

# HCAHPS Fact Sheet

(CAHPS® Hospital Survey)

April 2022

## Overview

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced “*H-caps*”), also known as the CAHPS® Hospital Survey\*, is a 29-item survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. While hospitals collected information on patient satisfaction for their own internal use prior to HCAHPS, until HCAHPS there were no common metrics and no national standards for collecting and publicly reporting information about patient experience of care. Since 2008, HCAHPS has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS. First, the standardized survey and implementation protocol produces data that allow objective and meaningful comparisons of hospitals on topics that are important to patients and consumers. Second, public reporting of HCAHPS results creates incentives for hospitals to improve quality of care. Third, public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

## HCAHPS Development, Testing and Endorsement

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop and test the HCAHPS Survey. AHRQ and its CAHPS Consortium carried out a rigorous and multi-faceted scientific process, including a public call for measures; literature review; cognitive interviews; consumer focus groups; stakeholder input; a three-state pilot test; extensive psychometric analyses; consumer testing; and numerous small-scale field tests. CMS provided three opportunities for the public to comment on HCAHPS during the initial development and responded to over a thousand comments. The survey, its methodology and the results it produces are in the public domain.

In May 2005, the HCAHPS Survey was endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research organizations; HCAHPS received endorsement renewals in 2009, 2015 and 2019. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS for public reporting purposes. CMS implemented the HCAHPS Survey in October 2006, and the first public reporting of HCAHPS results occurred in March 2008. In 2013, CMS added five new items to the HCAHPS Survey: three questions about the transition to post-hospital care, one about admission through the emergency room, and one about mental and emotional health. In January 2018, the three survey questions about pain management were replaced by three questions about communication about pain. In compliance with the SUPPORT for Patients and

Communities Act of 2018 (Pub. L. 115-271), in October 2019 the three communication about pain items were removed from the HCAHPS Survey, reducing the survey to 29 items.

The enactment of the Deficit Reduction Act of 2005 created an additional incentive for acute care hospitals to participate in HCAHPS. Since July 2007, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions must collect and submit HCAHPS data in order to receive their full annual payment update. Short-term, acute care hospitals that are not IPPS hospitals, such as Critical Access Hospitals, Veterans Affairs hospitals or Department of Defense hospitals, may voluntarily participate in HCAHPS. The incentive for IPPS hospitals to improve patient experience was further strengthened by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program beginning with October 2012 discharges. Veterans Administration hospitals began to participate in HCAHPS in 2017 and Department of Defense hospitals in 2018.

## **HCAHPS Survey Content and Administration**

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 19 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are three screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals are permitted to add their own supplemental items after the 29 official HCAHPS questions. CMS does not review, approve or obtain data from supplemental items; hospitals should limit their use to minimize any negative impact on survey response rates.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the Medical, Surgical and Maternity Care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. Hospitals may use an approved survey vendor or collect their own HCAHPS data, if approved by CMS to do so. HCAHPS can be implemented in four survey modes, each of which requires multiple attempts to contact patients: Mail Only, Telephone Only, Mixed (mail with telephone follow-up), or Active Interactive Voice Response (IVR). Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters. In addition to English, HCAHPS is available in official Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog and Arabic translations. The survey and its protocols for sampling, data collection, coding and submission can be found in the HCAHPS *Quality Assurance Guidelines* (QAG) manual located in the Quality Assurance section of the official HCAHPS Website at <https://www.hcahpsonline.org>.

## **HCAHPS Measures**

Ten HCAHPS measures (six composite measures, two individual items and two global items) are publicly reported on *Care Compare* on [Medicare.gov](http://www.medicare.gov) ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)). Each of the six composite measures is constructed from two or three survey questions. Combining closely related questions into composites allows consumers to quickly review patient experience information while increasing the statistical reliability of the measures. The six composites

summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients' needs, how well the staff communicates with patients about new medicines, whether key information is provided at discharge, and how well patients understand the type of care they will need after leaving the hospital. The two individual items address the cleanliness and quietness of patients' rooms, while the two global items capture patients' overall rating of the hospital and whether they would recommend it to family and friends. Hospitals' survey response rate and the number of completed surveys are also publicly reported.

To ensure that HCAHPS scores allow fair and accurate comparisons among hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but which affect how patients answer survey items. CMS and the HCAHPS Project Team (HPT) apply adjustments that are intended to eliminate any advantage or disadvantage attributable to the mode of survey administration or characteristics of patients that are beyond a hospital's control. A detailed explanation of patient-mix adjustment and the actual adjustments applied can be found at <https://www.hcahpsonline.org/en/mode--patient-mix-adj/>. The HPT undertakes a series of quality oversight activities, including regular site visits at approved HCAHPS Survey vendors to inspect survey administration procedures and trace records, and statistical analyses of submitted data, to assure that the HCAHPS Survey is being administered properly and consistently.

HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals. CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and strongly discouraged by CMS.

## **HCAHPS Public Reporting on Care Compare**

Official HCAHPS scores, based on four consecutive quarters of patient surveys, are publicly reported on *Care Compare* on [Medicare.gov](https://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](https://www.medicare.gov/care-compare)), four times each year, with the oldest quarter of surveys rolling off as the newest quarter rolls on. A link to the downloadable version of HCAHPS results is also available in this tool. Hospitals must have at least 25 completed surveys in a four-quarter period for their HCAHPS results to be publicly reported. In the first public reporting of HCAHPS in March 2008, 2,521 hospitals reported HCAHPS scores based on 1.1 million surveys; in January 2022, 4,489 hospitals reported HCAHPS scores based on 1.9 million completed surveys. On average, approximately 5,100 patients complete the HCAHPS Survey every day. Current HCAHPS scores, as well as an archive of historical scores, are available in a downloadable database found in the "Hospitals" tab on the Provider Data Catalog tool at <https://data.cms.gov/provider-data/>.

Aggregate HCAHPS scores, both current and historical, can be found in the Summary Analyses section of the official HCAHPS Website, <https://www.hcahpsonline.org>. The tables include national and state "top-box" (most positive survey response) and "bottom-box" (most negative survey response) percentiles for each measure, inter-correlations of the measures, comparisons of

HCAHPS results by hospital characteristics, and top-box benchmarks for the three HCAHPS service lines (Medical, Surgical, and Maternity Care). Top-box scores for the 15 individual survey questions that form the six HCAHPS composite measures are also posted in the Summary Analyses section. While the individual question scores are presented for informational purposes only and are not official HCAHPS measures, they afford more granular insights into patient experience of care. The HCAHPS Website also provides news and updates about the survey, training materials, the survey instrument and implementation protocols, a bibliography of published research from the HCAHPS Project Team, and a series of user-friendly podcasts to further understanding of HCAHPS content, implementation, adjustment and scoring.

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

## **HCAHPS Star Ratings**

In April 2015, CMS added HCAHPS Star Ratings to its public reporting website. HCAHPS Star Ratings summarize all survey responses for each HCAHPS measure and present these in a simple format familiar to consumers, making it easier to use the information and spotlight excellence in healthcare quality. HCAHPS Star Ratings are updated quarterly. Eleven HCAHPS Star Ratings appear in the Provider Data Catalog (<https://data.cms.gov/provider-data/>): one for each of the 10 publicly reported HCAHPS measures, plus the HCAHPS Summary Star Rating, which combines the 10 HCAHPS measure star ratings. The HCAHPS Summary Star Rating is also displayed on *Care Compare* on [Medicare.gov](http://www.medicare.gov) ([www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)), where it is labelled “Patient survey rating.” Hospitals must have at least 100 completed HCAHPS Surveys over a four-quarter period and be eligible for public reporting of HCAHPS measures to qualify for HCAHPS Star Ratings. Hospitals with fewer than 100 completed surveys are not assigned HCAHPS Star Ratings, however their HCAHPS measure scores are reported on *Care Compare*. Since July 2016, HCAHPS Star Ratings have been a component of the [Care Compare Overall Star Ratings](#).

Detailed information about HCAHPS Star Ratings can be found in the HCAHPS Star Ratings section of the HCAHPS Website at <https://www.hcahpsonline.org/en/hcahps-star-ratings/>. The HCAHPS Star Rating Technical Notes describe how the star ratings are calculated and contain both the current and historical adjustments for patient mix and survey mode. Current and historical distributions of the star ratings, the distribution of the Summary Star Rating for each state, a presentation, and frequently asked questions about the HCAHPS Star Ratings are also available.

## **HCAHPS and Hospital Value-Based Purchasing**

CMS’s Hospital Value-Based Purchasing (Hospital VBP) program links a portion of IPPS hospital payment from CMS to performance on a set of quality measures. HCAHPS is the basis for the Person and Community Engagement (PCE) domain, which accounts for 25% of a hospital’s Hospital VBP Total Performance Score (TPS). For information, click [here](#).

Eight HCAHPS measures, or “dimensions,” are included in Hospital VBP: six HCAHPS composite measures (Communication with Nurses, Communication with Doctors, Staff Responsiveness, Communication about Medicines, Discharge Information, and Care Transition); a dimension that combines the Cleanliness and Quietness items; and one global item (Hospital Rating). Each HCAHPS measure has equal weight. The PCE domain score is based on the percentage of a hospital’s patients who chose the most positive, or top-box, survey response.

The PCE domain score (0–100 points) consists of the HCAHPS Base Score (0–80 points) and HCAHPS Consistency Score (0–20 points). Hospital VBP utilizes HCAHPS scores from two calendar years: the Baseline Period and the Performance Period, which is two years later. Each of the eight HCAHPS dimensions contributes to the Base Score through either Improvement Points or Achievement Points. “Improvement” is the amount of change in a hospital’s HCAHPS dimension from the Baseline to the Performance Period. “Achievement” is the comparison of each dimension in the Performance Period to the national median for that dimension in the Baseline Period. The larger of the Improvement Points or Achievement Points for each dimension contributes to the Base Score. The HCAHPS Consistency Score, the second piece of the PCE domain, targets and further incentivize improvement in a hospital's *lowest performing* HCAHPS dimension. More information about the Hospital VBP program can be found on the CMS Website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing.html> and in the HCAHPS and Hospital VBP section of the HCAHPS Website at <https://www.hcahpsonline.org/en/hcahps-and-hospital-vbp/>.

## **Review and Revision of HCAHPS**

Regular review and evaluation are vital for HCAHPS to continue to fulfill its mission of providing a national standard for collecting and publicly reporting information about patient experience. In 2019, CMS initiated a multi-faceted review of HCAHPS content, design and implementation. Focus groups and cognitive interviews were conducted with recent hospital inpatients to discuss their experience of care and assessment of existing, revised and potential survey items. In 2020, the HCAHPS Project Team convened a Technical Expert Panel (TEP) to discuss the HCAHPS revision efforts, then recruited a nationally representative set of hospitals to participate in a large-scale experiment to test new mixed modes that include an initial email survey, potential new and revised survey items, and changes to implementation protocols. The mode experiment was conducted from April to September 2021. More information about the mode experiment can be found on the HCAHPS Website at <https://hcahpsonline.org/en/whats-new/>. Ample notice will be given of any resulting changes to survey content or administration.

## **For More Information**

For information about HCAHPS policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, please visit the HCAHPS Website at <https://www.hcahpsonline.org>.

## **To Provide Comments or Ask Questions**

- To communicate with CMS about HCAHPS: [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov)
- For technical assistance with the HCAHPS Survey: [hcahps@hsag.com](mailto:hcahps@hsag.com) or 888-884-4007

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