

CMS HHCAHPS Survey Guide

Overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey

Compliments of



The Experts in Measuring Perception of Care

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HHCAHPS Survey Overview

The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Home Health Care Survey is part of the Department of Health and Human Services (DHHS) Transparency Initiative on Quality Reporting. CMS is implementing a process to measure and publicly report patients' experiences with home health care they receive from Medicare-certified home health agencies.

- This new CMS data collection process will require the use of the HHCAHPS survey tool. It also mandates that home health agencies select a CMS-approved vendor to manage the survey and data submission process for their agency.
- The HHCAHPS results will become a publicly reported measure allowing external comparison on the Home Health Compare website.
- The national implementation for the HHCAHPS survey will begin in October 2009. The initial launch is voluntary.
- According to the HHPPS CY 2010 Final Rule, those agencies who participate in HHCAHPS beginning Q3 2010, will qualify for the annual update payment in 2012.
- Those agencies who do not participate in HHCAHPS starting Q3 2010, are subject to a 2% reduction to their market basket reimbursement.

Status and Timeline

The HHCAHPS survey has been in development for several years under the leadership of the Agency for Healthcare Research and Quality (AHRQ). The HHCAHPS survey is in the final stage of becoming part of home health reporting.

- The HHCAHPS survey was endorsed by the National Quality Forum (NQF) on April 7th, 2009 as part of a comprehensive set of measures on quality and patient experience for home health care.
- The HHCAHPS survey was submitted to the Office of Management and Budget (OMB) on April 10, 2009 for approval. Comments were collected by OMB.
- The HHCAHPS survey was approved by OMB in July 2009.
- The national implementation of HHCAHPS will begin October 2009.
- CMS requires agencies to complete a "dry run" of data collection and submission in Q3 2010.
- Ongoing data collection and submission will be required starting October 1, 2010.
- The first public report on Home Health Compare will be available in January 2012 and will reflect data collected from October 2010 – September 2011.
- The public report will be updated on a quarterly basis and will reflect a rolling 12 months of data.

Detailed Information

- **What is the HHCAHPS Survey?**

A standardized survey for home health patients to assess their home health care providers and the quality of the home health care they receive.

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- **Why is it being implemented?**

CMS is developing this survey to better evaluate and understand the quality of care provided by the home health care agencies with which they do business. By publically reporting the results, home health agencies are motivated to focus on patient-centered care and provide consumers comparative results to make informed choices.

- **What is asked in the HHCAHPS Survey?**

The survey contains questions about the patient's interactions with the home health agency, interactions with the agency's providers, provider care and communications, and patient demographics. Patients will also be asked to provide an overall rating of the home health care they receive. CMS will publicly report the HHCAHPS results every quarter.

Home health agencies can include their own questions in the survey along with the required HHCAHPS survey questions.

- **Do I need to include all of my patients in the survey?**

HHCAHPS will be required for Medicare and/or Medicaid patients only. The survey is designed for patients 18 and over, who currently receive skilled home health care or who have been recently discharged from home health care. There are additional prerequisites for survey respondents. Your CMS-approved vendor will ensure that all criteria are met before surveying a patient.

- **How will this new survey impact your agency?**

Participation in the national implementation of HHCAHPS survey is initially voluntary beginning October 2009. CMS requires agencies to participate in HHCAHPS starting Q3 2010, or be subject to a 2% reduction in their market basket update CY 2012.

Agency Preparation

- Find a trusted partner that knows home health because CMS policy states that agencies participating in HHCAHPS must use an “approved” vendor. Deyta has passed all of the CMS qualifications to be an approved vendor.
- Create an internal HHCAHPS team to facilitate your program. Be sure the team is trained and understands all of the HHCAHPS requirements. Deyta can help to educate and train your team members.
- Build or revise budgets to include costs of HHCAHPS survey for 2010. Deyta can provide a pricing proposal for your budgeting process.
- Start the HHCAHPS transition process as early as possible. Agencies can begin as early as October 2009 and must start by Q3 2010.
- Deyta’s HHCAHPS Guaranteed Compliance Program allows agencies to transition to HHCAHPS quickly, easily and economically.
- Revise or create corporate satisfaction score cards or employee incentive programs to reflect new HHCAHPS benchmarks.

Additional Information Sources

Home Health Care CAPS Survey informational web site

- <https://homehealthcahps.org/>

Federal Register Home Health Prospective Payment System Rate Update for 2010, Final Rule

- http://federalregister.gov/OFRUpload/OFRData/2009-26503_PI.pdf

About Deyta, LLC

Deyta has been providing “Perception of Care” surveys to the health care industry for over fifteen years. As the experts in satisfaction, our programs help home care, hospice and private duty agencies to improve the quality of care for their patients through continual evaluation and refinement of their patient, family and employee interactions. Find out more about our HH-CAHPS, patient and family satisfaction survey programs.

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