can network with CAHs in your state or nearby states through your **SFP** who can connect you with CAHs that use the same or different vendors. Some CAHs have also found success in group purchasing arrangements for HCAHPS to minimize cost, and this is something that you can also explore as you evaluate or reevaluate your HCAHPS vendor.

Utilizing Data Reports from Vendors

Vendors collect HCAHPS data directly from your patients and can produce much more timely data reports than MBQIP reports and may include different or additional information than what is provided by the FMT. Because of their ability to provide timely data, **vendors should be the primary source of HCAHPS data** for your CAH to inform quality improvement efforts. When your CAH receives reports from your vendor:

- **Download and save the report.** Be sure to save reports in an accessible place for use by other CAH quality staff and leadership.
- **Discuss the report with staff involved in quality improvement at your CAH.** Review your CAH's performance on each component for the quarter as well as across quarters to identify trends. As you review, consider the following scenarios for potential areas of improvement:

- o **Your CAH shows consistent improvement on a component(s).** Identify the component(s) that your CAH is executing well and investigate potential strategies for sustaining and increasing this improvement. Consider possible ways to leverage your CAH's strengths on one measure to improve quality improvement processes or other aspects of patient experience in your facility.
  - o **Your CAH shows consistently low performance on a component(s).** This trend may indicate a lack of standardized processes to perform and/or document best practices of care at your CAH. CAHs are encouraged to implement and/or work to improve standard processes.
  - o **Your CAH shows variable performance on a component(s).** A variable performance trend may appear as data with no clear trend or high performance in one reporting period, but then low performance in the next. Consider investigating the reason(s) for this variation. A common issue might indicate an opportunity to improve or standardize processes. For example, variation in performance on the Discharge Information component might indicate an opportunity to improve and/or standardize your discharge process. Other variations may be caused by an unusual case or situation, such as a severe weather event, and could indicate a need to develop or improve back-up plans.
- **Share patient comments with staff and providers.** Patient comments are often the most useful data for improving patient experience. We recommend negotiating with your vendor to receive patient comments every month. Receiving comments more frequently allows your CAH to contextualize the comment and make timely improvements. For example, if a patient commented "*the nurses were extremely slow when I pushed the call button*":
  - o This could indicate an area of improvement, but you remember that your CAH was severely understaffed for two weeks last month. Understaffing, rather than nurse behavior, may be the reason for this comment. If your CAH had received this comment three months later, it would be harder to remember what was happening at the time.
  - o Conversely, if your CAH received this comment and operations were mostly normal last month, this could be an area of improvement. Discuss the comment with the staff and nursing team to identify potential reasons for delays in responding to call buttons and how to improve moving forward.
- **Celebrate positive comments.** Alternatively, comments may include shout-outs or messages of gratitude for staff or providers. If a staff member or provider is mentioned positively in a comment, highlight the feedback. Consistently recognizing and rewarding these patient interactions, especially by leadership, can help establish a culture of positive attitudes and behavior among staff and providers toward patients and toward each other.

- **Celebrate improvements in HCAHPS scores.** Celebrating improvements and high-performing departments establishes hospital-wide expectations of positive attitudes and behaviors. In addition, fostering friendly competition between departments can help build community within and across departments. Engaging and encouraging staff and providers is critical to improve patient experience.
- **Discuss data with staff and providers.** Sharing data from HCAHPS engages staff and providers and can generate enthusiasm and accountability around HCAHPS. You can share data in dashboards; at provider, department, leadership, and board meetings; and on bulletin boards around the hospital. Sharing is often most effective in spaces where staff and providers can offer feedback and suggestions, such as daily huddles or monthly team meetings.
- **Review the reasons patients were excluded from the survey.** *(If you do not have this information, ask your vendor to provide counts for exclusion reasons).* Patients should rarely be excluded because of lack of contact information. If patients are excluded based on missing contact information, request an explanation from your vendor and verify your CAH is collecting and storing patient contact information appropriately. This is especially important if using the new Web mode of administration.
- **Engage staff and providers in quality improvement.** Consistently and intentionally involve staff and providers in decision making, action planning, and problem solving to improve care and patient experience. See the following section (**Improving HCAHPS Scores**) for potential approaches to improving HCAHPS scores.

HCAHPS Data and the FMT

Your CAH should receive quarterly MBQIP data reports for HCAHPS from your State Flex Program. These reports are created by the FMT and complement the HCAHPS data reports you receive from your vendor. MBQIP reports are useful for comparing your CAH's performance to other CAHs in your state and all CAHs nationally. MBQIP reports, however, are produced **after** FMT receives data from CMS and therefore are released much later than your vendor obtains and submits the data.

The first table below outlines the anticipated MBQIP report release timing as well as which data will be in each report. The second table shows example years for reference. Detailed information on how to interpret and utilize HCAHPS reports from the FMT can be found on the **MBQIP Report Resources** webpage.

HCAHPS Reports: Measures Included and Annual Anticipated Timeline

	Q1 HCAHPS	Q2 HCAHPS	Q3 HCAHPS	Q4 HCAHPS
Month Released	December	March	June	September
Data Updated	Q1 of current calendar year	Q2 of previous calendar year	Q3 of previous calendar year	Q4 of previous calendar year
Measures Included *All measures are included and updated in each report.*	• Communication with Nurses • Communication with Doctors • Responsiveness of Hospital Staff • Communication about Medicines • Care Transition • Discharge Information		• Cleanliness of Hospital Environment • Quietness of Hospital Environment • Hospital Rating • Recommend the Hospital	

HCAHPS Reports: Example Annual Anticipated Timeline

	Q1 HCAHPS	Q2 HCAHPS	Q3 HCAHPS	Q4 HCAHPS
Month Released	December 2025	March 2026	June 2026	September 2026
Data Updated	Q1 of 2025	Q2 of 2025	Q3 of 2025	Q4 of 2025

CMS reports measure values **in rolling four-quarter time periods,** and MBQIP reports follow the same format. CMS requires a CAH to submit at least 10 months of data (within four consecutive quarters) and have at least two complete patient surveys from each quarter in the reporting period to be considered reporting.

Utilizing Data Reports from the FMT

MBQIP reports from the FMT are valuable for performance comparisons to the other ~1,350 CAHs in the U.S. When your CAH receives MBQIP reports, compare your CAH's performance on each measure to the state and national values. As you review, consider the following scenarios:

- **Your CAH is performing better than other CAHs in your state/nationally on a measure(s)**. Work with your team to identify what your CAH is executing well and potential strategies for sustaining and increasing high performance. Consider ways to leverage your CAH's strengths to improve other quality measures as well as other aspects of quality improvement.
- **Your CAH is performing the same as or worse than other CAHs in your state/nationally on a measure(s)**. Work with your team to identify opportunities for improvement as well as what your CAH is executing well. Consider ways to leverage your CAH's current strengths to address the identified areas for improvement.

CAHs are encouraged to **partner with other CAHs in their state** for quality improvement activities. Partnerships are particularly useful for CAHs with high performance on some measures and low

performance on others. In engaging with other CAHs, your CAH could share best practices for your high-performing measure(s) and receive best practices from other CAHs to improve your low-performing measure(s). Your **SFP** can assist in connecting your CAH with other CAHs.

Improving HCAHPS Scores

In this section, we provide guidance for identifying which HCAHPS components to prioritize and potential strategies to improve patient experience in each component. These recommendations were pulled from **A Study of HCAHPS Best Practices in High-Performing CAHs** and **Quality Improvement Measure Summaries for MBQIP** by Stratis Health. Note: After the COVID-19 Public Health Emergency, Stratis Health conducted an additional study and updated HCAHPS **best practices**.

Identifying Components to Improve

We recommend identifying a maximum of three HCAHPS components to improve over the next six months. Discuss your CAH's HCAHPS performance with staff and providers to determine which components to prioritize. If your CAH is unsure what to prioritize, ask your vendor to provide a correlation assessment of the Willingness to Recommend and Rating the Hospital scores with the other HCAHPS components. The correlation assessment will tell you how much each component influenced your CAH's overall rating. Improving components with low performance and high influence would maximize your quality improvement efforts for HCAHPS scores.

While top-box scores are often the focus, consider the proportion of middle- and bottom-box scores when deciding which components to prioritize. For example, the table below shows the proportion of patients who responded in the top-, middle-, and bottom-boxes for two HCAHPS components. The top-box values are the same, but there is a big difference between the proportion of middle- and bottom-box scores. In this scenario, Discharge Information has greater room for improvement than Communication with Nurses.

HCAHPS component	Top-Box	Middle-Box	Bottom-Box
Communication with Nurses	70%	25%	5%
Discharge Information	70%	5%	25%

Strategies for Quality Improvement

This toolkit does not provide steps for how to develop and implement a quality improvement plan. Your **State Flex Program** and RQITA (rqita@telligen.com) are available to provide direct quality improvement assistance to your CAH. In addition, the **Small Hospital Improvement Program**

(SHIP) can provide assistance and potential funding for quality improvement initiatives related to HCAHPS (contact your SFP for more information).

The **TASC** and **RQITA** websites also have several resources for quality improvement plan development. When developing your plan, consider including the following strategies for your identified HCAHPS component.

HCAHPS Components	Quality Improvement Strategies
Communication with Nurses	• Provide staff training and awareness relating to empathy and effective communication • Implement daily interdisciplinary huddles to share potential safety issues or other key items • Use teach-back, limit jargon, and employ other health literacy principles[4] • Standardize shift change processes and/or bedside report. Use as an opportunity to engage the patient and family in care • Implement intentional hourly rounding • Utilize keywords, scripting, and/or employ a communication framework such as AIDET for key messages • Use a communication tool in patient rooms, such as a whiteboard, to share key information • Engage nurses in HCAHPS data feedback and discussion
Communication with Doctors	• Promote engaged leadership from physicians regarding patient experience • Provide staff training and awareness relating to empathy and effective communication • Implement daily huddles to share potential safety issues or other key items • Implement peer-to-peer mentoring • Use teach-back, limit jargon, and employ other health literacy principles • Engage patients and families in care conferences and/or interdisciplinary rounds. Sit down during patient visits • Encourage nurses to accompany the physician during rounds • Utilize scripting for key messages and/or employ a communication framework such as AIDET • Use a communication tool in patient rooms, such as a whiteboard, to share key information • Provide a note pad and pen at the bedside for patient questions • Engage physicians in HCAHPS data feedback and discussion. Encourage friendly competition
Restfulness of Hospital Environment	• Utilize single patient rooms if feasible • Close doors to patient rooms whenever possible

	- Use "Quiet Zone" signs and reminders in the corridors - Eliminate or minimize use of overhead paging, particularly at night - Offer ear plugs to patients - Include a "white noise" channel on the television - Cultivate cultural expectation that everyone is responsible for quiet, and it is okay for staff to remind each other - Designate zones for staff conversation (e.g., nurses station) to help avoid hallway discussions that may be disruptive to nearby rooms - Evaluate transport carts and replace noisy wheels and casters - Turn down the alarm sound level on monitoring equipment if feasible or have telemetry equipment monitoring away from the patient (e.g., in the nurses' station) - Request that work involving heavy machinery only be done during daytime hours (e.g., use of battery powered scrubbers, buffers, and other loud equipment) - In the evening/night, use a portable lantern or flashlight to illuminate the area in which the employee is working rather than turning on the overhead lights when the patient is resting
Care Coordination	- Use personal health records or patient portals to ensure patients have access to necessary information, including lab and radiology results, prescription refills requests, and the ability to email doctors, nurses, and staff with questions - Whenever possible, make follow-up appointments or arrangements for other services prior to discharge, always with patient and family input regarding availability and preferences - Use teach-back and other health literacy principles in patient education - Conduct follow-up phone calls within 48 hours post-discharge to clarify patient and family understanding of medications and follow-up services - Provide a written listing of medications to the patient and family with the name of the medication, dose, route, purpose, and side effects. Make sure the language is easy to understand for the patient - For patients with complicated medication regimes, whenever possible, engage pharmacy staff in performing patient education, medication review, and follow-up phone calls
Responsiveness of Hospital Staff	- Establish protocols and identify accountability for responding to inpatient calls (e.g., a "No Pass Zone," where no one passes by a call light) - Track the type and timing of inpatient call requests to target support and response processes - Implement intentional hourly rounding. Anticipate and address patient needs when staff are in patient rooms to reduce use of call lights overall (e.g., address the four Ps: pain, potty, position, personal effects)

	• Establish processes and expectations regarding communication for nurses when stepping away from the floor or when assistance is needed • Set and manage expectations with patients. Keep patients informed if there is going to be a delay • Use a communication tool in the patient room, such as a whiteboard
Discharge Information **and** **Information about Symptoms**	• Conduct pre-discharge assessment of the ability of patient and/or family to provide self-care, including problem solving, decision making, early symptom recognition and taking action, quality of life, depression, and other cognitive and functional ability factors • Develop a comprehensive care plan using a shared decision-making approach. Consider patient values, preferences, and social and medical needs • Throughout the patient stay, work with the patient and family to prepare for discharge and follow-up planning, including goals, questions, and concerns • Ensure written discharge plan is easy to read and includes only essential education on their health condition, using plain language and health literacy principles • Use teach-back method to ensure patient understanding of discharge instructions • Collaborate with representatives from different care settings to develop working relationships, consistent care transition processes, and shared terminology • Require a pharmacist visit the patient room prior to discharge to review medications and answer patient/family questions
Cleanliness of Hospital Environment	• Clarify roles and responsibilities in responding to patient or staff concerns regarding cleanliness • Implement daily huddles to share potential safety issues or other key items • Designate a housekeeping quality assurance supervisor and trainer • Inspect an agreed upon number of patient rooms on a regular basis, and follow up with cleaning staff to correct deficiencies • Provide visible information in the room to let patients and families know who to contact if they have a housekeeping concern or request • Provide training on communication standards and processes to cleaning staff as a part of orientation and ongoing evaluations (e.g., AIDET) • Use visual notices that the room has been cleaned (e.g., calling card, note on whiteboard) • Use logs to identify patients who communicate cleaning concerns. Follow up with those patients at least daily to ensure that their room and their bathroom is cleaned to their satisfaction • Implement intentional hourly rounding • Cultivate the cultural expectation that everyone is responsible for cleanliness and that all staff will "tidy up before you exit a patient room"

HCAHPS Resources

The following table contains a list of resources linked through the toolkit as well as additional guides, information, and technical assistance contacts.

Technical Assistance with HCAHPS

HCAHPS Quality Assurance Guidelines V19.0 developed by CMS
The first ~300 pages of this document outline the HCAHPS survey in detail, describing program requirements, survey management, sampling protocol, survey administration for each mode, data specifications and coding, data preparation and submission, oversight activities, data reports, exception request processes, and data quality checks. The remaining ~600 pages are survey materials, such as phone scripts and email templates.

Fact Sheet and Frequently Asked Questions developed by CMS
CMS provides a continuously updated Fact Sheet document and a Frequently Asked Questions document regarding HCAHPS.

HCAHPS Resources Page developed by RQITA (Telligen)
This webpage directs users to HCAHPS resources, including a general overview of the HCAHPS survey and the Medicare Care Compare website. RQITA (rqita@telligen.com) is also available to provide direct technical assistance to your CAH.

HCAHPS Information and Technical Support provided by CMS
CMS has an HCAHPS Project Team available to support CAHs via email (hcahps@hsag.com) and over the phone (1-888-884-4007). When contacting the team, provide your CAH's CCN and name.

Vendor-Related HCAHPS Resources

CMS-approved Vendor List developed by CMS
This list, on the HCAHPS website, contains all vendors approved or conditionally approved to administer the HCAHPS survey. Address, email, and phone numbers are provided for each vendor.

Hiring a Vendor for a CAHPS Survey developed by AHRQ
AHRQ created a how-to webpage for hospitals interested in contracting with a vendor for HCAHPS and other surveys. On the lefthand side of this resource, AHRQ includes links to additional CAHPS survey resources.

Data and Quality Improvement HCAHPS Resources

MBQIP Reports User Guide for CAHs developed by the FMT
This guide describes the HCAHPS quarterly reports for CAHs and provides examples of how CAHs can utilize the report data as well as links to resources to assist with quality reporting, analyses, and improvement.

A Study of HCAHPS Best Practices in High-Performing CAHs developed by Stratis Health
This study was published in 2017 and shares best practices and recommendations from high- and low-volume CAHs performing well on HCAHPS. In 2022, an **update to the study** was published with recommendations from COVID-19.

References

1) Chatfield, J. S. (2016). Value-based purchasing: the effect of hospital ownership and size. *The Health Care Manager*, *35*(3), 199-205.
2) McFarland, D. C., Shen, M. J., Parker, P., Meyerson, S., & Holcombe, R. F. (2017). Does hospital size affect patient satisfaction?. *Quality Management in Healthcare*, *26*(4), 205-209.
3) Ho, V. (2022). Healthcare safety-net in the United States: patient satisfaction across rural and urban hospitals.

Appendix

Additional Information on Patient Eligibility

Vendors apply CMS eligibility criteria to the entire discharge list of patients sent by your CAH to determine which patients to survey. You are welcome to ask your vendor for a breakdown of eligibility status at your CAH (e.g., total number of inpatient discharges, number of excluded patients, number of excluded patients per exclusion criteria).

For your reference, we have compiled the eligibility criteria into a summary list and added the relevant CMS discharge codes and diagnostic group codes. To be eligible for HCAHPS, a patient must meet all the criteria listed below.

- The patient was **18 years old or older** at the time of admission.
- The patient provided **a home address in the United States.**[1]
- The patient did **not sign a "no-publicity" request.**[1]
- The patient was **not a court/law enforcement patient** (i.e., prisoner).[1]
  - Discharge codes **21** – Discharged/Transferred to Court/Law Enforcement and **87** – Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (does not include discharges to halfway houses) are excluded.
- The patient was **not discharged to a swing bed, hospice care, a skilled nursing facility,** or **a nursing home.**[4]

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[4] These criteria are referred to by HCAHPS as exclusion criteria. In this toolkit, we grouped the inclusion criteria and exclusion criteria together to summarize patient eligibility.

- Discharge codes **03** – Medicare Certified Skilled Nursing Facility, **61** – Medicare Approved Swing Bed Within Hospital, **64** – Medicaid Certified Nursing Facility, **83** – Medicare Certified Skilled Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission, **92** – Medicaid Certified Nursing Facility with a Planned Acute Care Hospital Inpatient Readmission, **50** – Hospice-Home, and **51** – Hospice-Certified Medical Facility are excluded.
- The patient's admission included at least **one overnight stay with inpatient status**.
  - An overnight stay is defined as an inpatient admission in which the admission date is different than the discharge date (e.g., admitted at 14:27 on Jan 2 and discharged at 01:03 on Jan 3 would count as an overnight stay).
  - **Observation patients are not eligible for HCAHPS** unless they have at least one overnight stay as an inpatient admission.
- The patient's Medicare Severity Diagnosis Related Group (MS-DG) code / principal diagnosis is **non-psychiatric**.
  - Patients with a principal diagnosis within the Maternity, Surgical, and Medical service lines and a **secondary** psychiatric diagnosis are still eligible for HCAHPS.
  - Most MS-DG codes are eligible for HCAHPS. The table below specifies the MS-DG codes ineligible for HCAHPS.

MS-DG codes* ineligible for HCAHPS	
285-285	Acute myocardial infarction, expired
789-795	Neonatal related diagnostic groups
876	O.R. procedures with principal diagnosis of mental illness
880-887	Psychiatric diagnostic groups
894-897	Alcohol, drug abuse or dependence
945-946	Rehabilitation
998	*Principal diagnosis invalid as discharge diagnosis*
999	*Ungroupable*
* MS-DRG codes based on Table 5 of the **FY 2025 Federal Register Notice**, Vol. 89, No. 167 / Wednesday, August 28, 2024 and **Table of V.42 MS-DRG Codes and HCAHPS Service Line Categories**.	

For an even more detailed breakdown of patient eligibility and sampling, see the **HCAHPS FINAL Quality Assurance Guidelines V19.0** (pg. 67-88).