

Addendum to the HCAHPS Quality Assurance Guidelines V19.0

This is an Addendum to the [HCAHPS Quality Assurance Guidelines V19.0 \(QAG\)](#), issued October 2024. Changes include new items and clarifications to protocols effective with **July 1, 2026 patient discharges**. Please note that there are no changes to the current versions of the survey instruments. Please refer to the [Survey Instruments page](#) on the [HCAHPS Website](#) to access the current versions.

QAG V19.0 Chapter	Heading	Type of Change (New or Clarification)	Description of Changes (Yellow highlight indicates a word or wording change)
Acknowledgements		New	CMS would like to acknowledge that the “Point of Origin for Admission” and “Visit and Patient Discharge Status” codes are reprinted from the National Uniform Billing Committee Official UB-04, Data Specifications Manual by permission, Copyright 2025 , by the American Hospital Association.
II. Introduction and Overview	Overview of the CAHPS Hospital Survey (HCAHPS)	Clarification	Office of Management and Budget and Public Comment Process: OMB re-approved HCAHPS with the Expiration Date of November 30, 2027.
III. Program Requirements	Survey Vendor/Hospital HCAHPS Rules of Participation	Clarification	Participate in an HCAHPS Dry Run (Voluntary): Dry runs are planned for the last month of each quarter (i.e., March, June, September, and December).
	Survey Vendor/Hospital HCAHPS Rules of Participation	Clarification	Participate in Oversight Activities Conducted by the HCAHPS Project Team: The HCAHPS Project Team’s oversight activities, along with any feedback and comments made to survey vendor/hospital, are for internal use only and cannot be used for marketing purposes nor distributed.
	HCAHPS Minimum Business Requirements	New	Technical Assistance/Customer Support: For both survey vendors and self-administering hospitals, one year prior experience providing email customer support, if applicable, in all languages administered.
		Clarification	Quality Assurance Plan (QAP) Documentation Requirements: Survey vendors and self-administering hospitals must develop and maintain a QAP for survey administration in accordance with the current HCAHPS Quality Assurance Guidelines.

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V. Survey Management	System Resources	New	Providing Customer Support via the Internet: Survey vendors/Hospitals conducting the Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) of survey administration must provide customer support via email in each language in which they are administering the HCAHPS Survey. The email must be regularly monitored and replied to within one business day. The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in <i>HCAHPS QAG V19.0</i> , Appendix X. Customer support personnel must use the FAQs as a guide when answering patients' questions about the survey.
	Data Security	Clarification	Survey vendors/hospitals must notify the HCAHPS Project Team within 24 hours upon discovery of a security incident or data breach that potentially affects HCAHPS Survey administration within their organization or at a client hospital.
VI. Sampling Protocol	MS-DRG Codes and Service Line Categories	New	<ul style="list-style-type: none"> Updated Table of V.43 MS-DRG Codes and HCAHPS Service Line Categories Effective October 1, 2025 posted on HCAHPS Website V.44 MS-DRG V.44 effective October 1, 2026, crosswalk will be posted on the HCAHPS Website
VII. Mail Only Survey Administration	Production of Questionnaire and Related Materials	Clarification	Use of Supplemental Questions: If supplemental section headings are included, they must not repeat HCAHPS section headings (e.g., YOUR CARE FROM NURSES).
	Quality Control Guidelines	Clarification	Upon request, survey vendors/hospitals must send integrated seeded mailings to the HCAHPS Project Team.
VIII. Phone Only Survey Administration	Phone Attempts	Clarification	<p>Proxy Respondents</p> <ul style="list-style-type: none"> When the proxy agrees to complete the HCAHPS Survey on behalf of the patient, the interviewer may resume the survey after the last question that was answered by the patient. In addition to the Power of Attorney, permission from the patient is not necessary if the proxy indicates that the proxy has guardianship or conservatorship for the patient.

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IX. Mail-Phone Survey Administration	Mail Protocol	Clarification	Use of Supplemental Questions: If supplemental section headings are included, they must not repeat HCAHPS section headings (e.g., YOUR CARE FROM NURSES).
	Quality Control Guidelines for Mail Data	Clarification	Upon request, survey vendors/hospitals must send integrated seeded mailings to the HCAHPS Project Team.
	Phone Interviewing Systems	Clarification	Proxy Respondents: <ul style="list-style-type: none"> • When the proxy agrees to complete the HCAHPS Survey on behalf of the patient, the interviewer may resume the survey after the last question that was answered by the patient. • In addition to the Power of Attorney, permission from the patient is not necessary if the proxy indicates that the proxy has guardianship or conservatorship for the patient.
X. Web-Mail Survey Administration	Web Survey System	New	Survey vendors/Hospitals conducting the Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) of survey administration must provide customer support via email in each language in which they are administering the HCAHPS Survey. The email must be regularly monitored and replied to within one business day. The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in Appendix X. Customer support personnel must use the FAQs as a guide when answering patients' questions about the survey.

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		Clarification	<p>The web survey system must:</p> <ul style="list-style-type: none"> • support capture of data from web surveys that are initiated and suspended without submission of a completed survey • allow for web surveys to be suspended and resumed at a later date, returning the sampled patient to the first unanswered question • allow for the respondent to back up and change a previously selected response • allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the patient's screen (whether phone, tablet, or computer). • allow a web survey to be programmed to be 508 compliant • support dissemination of survey invitations that include an embedded hyperlink unique to each sampled patient that the patient can click on to directly connect to the web survey
	Quality Control Guidelines for Web Survey Data Collection	New	<ul style="list-style-type: none"> • Seeded emails must be sent to the survey vendor/hospital HCAHPS project staff on a quarterly basis at a minimum, to make certain the survey is delivered as required. • Upon request, survey vendors/hospitals must send integrated seeded emails to the HCAHPS Project Team.
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XII. Web-Mail-Phone Survey Administration	Web Survey System	New	Survey vendors/Hospitals conducting the Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) of survey administration must provide customer support via email in each language in which they are administering the HCAHPS Survey. The email must be regularly monitored and replied to within one business day. The HCAHPS Survey Frequently Asked Questions (FAQs) document for customer support personnel and project staff is provided in Appendix X. Customer support personnel must use the FAQs as a guide when answering patients' questions about the survey.
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XIII. Data Specifications and Coding	Decision Rules and Coding Guidelines – Administrative Data Record	Clarification	The “Survey Completion Mode” field must be submitted if the “Survey Mode” in the Header Record is “3 – Mail-Phone,” “4 – Web-Mail,” “5 – Web-Phone,” or “6 – Web-Mail-Phone” and the “Final Survey Status” is “1 – Completed survey” or “6 – Non-response: Break-off.” For other “Final Survey Status” codes, code “Survey Completion Mode” as “ 10 – Not Applicable.”
		Clarification	Principal Reason Admission: <ul style="list-style-type: none"> If a patient is assigned HCAHPS Service Line “X – Ineligible” then the survey-status should be coded as “3 – Ineligible: Not in eligible population.” If a patient is surveyed and then found to be ineligible, the patient is assigned HCAHPS Service Line “X – Ineligible” then survey-status should be coded as “3 – Ineligible: Not in eligible population.”

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		Clarification	Number of Survey Attempts – Mail is not included for survey modes with only one mail wave attempt, for example a survey-mode of “3-Mail-Phone” with a survey-completion-mode of “1 - Mail-Phone mode-mail” or a survey-mode of “6 -Web-Mail-Phone” with a survey-completion-mode of “8 - Web-Mail-Phone mode-mail.”
		Clarification	The “Email Status” field Indicates if a valid patient email address was provided in the discharge list regardless of whether the patient completed the survey by web.
XV. Oversight Activities	On-site Visits/Conference Calls	Clarification	The Site Visit Feedback Report, along with any comments made during a site visit, is for internal use only and cannot be used for marketing purposes nor distributed.
XVI. Data Reporting	Public Reporting of HCAHPS Results	Clarification	<p>A Note About HCAHPS "Boxes": The two individual items (Cleanliness of Hospital Environment and Information About Symptoms) “top-box,” “bottom-box” and “middle-box” are as follows:</p> <ul style="list-style-type: none"> • Cleanliness of Hospital Environment: <ul style="list-style-type: none"> ○ Top-box: Always ○ Bottom-box: Sometimes or Never ○ Middle-box: Usually • Information About Symptoms: <ul style="list-style-type: none"> ○ Top-box: Yes, Definitely ○ Bottom-box: No ○ Middle-box: Yes, somewhat

Please note that chapters not listed in the table above do not have any changes.

Please contact HCAHPS Technical Assistance at hcahps@hsag.com for any specific questions.