

The HCAHPS Survey – Frequently Asked Questions

For Patient Discharges January 1, 2025 and Forward

What is the purpose of the HCAHPS Survey?

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 or Hospital CAHPS, is a 32-item survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. While many 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 shape the HCAHPS Survey. First, the survey is designed to produce comparable data on patients' perspectives of care that allows objective and meaningful comparisons among hospitals on topics that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting serves to enhance public accountability in health care by increasing transparency. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful, and practical. This methodology and the information it generates are available to the public. More information about the HCAHPS Survey can be found at <https://www.hcahpsonline.org>.

Note: CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), a U.S. Government agency.

What items are on the HCAHPS Survey?

The HCAHPS Survey is composed of 32 items: 22 substantive items that encompass critical aspects of the hospital experience (communication with nurses, communication with doctors, restfulness of hospital environment, care coordination, responsiveness of hospital staff, communication about medicines, discharge information, cleanliness of the hospital environment, overall rating of hospital, and recommendation of hospital); three items to skip patients to appropriate questions; five items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports. The HCAHPS Survey is available in English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic in the mail format, and in English, Spanish, Chinese and Russian in the phone format and English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic in the web format. From January 2025, the official Spanish translation must be administered to patients who prefer to speak Spanish. On average, it takes respondents about eight minutes to complete the HCAHPS Survey items. The core set of HCAHPS questions can be combined with up to 12 customized, hospital-specific supplemental items to complement the data hospitals collect to support internal customer service and quality-related activities. Supplemental items must be placed after all of the HCAHPS Survey questions (1-32). CMS does not review, approve or obtain data from supplemental items.

The actual wording of the HCAHPS questions and response categories, as well as the scripts for conducting the survey in the Phone modes, can be found under “Survey Instruments” on the official HCAHPS On-line Website, <https://www.hcahpsonline.org>. Complete information about how to implement the HCAHPS Survey can be found in the HCAHPS *Quality Assurance Guidelines* (QAG) under “Quality Assurance”, also available on this website.

How is the HCAHPS Survey administered?

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks (42 calendar days) 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 six survey modes: Mail Only, Phone Only, Mail-Phone (mail with phone follow-up of non-respondents), Web-Mail (web survey with mail follow-up), Web-Phone (web survey with phone follow-up), and Web-Mail-Phone (web survey with mail then phone follow-up). Each mode requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. Inpatient Prospective Payment System (IPPS) hospitals must achieve at least 300 completed surveys over four calendar quarters. 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 On-Line Website at <https://www.hcahpsonline.org>.

How was the HCAHPS Survey developed?

The Centers for Medicare & Medicaid Services (CMS) partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop HCAHPS. AHRQ carried out a rigorous, scientific process to develop and test the HCAHPS instrument. This process entailed multiple steps, including a public call for measures; literature review; cognitive interviews; consumer testing and focus groups; stakeholder input; a large-scale pilot test and a number of small-scale field tests. In addition, CMS responded to hundreds of public comments generated by several Federal Register notices.

In May 2005, the National Quality Forum (NQF)—which represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, Federal agencies, and research and quality organizations—endorsed HCAHPS. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS. HCAHPS was also endorsed by the Hospital Quality Alliance. CMS commissioned an independent research firm, Abt Associates Inc., to conduct an analysis of the benefits and costs of HCAHPS. The Abt report, which includes detailed cost estimates for hospitals, can be found at <http://www.cms.gov/HospitalQualityInits/downloads/HCAHPSCostsBenefits200512.pdf>.

When did hospitals begin to implement the HCAHPS Survey?

Voluntary collection of HCAHPS data for public reporting began in 2006, and public reporting of HCAHPS scores began in 2008. Since July 2007, hospitals subject to IPPS payment provisions ("subsection (d) hospitals") must collect, submit and publicly report HCAHPS data in order to receive their full IPPS annual payment update (APU). IPPS hospitals that fail to report the required quality

measures, which include the HCAHPS Survey, may receive a reduced APU. Non-IPPS hospitals, such as Critical Access hospitals, PPS-Exempt Cancer, Veterans Affairs, or Department of Defense hospitals can voluntarily participate in HCAHPS. HCAHPS results also form the basis for the Person and Community Engagement domain in the Hospital Value-Based Purchasing (Hospital VBP) program. Information about the Hospital VBP program can be found at <https://www.qualitynet.org/inpatient/hvbp>.

Which modes of survey administration can be used for HCAHPS?

Because hospitals and survey vendors survey patients a number of ways, HCAHPS is available in six different modes: Mail Only, Phone Only, Mail-Phone (mail with phone follow-up of non-respondents), Web-Mail (web survey with mail follow-up), Web-Phone (web survey with phone follow-up), and Web-Mail-Phone (web survey with mail then phone follow-up). Detailed information on the proper use of each mode of survey administration can be found in the HCAHPS *Quality Assurance Guidelines* manual, which is located at “Quality Assurance” at <https://www.hcahpsonline.org>.

What must hospitals do to participate in HCAHPS?

Hospitals participating in HCAHPS have the following options for conducting the survey: (1) contract with an approved HCAHPS Survey vendor or (2) self-administer their own HCAHPS Survey, provided they meet the Program Requirements (Rules of Participation and Minimum Business Requirements).

CMS has developed detailed Rules of Participation and Minimum Business Requirements for hospitals that self-administer the survey and for survey vendors that conduct HCAHPS for client hospitals. The HCAHPS Rules of Participation include the following activities:

- Submit an HCAHPS Participation Form
- Participate in Introduction to HCAHPS Training
- Survey vendors and hospitals that are approved to administer the HCAHPS Survey must participate in HCAHPS Update Training each year
- Follow the Quality Assurance Guidelines and Policy Updates
- Attest to the accuracy of the organization’s data collection process
- Develop an HCAHPS Quality Assurance Plan and survey materials
- Become a Hospital Quality Reporting (HQR) System registered user for data submission
- Participate in oversight activities conducted by the HCAHPS Project Team.

Hospitals and survey vendors administering the survey must also meet HCAHPS Minimum Business Requirements with respect to patient-specific survey experience, survey capacity, and quality control procedures. Details about these activities and requirements can be found in the Minimum Business Requirements document located on the “HCAHPS Minimum Business Requirements” page at <https://www.hcahpsonline.org>.

Note: If a hospital or its survey vendor is found to be non-compliant with these rules or requirements, the hospital’s HCAHPS data may not be publicly reported and the hospital may be at risk for a reduction of its annual payment update (APU).

Which patients are eligible to receive the HCAHPS Survey?

The HCAHPS Survey is broadly intended for patients of all payer types that meet the following criteria:

- 18 years or older at the time of admission
- At least one overnight stay in the hospital as an inpatient
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

Patients who meet these criteria (except those that fall into an exclusion category, described below) should be included in the sample frame from which the survey sample is drawn.

A patient's principal diagnosis at discharge is used to determine whether he or she falls into one of the three service line categories (Medical, Surgical or Maternity Care) for HCAHPS eligibility. The Medicare Severity-Diagnosis Related Group (MS-DRG) is the preferred method for determining whether the service line is Medical, Surgical or Maternity Care.

Pediatric patients (under 18 years old at admission) and psychiatric patients are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients. Patients whose MS-DRG principal diagnosis is Medical, Surgical or Maternity Care but who also have psychiatric comorbidities are eligible for the survey. Patients who did not have an overnight stay are ineligible because their experiences and interactions with the staff during the hospital visit may be limited.

There are a few categories of otherwise eligible patients who, because of logistical difficulties in collecting data, are excluded from the sample frame before the random sample is selected. These are:

- Patients discharged to hospice care
- Patients discharged to nursing homes and skilled nursing facilities
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address (*Note: The U.S. territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands – are not considered foreign addresses and are not excluded.*)
- “No-Publicity” patients (see below)
- Patients who are excluded because of rules or regulations of the state in which the hospital is located

Complete information about patient eligibility and exclusions for the HCAHPS Survey can be found in the Quality Assurance Guidelines under “Quality Assurance” at <https://www.hcahpsonline.org>.

Note: A "No publicity patient" is a patient who requests at admission that the hospital: 1) not reveal that he or she is a patient; and/or 2) not survey him or her.

Note: Hospitals must document their use of all patient exclusions.

How are patients sampled for the HCAHPS Survey?

The basic sampling procedure for HCAHPS is the drawing of a random sample of eligible discharges on a monthly basis. Smaller hospitals should survey all HCAHPS-eligible discharges. Data are collected from patients throughout each month of the 12-month reporting period. Data are then aggregated on a quarterly basis to create a rolling 4-quarter data file for each hospital. The most recent four quarters of data are used in public reporting. To ensure comparability, hospitals may not switch type of sampling, mode of survey administration, or survey vendor within a calendar quarter. More information about the HCAHPS sampling protocol can be found in the Quality Assurance Guidelines under “Quality Assurance” at <https://www.hcahpsonline.org>.

How is the sample drawn for the HCAHPS Survey?

The basic sampling procedure for HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month, or at the end of the month, as long as a random sample is generated from the entire month.

The target for the statistical precision of the publicly reported hospital scores is based on a reliability criterion. In brief, higher reliability means a higher ratio of “signal to noise” in the data. The reliability target for the HCAHPS global items and most composite measures is 0.8 or higher. Based on this target, hospitals must obtain at least 300 completed HCAHPS Surveys over the 12-month reporting period.

The HCAHPS sample must be drawn according to this uninterrupted random sampling protocol. Hospitals/Survey vendors must sample from every month throughout the entire reporting period and not stop sampling or curtail ongoing interview activities once a certain number of completed surveys has been attained. All completed surveys should be submitted to the HCAHPS data warehouse. More information about the HCAHPS sampling protocol can be found in the Quality Assurance Guidelines under “Quality Assurance” at <https://www.hcahpsonline.org>.

Note: Smaller hospitals that are unable to reach the target of 300 completes in a 12-month reporting period must survey ALL eligible discharges and attempt to obtain as many completes as possible.

When are patients surveyed?

Sampled patients are surveyed between 48 hours and 42 calendar days after discharge, regardless of the mode of survey administration. Interviewing or distributing surveys to patients while they are still in the hospital is not permitted.

Data collection for sampled patients must be closed out no later than 49 calendar days following the date the first survey is mailed (Mail Only and Mail-Phone modes), the first phone attempt is made (Phone Only mode), or the first email invitation is sent (Web-First modes). For additional details on survey timing and administration, refer to the Mail Only, Phone Only, Mail-Phone, Web-Mail, Web-Phone, and Web-Mail-Phone Survey Administration chapters. More information about the HCAHPS sampling protocol and survey timing and administration can be found in the Quality Assurance Guidelines under “Quality Assurance” at <https://www.hcahpsonline.org>.

How is the HCAHPS Survey data analyzed?

Data submitted to the HCAHPS data warehouse is cleaned and analyzed by CMS, which then calculates hospitals' HCAHPS scores and publicly reports them on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>).

How are HCAHPS results adjusted prior to public reporting?

To ensure that differences in HCAHPS results reflect differences in hospital quality only, HCAHPS Survey results are adjusted for patient-mix and mode of data collection. Only the adjusted results are publicly reported and considered the official results. Several questions on the survey, as well as items drawn from hospital administrative data, are used for the patient-mix adjustment. Neither patient race nor ethnicity is used to adjust HCAHPS results; these items are included on the survey to support congressionally-mandated reports. The adjustment model also addresses the effects of non-response bias.

The "Mode and Patient-Mix Adjustment" section on <https://www.hcahpsonline.org> contains details about the mode experiment results and the mode adjustments for HCAHPS scores. Additionally, patient-mix adjustments are updated and posted quarterly along with instructions for measure score calculations using both adjustments.

Which results from the HCAHPS Survey are publicly reported?

Hospital-level HCAHPS results, including "top-box" scores and star ratings, are publicly reported on Care Compare on [Medicare.gov](https://www.medicare.gov) (<https://www.medicare.gov/care-compare/>). HCAHPS scores are also available in the CMS Provider Data Catalog (<https://data.cms.gov/provider-data/dataset/dgck-sy fz>). HCAHPS scores are based on four consecutive quarters on a rolling basis, which means that the oldest quarter of survey data is rolled off as the newest quarter is rolled on. HCAHPS measures are publicly reported on CMS's Care Compare Website and in the Provider Data Catalog.

Composite Topics

- Communication with Nurses (Q1, Q2, Q3)
- Communication with Doctors (Q4, Q5, Q6)
- Restfulness of Hospital Environment (Q8, Q9, Q18)*
- Care Coordination (Q10, Q11, Q19)*
- Responsiveness of Hospital Staff (Q13, Q14)*
- Communication About Medicines (Q16, Q17)
- Discharge Information (Q22, Q23)

Individual Items

- Cleanliness of Hospital Environment (Q7)
- Information About Symptoms (Q20)*

Global Items

- Hospital Rating (Q24)
- Recommend the Hospital (Q25)

**New or updated items and measures beginning with the October 2026 public reporting.*

| Discharge Periods | Measures Included | Anticipated Public Reporting |
|-------------------|--|------------------------------|
| Q3 2022 – Q2 2023 | 10 measures in the legacy HCAHPS Survey | April 2024 |
| Q4 2022 – Q3 2023 | 10 measures in the legacy HCAHPS Survey | July 2024 |
| Q1 2023 – Q4 2023 | 10 measures in the legacy HCAHPS Survey | October 2024 |
| Q2 2023 – Q1 2024 | 10 measures in the legacy HCAHPS Survey | January 2025 |
| Q3 2023 – Q2 2024 | 10 measures in the legacy HCAHPS Survey | April 2025 |
| Q4 2023 – Q3 2024 | 10 measures in the legacy HCAHPS Survey | July 2025 |
| Q1 2024 – Q4 2024 | 10 measures in the legacy HCAHPS Survey | October 2025 |
| Q2 2024 – Q1 2025 | 8 unchanged measures in the legacy HCAHPS Survey | January 2026 ¹ |
| Q3 2024 – Q2 2025 | 8 unchanged measures in the legacy HCAHPS Survey | April 2026 ¹ |
| Q4 2024 – Q3 2025 | 8 unchanged measures in the legacy HCAHPS Survey | July 2026 ¹ |
| Q1 2025 – Q4 2025 | 11 measures in the Updated HCAHPS Survey | October 2026 ² |

HCAHPS measures are publicly reported for each participating hospital, as well as the national and state averages for each measure. The survey response rate and the number of completed surveys are also publicly reported on Care Compare on the Medicare.gov Website. A footnote is applied to denote the lower level of precision of publicly reported scores based on fewer than 100 and fewer than 50 completed HCAHPS Surveys. Scores based on fewer than 25 completed surveys are not publicly reported.

Additional information and analyses of hospital performance on HCAHPS are available under “Summary Analyses” on the official HCAHPS On-Line Website, <https://www.hcahpsonline.org>.

¹ Survey items that comprise 8 measures on the legacy HCAHPS Survey would remain unchanged on the Updated HCAHPS Survey. These measures would continue to be publicly reported for the Hospital IQR Program: “Communication with Nurses,” “Communication with Doctors,” “Communication About Medicines,” “Discharge Information,” “Overall Rating,” “Recommend Hospital,” “Cleanliness,” and “Quietness (also will be referred as “Restfulness of Hospital Environment” in the Updated HCAHPS Survey).

² First quarter that the proposed Updated HCAHPS Survey data would be publicly reported under the Hospital IQR Program.

Where can I learn more about HCAHPS?

More information about HCAHPS developments, policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey is available on the HCAHPS Website at <https://www.hcahpsonline.org>. A growing series of podcasts on HCAHPS implementation, scoring, and quality control can also be found on this website.