

Changes to Publicly Reported Measures

Beginning with the April 2026 sample month, CMS is implementing a new HHCAHPS survey. With the new survey, the three composite measures (Care of Patients, Communications Between Providers and Patients, and Specific Care Issues) will no longer be included in CMS public reporting programs.

Timeline for Public Reporting Changes

- **Value-Based Purchasing (VBP):** The three composite measures will be removed from the CY 2026 performance year measurement (affecting CY 2028 payment adjustments)
- **Care Compare:** The first publication reflecting these changes will be the October 2027 refresh

Items that have been **added**, **removed**, or that have **changed** between the two survey versions are indicated with color coding.

Quality Measures

Survey valid through Mar 2026 Sample Month

C1. Care of Patients
9. Providers informed about all home care received
16. Providers treated you as gently as possible
19. Providers treated you with courtesy and respect
24. Had problems with care from agency

C2. Communications Between Providers and Patients
2. Agency explained care and services at start
15. Providers kept you informed of arrival times
17. Providers explained things clearly
18. Providers listened carefully
22. Agency office provided needed help or advice
23. Response time for help or advice from office

C3. Specific Care Issues
3. Agency discussed home safety setup at start
4. Agency discussed all medications at start
5. Agency asked to see all medications at start
10. Providers discussed pain management
12. Discussed purpose of new/changed prescription medicines
13. Providers explained when to take medicines
14. Providers explained medicine side effects

U1. Overall Rating of Care
20. Overall care rating

U2. Willingness to Recommend Agency
25. Would recommend agency to family or friends

Survey valid beginning Apr 2026 Sample Month

C1. Care of Patients (SHP will maintain support)
6. Staff informed about all home care received
7. Staff treated you with care
10. Staff treated you with courtesy and respect
11. Staff cared about you as a person
13. Services helped you take care of your health

C2. Communications... (SHP will maintain support)
5. Staff kept you informed of arrival times
8. Staff explained things clearly
9. Staff listened carefully
12. Staff provided friends and family with care instructions
16. Agency office provided needed help or advice


C3. Specific Care Issues (SHP will maintain support)
2. Agency discussed home safety setup at start
3. Agency reviewed all medications at start
4. Staff explained medicine side effects

U1. Overall Rating of Care
14. Overall care rating

U2. Willingness to Recommend Agency
17. Would recommend agency to family or friends

SHP's Continued Support

SHP will continue to support reporting of the three composite measures in our analytics platform. These scores offer valuable insights into patient experience and can expose issues that may not be evident from the Overall Rating and Willingness to Recommend measures alone.

Items that have been **added**, **removed**, or **changed** between the two versions are indicated with color coding.  - Top box response

Survey valid through Mar 2026 Sample Month

Survey valid beginning Apr 2026 Sample Month

Survey Instructions

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - ☒ Yes → **If Yes, go to Q1 on Page 1.**
 - ☐ No

- Answer all the questions by checking the box to the left of your answer.
- If you are answering for someone who received home health care**, please try to answer questions from his or her point of view.
- Sometimes you can skip some questions in this survey.** When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
 - ☐ Yes
 - ☒ No → **If No, skip to Q1.**


Questions & Responses

Question/Response Details


YOUR HOME HEALTH CARE

- According to our records, you got care from the home health agency, **[AGENCY NAME]**. Is that right?
~~As you answer the questions in this survey, think only about your experience with this agency.~~
 - ☐ Yes
 - ☐ No → **If No, please stop and return the survey in the envelope provided.**

- When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

-  1 ☐ Yes
- 2 ☐ No
- 3 ☐ Do not remember

- When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

-  1 ☐ Yes
- 2 ☐ No
- 3 ☐ Do not remember

Question/Response Details

YOUR HOME HEALTH CARE


- According to our records, you got care from the home health agency, **[AGENCY NAME]**. Is that right?

- ☐ Yes
- ☐ No → **If No, please stop and return the survey in the envelope provided.**

YOUR CARE FROM HOME HEALTH STAFF

These next questions are about all the different staff from **[AGENCY NAME]**. Do not include care you got from staff from another home health care agency.

- When you first started getting home health care from this agency, did someone from the agency **talk about ways to help make your home safer?** For example, they may have suggested adding grab bars in the shower or removing tripping hazards.

-  1 ☐ Yes
- 2 ☐ No
- 3 ☐ I don't know
- 4 ☐ I did not need help with home safety

4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

☒ 1 ☐ Yes
2 ☐ No
3 ☐ Do not remember

5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

☒ 1 ☐ Yes
2 ☐ No
3 ☐ Do not remember

YOUR CARE FROM HOME HEALTH PROVIDERS IN THE LAST 2 MONTHS

These next questions are about all the different staff from **[AGENCY NAME]** who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

6. In the last 2 months of care, was one of your home health providers from this agency a nurse?

1 ☐ Yes
2 ☐ No

7. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?

1 ☐ Yes
2 ☐ No

8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?

1 ☐ Yes
2 ☐ No

14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

☒ 1 ☐ Yes
2 ☐ No
3 ☐ I did **not** take any new prescription medicines or change any medicines

3. Has someone from the agency ever **reviewed the prescribed and over-the-counter medicines** you were taking? For example, they might have asked you to show them your medicines and talked with you about how and when to take each one.

☒ 1 ☐ Yes
2 ☐ No
3 ☐ I don't know
4 ☐ I don't take any medicines

4. In the last 2 months of care, did home health **staff** from this agency talk with you about any **side effects** of your medicines?

☒ 1 ☐ Yes
2 ☐ No
3 ☐ I don't know
4 ☐ I don't take any medicines

15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always



9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I only had one provider in the last 2 months of care



10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

- 1 ☐ Yes
2 ☐ No



11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

- 1 ☐ Yes
2 ☐ No → If No, go to Q15.

12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

- 1 ☐ Yes
2 ☐ No
3 ☐ I did **not** take any new prescription medicines or change any medicines



13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

- 1 ☐ Yes
2 ☐ No
3 ☐ I did **not** take any new prescription medicines or change any medicines



16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always



5. In the last 2 months of care, how often did home health **staff** from this agency keep you informed about **when they would arrive** at your home?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always



6. In the last 2 months of care, how often did home health **staff** from this agency seem **to be aware of all the care or treatment** you were getting at home?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always



7. In the last 2 months of care, how often did home health **staff** from this agency **treat you with care** – for example, when moving you around or changing a bandage?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always



17. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

8. In the last 2 months of care, how often did home health **staff** from this agency **explain things** in a way that was easy to understand?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

9. In the last 2 months of care, how often did home health **staff** from this agency **listen carefully** to you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

10. In the last 2 months of care, how often did home health **staff** from this agency treat you with **courtesy and respect**?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

11. In the last 2 months of care, how often did you feel that home health staff from the agency **cared about you as a person**?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

12. In the last 2 months of care, did home health staff from this agency **provide your family or friends with information or instructions** about your care as much as you wanted?



- 1 ☒ Yes
- 2 ☐ No
- 3 ☐ I don't know
- 4 ☐ I did not want or need this

13. In the last 2 months of care, how often have the services you received from this agency **helped you take care of your health**?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☒ Always

20. We want to know your rating of your care from this agency's home health providers.

Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

- 0 ☐ 0 Worst home health care possible
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
-  9 ☐ 9
-  10 ☐ 10 Best home health care possible


YOUR HOME HEALTH AGENCY

The next questions are about the office of **[AGENCY NAME]**.


21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?

- 1 ☐ Yes
- 2 ☐ No → If No, go to Q24.


22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

-  1 ☐ Yes
- 2 ☐ No → If No, go to Q24.
- 3 ☐ I did **not** contact this agency


23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?

-  1 ☐ Same day
- 2 ☐ 1 to 5 days
- 3 ☐ 6 to 14 days
- 4 ☐ More than 14 days
- 5 ☐ I did **not** contact this agency

24. In the last 2 months of care, did you have any problems with the care you got through this agency?



- 1 ☐ Yes
-  2 ☐ No

25. Would you recommend this agency to your family or friends if they needed home health care?

- 1 ☐ Definitely no
- 2 ☐ Probably no
- 3 ☐ Probably yes
-  4 ☐ Definitely yes

14. We want to know your rating of your care from this agency's home health staff.

Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health staff?

- 0 ☐ 0 Worst home health care possible
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
-  9 ☐ 9
-  10 ☐ 10 Best home health care possible


YOUR HOME HEALTH AGENCY

The next questions are about the office of **[AGENCY NAME]**.


15. Have you contacted this agency's **office** for help or advice?

- 1 ☐ Yes
- 2 ☐ No → If No, go to Q17.

16. When you contacted this agency's office, did you get the help or advice you needed?

-  1 ☐ Yes
- 2 ☐ No

17. Would you recommend this agency to your family or friends if they needed home health care?

- 1 ☐ Definitely no
- 2 ☐ Probably no
- 3 ☐ Probably yes
-  4 ☐ Definitely yes

ABOUT YOU

26. In general, how would you rate your overall health?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

27. In general, how would you rate your overall mental or emotional health?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

28. Do you live alone?

- 1 ☐ Yes
- 2 ☐ No

29. What is the highest grade or level of school that you have completed?

- 1 ☐ 8th grade or less
- 2 ☐ Some high school, but did not graduate
- 3 ☐ High school graduate or GED
- 4 ☐ Some college or 2-year degree
- 5 ☐ 4-year college graduate
- 6 ☐ More than 4-year college degree

30. Are you Hispanic or Latino/Latina?

- 1 ☐ Yes
- 2 ☐ No

31. What was your race? Please choose one or more.

- 1 ☐ American Indian or Alaska Native
- 2 ☐ Asian
- 3 ☐ Black or African American
- 4 ☐ Native Hawaiian or other Pacific Islander
- 5 ☐ White

ABOUT YOU

There are only a few questions left.

If you are answering on behalf of a family member or friend who received home health care: these questions are about that person, not yourself.

18. In general, how would you rate your overall health?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

19. In general, how would you rate your overall mental or emotional health?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

20. Do you live alone?

- 1 ☐ Yes
- 2 ☐ No

21. What is the highest grade or level of school that you have completed?

- 1 ☐ 8th grade or less
- 2 ☐ Some high school, but did not graduate
- 3 ☐ High school graduate or GED
- 4 ☐ Some college or 2-year degree
- 5 ☐ 4-year college graduate
- 6 ☐ More than 4-year college degree

22. What is your race or ethnicity? Please mark one or more.

- 1 ☐ American Indian or Alaska Native
- 2 ☐ Asian
- 3 ☐ Black or African American
- 4 ☐ Hispanic or Latino
- 5 ☐ Middle Eastern or North African
- 6 ☐ Native Hawaiian or other Pacific Islander
- 7 ☐ White

32. What language do you mainly speak at home?

- 1 ☐ English
 - 2 ☐ Spanish
 - 3 ☐ Some other language: (please print)
-

33. Did someone help you complete this survey?

- 1 ☐ Yes
- 2 ☐ No → **If No, please return the completed survey in the postage-paid envelope.**

34. How did that person help you? Check all that apply.

- 1 ☐ Read the questions to me
 - 2 ☐ Wrote down the answers I gave
 - 3 ☐ Answered the questions for me
 - 4 ☐ Translated the questions into my language
 - 5 ☐ Helped in some other way: (please print)
-
- 6 ☐ No one helped me complete this survey

Thank you!
Please return the completed survey in the postage-paid envelope.

23. What language do you mainly speak at home?

- 1 ☐ English
 - 2 ☐ Spanish
 - 3 ☐ Some other language: (please print)
-

24. Did someone help you complete this survey?

- 1 ☐ Yes
- 2 ☐ No → **If No, please return the completed survey in the postage-paid envelope.**

25. How did that person help you? Check all that apply.

- 1 ☐ Read the questions to me
 - 2 ☐ Wrote down the answers I gave
 - 3 ☐ Answered the questions for me
 - 4 ☐ Translated the questions into my language
 - 5 ☐ Helped in some other way: (please print)
-
- 6 ☐ No one helped me complete this survey

Thank you!
Please return the completed survey in the postage-paid envelope.