The HHCAHPS (pronounced “H.H-caps”) Survey is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies (HHAs). It is the first national, standardized, publicly reported survey of patients' perspectives of home health care. CMS says the survey is intended to produce standardized information about patients’ perspectives of care that allows objective and meaningful comparisons of home health agencies on topics that are important to consumers. HealthStream has been approved by CMS to administer the HHCAHPS Survey since 2010.

Contact any member of your HealthStream team to learn more about HHCAHPS and our unique product offerings.

**Who is Required to Participate**
Medicare-certified HHAs that served 60 or more survey-eligible patients during the prior 12-month period are required to administer the HHCAHPS Survey on an ongoing basis beginning with the April sample month.

**The Survey**
HHCAHPS is a 34-item survey designed to measure patients’ perceptions of their home health experience. Three composites and two global HHCAHPS measures are publicly reported on the Home Health Compare website. Each of the summary measures is constructed from four or more survey questions.

**Summary (Composite) Measures:**
1. Care of Patients
2. Communications Between Providers & Patients
3. Specific Care Issues

**Global Items:**
4. Overall rating of care
5. Recommend HHA

**Approved Data Collection Methodologies**
HHAs must use an approved survey vendor like HealthStream to conduct the HHCAHPS Survey. CMS has approved three modes of survey administration: mail only, telephone only, and mixed methodology of mail with telephone follow-up. HealthStream offers the telephone and mail methodologies.

**Person Surveyed and Proxy**
Every attempt must be made to interview the patient. However, a proxy is permitted if the patient is physically or mentally incapable of completing an interview.

**Approved Languages**
The HHCAHPS Survey is currently available in English, Spanish, Simplified and Traditional Chinese (Mail only), Russian, and Vietnamese. Survey vendors are not permitted to make or use any other language translations.

**Generating the Patient Sample**
HHAs administering the HHCAHPS Survey must submit a monthly patient file to their survey vendor each month. HHAs are responsible for providing complete, accurate, and valid patient files that contain all administrative information on all patients who meet the eligible population criteria. Prior to generating the HHCAHPS sample frame, HealthStream applies the eligibility criteria, removes exclusions, and performs de-duplication.

**Survey Timing**
HHCAHPS data collection is conducted on a monthly basis. For each monthly sample, the survey is initiated within 3 weeks after the end of the sample month. For example, for the January sample month, data collection must be initiated by February 21.

**Number of Completes**
CMS has set a target minimum of 300 completed HHCAHPS Surveys for each HHA over each 12-month reporting period.

**Patient Eligibility**
The following are the eligibility criteria:
- Patients whose home care was paid for by Medicare or Medicaid.
- Patients who are at least 18 years of age by the end of the sample month.
- Patients who had at least one home health visit for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the sample month.
- Patients who had at least two home health visits for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the look-back period (includes the sample month and the preceding month).
- Patients who are not deceased.
- Patients who are not currently receiving hospice care.
<table>
<thead>
<tr>
<th>Patient Eligibility (Continued)</th>
<th>• Patients who received home visits for services other than routine maternity care in the sample month.</th>
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</thead>
<tbody>
<tr>
<td>Exclusions</td>
<td>The following categories of patients are excluded from the sample frame.</td>
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<td>• Patients who received home visits ONLY for routine maternity care in the sample month.</td>
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<td>• Patients who have harmed or endangered (or have attempted to harm/endanger) the health or well-being of a home health provider.</td>
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<td>• State-regulated patients.</td>
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<td>• Patients who requested that the HHA not release their name and contact information to anyone other than agency personnel (“no publicity” patients).</td>
</tr>
<tr>
<td>Public Reporting</td>
<td>Public reporting of HHCAHPS data is based on a rolling twelve month average top-box score, and is updated quarterly. An HHA must have four quarters of data before results will show on the Home Health Compare website. HHCAHPS Survey results are displayed as three composite scores, and two global items. HHCAHPS results are publicly reported on Home Health Compare as top-box scores. The top-box is the most positive response to HHCAHPS survey items. For example, the percentage of patients who said “always” on questions using the never, sometimes, usually and always scale. HealthStream’s Insights Online reporting website displays the full distribution of responses, as well as top-box and mean score.</td>
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<tr>
<td>HHCAHPS Star Ratings</td>
<td>CMS added HHCAHPS Star Ratings beginning with the January 2016 public reporting period. HHCAHPS Star Ratings appear on Home Health Compare – one for each of the three HHCAHPS summary measures, one for the Overall Rating of Care item, plus an HHCAHPS Summary Star Rating. HHAs must have at least 40 completed surveys in a 12-month reporting period to be eligible for HHCAHPS Star Ratings.</td>
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<tr>
<td>CMS Data Adjustments</td>
<td>CMS adjusts HHCAHPS results for patient-mix prior to public reporting (there is no adjustment for mode). CMS says that only the adjusted results are considered the official HHCAHPS results. The goal of the patient-mix adjustments is to ensure HHCAHPS scoring is fair.</td>
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<td>Home Health Value-Based Purchasing</td>
<td>CMS has implemented a Home Health Value-based Purchasing (HHVBP) model in selected states starting on January 1, 2016. All Medicare-certified HHAs in Arizona, Iowa, Florida, Massachusetts, Maryland, Nebraska, North Carolina, Tennessee, and Washington are required to participate in the model. The model will offer greater potential reward for high-performing HHAs, as well as greater potential downside risk for low performers. The model will apply a reduction or increase of up to 8% to Medicare payments depending on the HHA’s performance on the selected quality measures, including the HHCAHPS Survey, relative to its peers. Thirty percent of fee-for-service Medicare payments will be tied to quality or value-based payments in the selected states by the end of 2016. That percentage will gradually increase to 90% by 2018.</td>
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<tr>
<td>HealthStream Reporting &amp; Support</td>
<td>In addition to online access to survey results throughout data collection, HealthStream offers a comprehensive report with comparisons to national benchmarks, percentile ranks and identification of priorities for improvement. HHAs will have access to our complete library of Best Practices, and a detailed report review with a senior member of their dedicated project team. We also help organizations to improve the patient experience and CAHPS survey results through online and on-site assessments, coaching and educational tools. We focus on strategies that have the greatest potential impact for rapid CAHPS improvement. We also offer a variety of improvement tools to assist our clients, including PX Advisor, Re-CAHPS Webinar Series and HHCAHPS Resource Guide. Learn more at: <a href="http://www.healthstream.com/solutions/patient-experience">http://www.healthstream.com/solutions/patient-experience</a></td>
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<tr>
<td>CMS Websites</td>
<td><a href="https://homehealthcahps.org/">https://homehealthcahps.org/</a></td>
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