



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

56th Annual Meeting
Thursday, August 28, 2025
11:15am-12:15pm

4a. Improving HHCAHPS Scores

Presented by:

Melinda A. Gaboury, COS-C, Chief Executive Officer, Healthcare
Provider Solutions, Inc. (HPS)

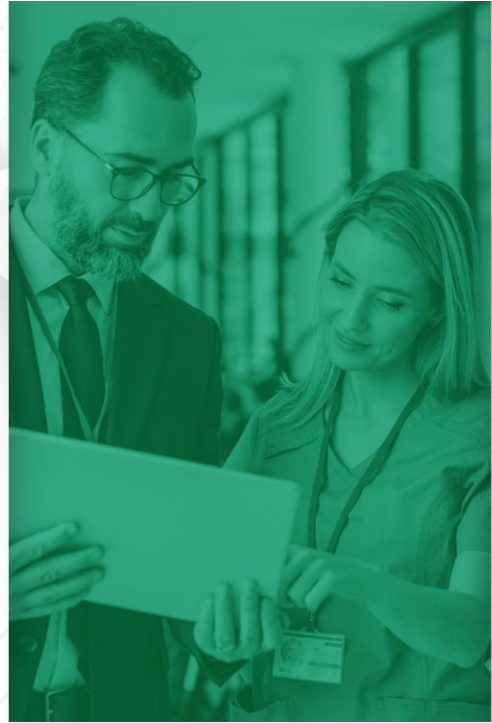
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Improving HHCAHPS Scores

Melinda A. Gaboury, COS-C
Chief Executive Officer

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Melinda A. Gaboury, COS-C
Chief Executive Officer

Melinda A. Gaboury, with more than 33 years in home care, has over 23 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda's current impact on the industry. She is currently serving as Chair of the The Alliance/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E1 and Home Health Billing Answers, 2025.



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HHCAHPS as a Measure of Satisfaction

- The HHCAHPS survey is designed to measure the experiences of people getting care
- IT surveys the patient's perspectives of their skilled home health care
- The goals of the CAHPS:
 - Produce comparable data that allows objective and meaningful comparisons between HHAs on domains that are important to consumers
 - Public reporting of survey results will incentivize agencies to improve their quality of care
 - Public reporting will enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment

Source: homehealthcahps.org/General-Information/About-Home-Health-Care-CAHPS-Survey



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HHCAHPS as a Measure of Satisfaction

- The HHCAHPS survey is composed of 33 multiple choice questions
- A selection of these are used as HHVBP Quality Measures
 - Each of the five measures below make up 6% each of the HHCAHPS based measure score, which is 30% of HHVBP Total Performance score for Large Cohorts
- The CAHPS-based 2025 HHVBP measures are:
 - Care of Patients
 - Communication Between Providers and Patients
 - Specific Care Issues
 - Overall Rating of Home Health Care
 - Willingness to Recommend the Agency



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HHCAHPS as a Measure of Satisfaction

A selection of HHCAHPS items are used for three composite, public-facing Star Ratings also

- Agency must be eligible for public reporting
- Additionally, must have at least 40 or more completed surveys over the 4-quarter reporting period

The CAHPS based, composite Star Ratings measures are:

- Care of Patients
- Communication Between Providers and Patients
- Specific Care Issues



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Anticipated HH Refreshes and Data Periods

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov			
			July 2025	October 2025	January 2026	April 2026
HHCAHPS Measures						
How often the home health team gave care in a professional way	Care of Patients Composite	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 - Q4 2024	Q2 2024 - Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025
How well did the home health team communicate with patients	Communications Between Providers and Patients Composite	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 - Q4 2024	Q2 2024 - Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025
Did the home health team discuss medicines, pain, and home safety with patients	Specific Care Issues Composite	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 - Q4 2024	Q2 2024 - Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025
How do patients rate the overall care from the home health agency	Overall Rating of Care Received	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 - Q4 2024	Q2 2024 - Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025
Would patients recommend the home health agency to friends and family	Willingness to Recommend Rating	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 - Q4 2024	Q2 2024 - Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025



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HHCAHPS Composite Measures

Star Ratings will be applied to each of the three publicly reported composite measures, which are from specific questions on the HHCAHPS Survey. In addition, a Star Rating will be applied to the HHCAHPS global item.

The three HHCAHPS composite measures are:

- Care of Patients (Q9, Q16, Q19, and Q24)
- Communication Between Providers and Patients (Q2, Q15, Q17, Q18, Q22, and Q23)
- Specific Care Issues (Q3, Q4, Q5, Q10, Q12, Q13, and Q14)

The HHCAHPS Global Item is:

- Overall Rating of Care Provided by the Home Health Agency (Q20)



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HHVBP – HHCAHPS Measures

Composite Measures

- Care of Patients (Questions 9, 16, 19 and 24). On Medicare Care Compare, results for this composite are shown as "Patients who reported that their home health team gave care in a professional way."
- Communications Between Providers and Patients (Questions 2, 15, 17, 18, 22 and 23). On Medicare Care Compare, results for this composite are shown as "Patients who reported that their home health team communicated well with them."
- Specific Care Issues (Questions 3, 4, 5, 10, 12, 13, and 14). On Medicare Care Compare, results for this composite are shown as "Patients who reported that their home health team discussed medicines, pain and home safety with them."

Global Ratings

- Rating of care provided by the agency (Question 20)
- Willingness to recommend the agency to friends and family (Question 25)



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Care of Patients/Professional Care

- This composite measure comes from Q9, Q16, Q19, and Q24

<i>Care of Patients Composite ("Patients who reported that their home health team gave care in a professional way.")</i>	Response Categories
Q9. 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?	Never, Sometimes, Usually, Always
Q16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	Never, Sometimes, Usually, Always
Q19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Q24. In the last 2 months of care, did you have any problems with the care you got through this agency?	Yes, No



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Communication

- This composite measure comes from Q2, Q15, Q17, Q18, Q22 and Q23

<i>Communications Between Providers and Patients Composite ("Patients who reported that their home health team communicated well with them.")</i>	Response Categories
Q2. 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?	Yes , No
Q15. 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?	Never, Sometimes, Usually, Always
Q17. 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?	Never, Sometimes, Usually, Always
Q18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	Never, Sometimes, Usually, Always
Q22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?	Yes , No
Q23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?	Same day , 1 to 5 days, 6 to 14 days, More than 14 days



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Specific Care Issues/Team Discussion

- This composite measure comes from Q3, Q4, Q5, Q10, Q12, Q13 and Q14

<i>Specific Care Issues Composite ("Patients who reported that their home health team discussed medicines, pain and home safety with them.")</i>	Response Categories
Q3. 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?	Yes, No
Q4. When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription medicines you were taking?	Yes, No
Q5. When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking?	Yes, No
Q10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?	Yes, No
Q12. 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?	Yes, No
Q13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?	Yes, No
Q14. In the last 2 months of care, did home health providers from this agency talk with you about the important side effects of these medicines?	Yes, No



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Overall Rating and Willing to Recommend the Agency

- The Overall Rating comes from Q20

<i>Rating of Care Provided by the Agency:</i>	Response Categories
Q20: Using any number from 0-10, 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 – Worst home health care possible, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 Best home health care possible

- The Willingness to Recommend the Agency comes from Q25 (Not used in Star Ratings)

<i>Patient's Willingness to recommend the agency to his or her family or friends:</i>	Response Categories
Q25: Would you recommend this agency to your family and friends if they needed home health care?	Definitely no, Probably no, Probably yes, Definitely yes



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Improving HHCAHPS Results

Tip #1: Define HHCAHPS Goals, Expectations and Responsibilities

- Define your expectations for staff members and set goals based on the measures. Incorporate these measures into score cards and utilize new industry benchmarks to measure your progress.
 - This can be done for the HHCAHPS Star Rating as well as HHVBP

Tip #2: Utilize a Team Approach

- Assign a team/individual to oversee the HHCAHPS program. The team is responsible for assessing staff education needs, facilitating staff training and instituting a culture within your organization that focuses on patient outcomes.
 - This person should be the one or assigns someone to conducts surveys of your own, follow up with patients and caregivers after complaints, etc.

Tip #3: Educate ALL Staff

- Educate the entire agency, especially field staff teams, on the HHCAHPS survey and reports. Make sure they understand what the patient is being asked to rate and incorporate actual survey language into their daily communications with patients.



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Improving HHCAHPS Results

Tip #4: Educate Patients/Caregivers

- Advise patients that they may receive a survey in the mail. Tell them that you value their feedback and cite examples of how your agency has utilized patient feedback in the past to improve quality of care to patients.
 - This should be stressed upon Admission, every recert at a minimum and at discharge. This should also be stressed if you do conduct your own surveys.
 - Make sure to let the note how the survey will be delivered...phone, mail, etc.

Tip #5: Evaluate Procedures

- Evaluate how your current policies and procedures relate to your results on the HHCAHPS measures. Create or refine policies to address needed improvements and raise HHCAHPS scores.
 - Examples might include: Policy that everyone follows for notifying patients when you will arrive. Developing a strict policy on how and when complaint calls are handled.

Tip #6: Keep Track of Reported Scores

- Utilize HHCAHPS Star Ratings & HHVBP Scores to focus on your publicly reported scores, and continually strive to improve these scores. Also, monitor any reports from HHCAHPS vendor that processes your surveys



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HHCAHPS Fact Sheet

We care about your home health care experience.

[HHA NAME] is collecting feedback from patients who use our agency. The survey asks patients like you about their home health care and if they would recommend the agency to someone else. Your feedback will help us improve our care.

If you receive a survey in the mail or a phone call from [INSERT VENDOR NAME], please take a few minutes to share your experience about the care you received from our agency.

Your voice matters!

- Visit medicare.gov/care-compare/ to find and compare the quality of home health care agencies across the country.

Your answers will help us improve the quality of our care and help others choose a home health agency! Your participation in the survey is voluntary and your information is kept private by law. No one will be able to connect your answers to your name.

Thank you in advance for your feedback!

[INSERT AGENCY LOGO HERE] [INSERT VENDOR OR CMS LOGO HERE]

- CMS developed an official HHCAHPS fact sheet that can be used in the initial patient information packet so that patients are aware of the survey and its importance
- It is available in English and Spanish
- <https://homehealthcahps.org/For-HHAs/HHCAHPS-Fact-Sheet>
- Cannot edit more than the agency name, the vendor's name, the agency logo and the vendor's or CMS's logo without prior approval from CMS



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Patient Communications: HHCAHPS

NOT acceptable for an agency to do the following:

- Mail or email information to patients in advance alerting them about the survey (other than the information to all patients)
- Provide a copy of the survey questionnaire or cover letters to the patients
- Include words or phrases verbatim from the survey in marketing or promotional materials
- Attempt to influence their patients' answers to the survey questions
- Tell the patients that the agency hopes or expects that its patients will give it the best or highest rating or to respond in a certain way
- Offer incentives of any kind for participating
- Help the patient answer the survey questions, even if they ask for help
- Ask patients why they gave a certain response or rating to any of the questions and
- Include any messages or materials promoting the HHA or services it provides in survey materials, including mail survey cover letters



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Satisfaction: Care of Patients

- How is your agency doing with patient satisfaction regarding the care of the patient?
- Staff should be informed and up to date with the care and treatment of their patients
- Use key words that are in the survey, such as “gently”
- Be courteous and respectful at each patient encounter, no matter how trying
- See “problems” and complaints as opportunities for improvement
 - Complaint log and follow through; full circle of communication



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Satisfaction: Communication Between Providers and Patients

- Where are there holes in communication?
- Patients should know what services and treatments they are receiving
- Patients should know who and when someone will arrive at their home, and be informed of changes
- Staff should ensure patients understand their care (HEP, treatments, other teaching)
- Staff should not seem hurried; take time to listen to the patient or caregiver
- Office staff should be helpful and give information promptly



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Satisfaction: Specific Care Issues

- How is your agency doing with home safety, pain, and medication management?
- How are your outcomes on improvement in oral medications measure?
- During the first few visits, attention to home safety and medications should be a priority
- On an ongoing basis, staff should address pain, new or changed medications: purpose, when to take and important side effects
 - What kind of teaching tools does your agency staff use
 - Can you recall information after hearing it once? How about on a topic you know little about?



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HHCAHPS – effective April 2026

Addition of three new questions to assess new topics of importance to patients:

- ++ Whether the care provided helped the patient take care of their health.
- ++ Whether the patient's family/friends were given sufficient information and instructions
- ++ Whether the patient felt the staff cared about them "as a person."



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HHCAHPS – effective April 2026

Removal of questions or topics of less importance to patients (that is, six questions about medications were reduced to two questions).

The following 4 questions were removed:

++ Whether someone asked to see all the prescription and over-the-counter medicines the patient was taking.

++ Whether the patient is taking any new prescription medicines or whether the patient's medicines have changed.

++ Whether home health providers talked to the patient about the purpose for taking new or changed prescription medicines.

++ Whether home health providers talked to the patient about when to take the medicines.



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HHCAHPS – effective April 2026

- Removal of questions not currently used in public reporting composites (that is, three questions on which type of staff served the patient—nurse, physical or occupational therapist, and home care aide).
- Removal of one question which did not perform well in testing to stand alone or fit into one of the revised composite measures:
- Whether the patient got information about what care and services they would get when they first started getting home health care.
- Minor text changes to selected existing questions to help clarify the question or response options, based on feedback from patients.



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Have any questions?

Scan the QR Code to
schedule a call!

Thank You for Participating!

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