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## Healthcare Satisfaction Index

### Introductions to HHCAHPS

#### What is HHCAHPS?

- HHCAHPS stands for Home Health Care Consumer Assessment of Healthcare Providers and Systems.
- The purpose of HHCAHPS is to uniformly measure and publicly report patients' perspectives on their home care.
- To promote the statistical precision of Home Health Care CAHPS Survey results, CMS has established reliability criterion of 300 completed Home Health Care CAHPS Surveys for each HHA over each 12-month reporting period. *For cases where the HHA is too small to achieve 300 completed surveys, a full census of eligible patients should be surveyed.*

#### Are Home Health Agencies required to participate starting October 1<sup>st</sup>, 2010?

All Medicare-certified home health agencies that had 60 or more eligible patients from April 1<sup>st</sup>, 2009 through March 31<sup>st</sup>, 2010 are required to participate in this survey. All HHAs, unless covered by exclusions, that fail to meet the quality reporting requirements, which include the HHCAHPS survey, may receive a two (2) percent reduction in their home health market basket percentage increase.

#### Criteria for eligible patients:

- Patient is 18 years or older.
- Patient's home health care is paid for by Medicare and/or Medicaid.
- Patient is not known to be deceased.
- Patient had at least one skilled care home visit during the sample month and two such visits during the lookback period.
  - To be classified a "skilled visit" the agency employee must be classified as one of the following: registered nurse (RN), licensed practical nurse (LPN), physical therapist, physical therapist assistant, occupational therapist, occupational therapist assistant, speech therapist, or speech therapist assistant. Skilled visits do not include visits made by any category of social worker, home health or personal care aide, or nursing aide.
  - The "lookback" period is defined as the sample month and the month immediately preceding the sample month.

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- The skilled care they received was not for routine maternity care.
- The patient is not currently receiving hospice care.
- The patient did not request that the HHA not release his or her name to anyone other than agency personnel.

To reduce respondent burden, patients who meet the above criteria will be surveyed only once in a six month period.