



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

Winter Conference

Thursday, February 19, 2026

10:15am-11:30am

5b. CAHPS Hospice Survey: What Impact Does It Really Have?

Presented by:

Melinda Gaboury, COS-C, Chief Executive Officer,
Healthcare Provider Solutions

Thank you to our Partners:



5b. CAHPS Hospice Survey: What Impact Does it Really Have?

PRESENTER:

Melinda A. Gaboury, COS-C

Chief Executive Officer

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Melinda A. Gaboury
Chief Executive Officer

Melinda A. Gaboury, with more than 35 years in home care, has over 24 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 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-E2 and Home Health Billing Answers, 2025.

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2026 Hospice Final Rule - HQRP

Failure to least 90% of HOPE records to CMD per the 30-day deadline will be subject to a 4% APU reduction starting FY 2028.



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HQRP Reporting Requirements

Reporting Year for HIS/HOPE and Data Collection Year for CAHPS data (calendar year)	Annual Payment Update Impacts Payment for the FY	Reference Year for CAHPS Size Exemption (CAHPS only)
CY 2023	FY 2025 APU	CY 2022
CY 2024	FY 2026 APU	CY 2023
CY 2025	FY 2027 APU	CY 2024
CY 2026	FY 2028 APU	CY 2025

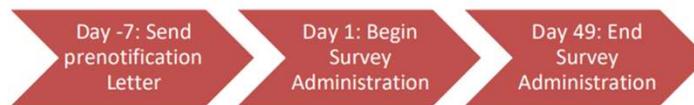
If the requirements are not met the agency will incur a 4% payment reduction in the APU.

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The Revised CAHPS Hospice Survey, New Administration Procedures, and Web Mail Mode

In August 2024, CMS published the Fiscal Year 2025 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule which finalized changes to the administration protocols, the addition of a Web Mail mode of data collection, and revisions to the CAHPS Hospice Survey instrument. These revisions will be effective with Q2 2025 decedents.

Beginning with April 2025 decedents, required changes to survey administration protocols include a prenotification letter administered 7 days prior to the beginning of survey administration for all modes and extension of the survey administration field period from 42 to 49 days.



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CAHPS Question Changes

Q4	For this survey, the <u>hospice team</u> includes all the nurses, doctors, social workers, chaplains and other people who provided hospice care to your family member. While your family member was in hospice care, did you need to contact the hospice team during evenings, weekends, or holidays for questions or help with your family member's care?		For this survey, the <u>hospice team</u> means all the nurses, doctors, social workers, chaplains and others who gave hospice care to your family member. While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?
Q6	While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?	Q6	How often did the hospice team let you know when they would arrive to care for your family member?
Q7	While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?	Q7	When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?

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CAHPS Question Changes

Q8	While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?	Q8	How often did the hospice team explain things in a way that was easy to understand?
Q9	While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?	Q9	How often did the hospice team keep you informed about your family member's condition?
Q11	While your family member was in hospice care, how often did the hospice team treat your family member with dignity & respect?	Q10	How often did the hospice team treat your family member with dignity & respect?
Q12	While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	Q11	How often did you feel that the hospice team really cared about your family member?
Q13	While your family member was in hospice care, did you talk with the hospice team about any problems with your family member's hospice care?	Q14	Did you talk with the hospice team about any problems with your family member's hospice care?

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CAHPS Question Changes

Q36	Support for religious or spiritual beliefs includes talking, praying, quiet time or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?	Q27	Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time or respecting traditions. While your family member was in hospice care, how much support for your religious, spiritual or cultural beliefs did you get from the hospice team?
Q39	Please answer the following questions about your family member's care from the hospice named on the survey cover. Do not include care from other hospices in your answers. Using any number from 0-10, where 0 is the worst hospice care possible and 10 is the best hospice care possible , what number would you use to rate your family member's hospice care?	Q30	Please answer the following questions about the hospice named on the survey cover. Do not include care from other hospices in your answers. Using any number from 0-10, where 0 is the worst hospice care possible and 10 is the best hospice care possible , what number would you use to rate your family member's hospice care?

➤ Questions that were **DELETED** from Survey: Q10, Q17-20, Q23, Q28-29, Q30, Q32-34

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CAHPS Question Changes

NEW QUESTIONS:

Q12: Did the hospice team provide care that respected your family member's wishes?

Q13: Did the hospice team make an effort to listen to the things that mattered most to you or your family member?

Q24: Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member?

Q35: How often was your family member treated unfairly by the hospice team because of their race and ethnicity?

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Quality Measures

CAHPS Hospice Survey Quality Measures and Constituent Items	
Communication with Family	
➤	How often did the hospice team let you know when they would arrive to care for your family member?
➤	How often did the hospice team explain things in a way that was easy to understand?
➤	How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
➤	How often did the hospice team keep you informed about your family member's condition?
➤	While your family member was in hospice care, how often did the hospice team listen carefully to you?
Getting Timely Help	
➤	When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
➤	How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

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Quality Measures

Treating Patient with Respect
➤ How often did the hospice team treat your family member with dignity and respect?
➤ How often did you feel that the hospice team really cared about your family member?
Emotional and Spiritual Support
➤ While your family member was in hospice care, how much emotional support did you get from the hospice team?
➤ In the weeks after your family member died, how much emotional support did you get from the hospice team?
➤ Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions. While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team?
Help for Pain and Symptoms
➤ Did your family member get as much help with pain as they needed?
➤ How often did your family member get the help they needed for trouble breathing?
➤ How often did your family member get the help they needed for trouble with constipation?
➤ How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?

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Quality Measures

Care Preferences
➤ Did the hospice team provide care that respected your family member's wishes?
➤ Did the hospice team make an effort to listen to the things that mattered most to you or your family member?
Training Family to Care for Patient
➤ Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member?
Rating of this Hospice
➤ Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?
Willing to Recommend this Hospice
➤ Would you recommend this hospice to your friends and family?

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PreNotification Letter

Dear [SAMPLED CAREGIVER NAME],

First, we realize this may be a hard time for you, and we're sorry for your recent loss. In a few days, you'll get a survey about [DECEDENT NAME]'s hospice care from [HOSPICE NAME]. When you get the survey, we'd greatly appreciate it if you complete it. Your knowledge and experiences will help improve hospice care and help others select a hospice. Thank you in advance for your help. For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website. Again, we are very sorry for your loss.

Sincerely,

[HOSPICE ADMINISTRATOR]

[HOSPICE NAME]

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Web Mail Mode

Q: If I am using web mail mode, will each survey recipient receive both a web survey and a mailed survey?

A: Caregivers designated to receive the survey may receive up to two email invitations followed by up to two mailed surveys, if a response is not received. A paper survey will not be mailed if a web survey has already been completed.

Q: Will the link to the web survey expire?

A: Yes. Access to the web survey will be turned off once a survey with survey responses has been submitted via web or returned through the mail, or at the end of the 49-day fielding period.

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Web Mail Mode

Q: If multiple surveys (web and/or mail) are returned, which one is used?

A: Survey protocols require vendors to use the first survey returned with responses as the “official” survey. Responses from this survey are submitted to CMS and are used in reporting/measure calculations.

Q: If a caregiver enters responses into the web survey, but doesn’t click “Submit,” will the responses be provided to CMS?

A: Responses entered into the web survey, but not officially submitted, are reported to CMS if a paper survey was not returned. Responses provided on the paper survey would be used in place of a partially completed web survey.

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Web Version

The web survey system must:

- support the use of a URL that is a maximum of 25 characters
- be linked electronically to the survey management system to allow tracking of the sampled caregivers through the survey administration process
- support dissemination of emailed survey invitations that include an embedded hyperlink unique to each sampled caregiver that the caregiver can click on to directly connect to the web survey
- track whether a caregiver has an email address and whether the email address was identified as invalid (e.g., results in a delivery error message).
- allow for the removal of sampled caregivers from further data collection attempts following submission of a web survey
- support capture of data from web surveys that are initiated and suspended without submission of a completed survey

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Web Version

- allow for web surveys to be suspended and resumed at a later date, returning the respondent to the first unanswered question
 - track whether the web survey was initiated using the web invitation email or web reminder email. The vendor must retain this information in their records.
 - 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 caregiver's screen (whether phone, tablet, computer).
 - allow a web survey to be programmed to be 508 compliant
- In addition, the web survey platform must:
- NOT allow for advertisements of any kind to be embedded or displayed. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
 - NOT allow respondents to access the web survey after submission or after the data collection window has closed
 - NOT require the creation of a password to initiate or resume the web survey

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Communication

When communicating with patients and/or their caregivers while in hospice care regarding their healthcare, hospices should take care to avoid introducing bias in the way caregivers may answer questions on the CAHPS Hospice Survey. Many of the guidelines above in the Communicating with Patients and/or Their Caregivers about the CAHPS Hospice Survey and Use of Other Hospice Surveys apply to general communications with patients and/or their caregivers.

Examples of statements that **comply with CAHPS Hospice Survey** protocols include:

- "We are looking for ways to improve your family member's stay. Please share your comments with us."
- "What can we do to improve your family member's care?"
- "We want to hear from you, please share your experience with us."
- "Please let us know if you have any questions about your family member's treatment plan."
- "Let us know if your family member's room is not comfortable."

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Communication

Hospices should not:

- permit staff to wear buttons, stickers, etc. that state “Always” or “10”
- emphasize CAHPS Hospice Survey response options in posters, white boards, rounding questions, in-room televisions, or other media accessible to patients and/or their caregivers. Examples of statements that do not comply with CAHPS Hospice Survey protocols include:
 - “We expect to be the best hospice possible.”
 - “Our goal is to always address your needs.”
 - “Let us know if we are not listening carefully to you.”
 - “We treat our patients with dignity and respect.”
 - “In order to provide the best possible care, please tell us how we can always...”
 - “Our doctors and nurses always listen carefully to you.”
 - “We want to always explain things to you in a way you can understand.”
 - “We want you to recommend us to family and friends.”

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Data Reporting Update

REFRESH	PERIOD	DETAILS
Present – February 2026	Current	➤ No Changes
May 2026 – November 2027	Transition	<ul style="list-style-type: none"> ➤ New Care Preferences measure and substantially revised Getting Hospice Care Training measure are not publicly reported ➤ Scores for the other 7 measures are calculated by combining scores from quarters using the current and updated survey <ul style="list-style-type: none"> - Star rating based on those 7 measures
February 2028 – Onward	Updated	<ul style="list-style-type: none"> ➤ Scores for all 9 measures are calculated using data from the revised survey and are publicly reported <ul style="list-style-type: none"> - Star rating based on all 9 measures

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Thank You for Participating!

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Have any questions?
Scan the QR Code to schedule a call!

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