



**2026 ANNUAL  
CONFERENCE & EXPO**  
Celebrating 60 Years  
Then. Now. Next.

**CAHPS Uncovered: Turning Patient  
Feedback Into Wins**  
*Brian Lebanon, CEO/Consultant, MBA, RNC, HCS-D, HCS-O, PCP*

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**Session Overview**

Patient experience is a cornerstone of success in today's home health and hospice environment, and the CAHPS survey provides critical insights into how care is perceived.

Yet many agencies struggle to move beyond the numbers and use CAHPS data as a tool for real improvement.

This session will uncover strategies to:

- Interpret CAHPS results
- Connect patient feedback with operational and clinical practices
- Implement changes that enhance patient satisfaction and organizational performance

Participants will walk away with practical tools to transform survey feedback into measurable wins.

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**Learning Objectives**

**By the End of This Session, Participants Will Be Able To:**

- Interpret CAHPS survey data to identify trends, strengths, and opportunities for improvement
- Connect patient feedback with operational and clinical workflows to address performance gaps
- Implement actionable strategies that improve CAHPS outcomes, strengthen patient satisfaction, and support value-based care initiatives

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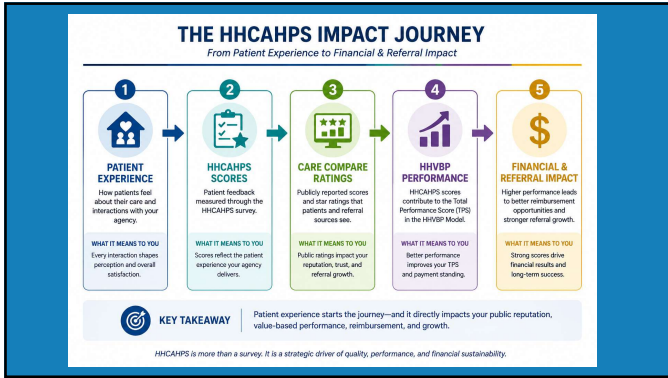
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### Why Patient Experience Matters

**Patient experience impacts:**

- Public reputation
- Referral relationships
- Star ratings
- Care Compare visibility
- Financial performance
- Value-based reimbursement initiatives

**Today's reality:**

- Patients and families evaluate agencies based on:

- Communication
- Responsiveness
- Compassion
- Coordination of care
- Education and support

**Key takeaway:**

- Patient perception often becomes organizational reality.

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### Understanding HHCAHPS

Home Health CAHPS Measures:	Important Facts:
<ul style="list-style-type: none"> <li>• Patient perception of home health services</li> <li>• Communication effectiveness</li> <li>• Professionalism and responsiveness</li> <li>• Education provided to patients</li> <li>• Overall satisfaction with care</li> </ul>	<ul style="list-style-type: none"> <li>• Publicly reported on Care Compare</li> <li>• Impacts HHVBP performance</li> <li>• Influences referral and payer decisions</li> <li>• Benchmarks agencies against competitors</li> </ul>

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### Understanding Hospice CAHPS

**Hospice CAHPS Measures:**

- Family and caregiver experience
- Emotional support
- Communication quality
- Symptom management
- Respect and dignity
- Training caregivers for patient care

**Important Facts:**

- Completed by caregivers after patient death
- Publicly reported
- Strongly tied to reputation and community trust



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### CAHPS Domains That Matter Most

**Home Health Focus Areas**

- Care of patients
- Communication between providers and patients
- Specific care issues
- Overall rating of care
- Willingness to recommend

**Hospice Focus Areas**

- Timely help
- Communication with family
- Emotional and spiritual support
- Pain and symptom management
- Respect for patient wishes



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### HHCAHPS Composite Evolution

**BEFORE 2026**

- Focused more on:
- Clinical communication
- Medication education
- Basic care delivery

- Care coordination
- Visit communication
- Emotional perception
- Operational consistency

**2026+**

- Expanded focus on:
- Person-centered care

**Key Takeaway:**

- CMS shifted HHCAHPS from measuring "satisfaction" toward measuring the full patient experience journey.



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### How HHCAHPS Scores Are Calculated

CMS uses “Top-Box” scoring.

Only the BEST responses count positively toward scores.

Question Type	Top-Box Response
Never / Sometimes / Usually / Always	“Always”
Recommend Agency	“Definitely Yes”
Overall Rating 0-10	9 or 10

**Example:**  
 If 85 of 100 patients answer “Always” →  
 Score = 85%

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### HHCAHPS Composite Calculation Example

**Example: Communication Composite Agency Meaning:**

**Questions Included:** Higher scores indicate stronger:

- Q8 — Explained things clearly
- Q9 — Listened carefully

- Communication
- Patient trust
- Care coordination
- Satisfaction

**Top-Box Score:** 82%

Response	Count
Always	82
Usually	12
Sometimes	4
Never	2

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### Overall Rating Calculation

**HHCAHPS Question:** “How would you rate your care from this agency?” (Q14)

**Count toward the public score:**

**CMS Top-Box Calculation:** Only ratings of: •9 or 10

**Why It Matters:** This score heavily influences:

- Public perception
- Star ratings
- Referral confidence

Rating	Counts Toward Score?
0-8	No
9-10	Yes

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**Recommendation Score Calculation**

- **HHCAHPS Question:**
  - “Would you recommend this agency to your family or friends?”
  - (Q17)
- **CMS Top-Box Response:**
  - “Definitely Yes”
  - Only “Definitely Yes” counts positively.
- **Agency Impact:**
  - This is one of the MOST influential consumer-facing metrics.

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**HHCAHPS & Home Health Quality Reporting Program (HQRP)**

**HHCAHPS participation is REQUIRED for HQRP compliance.**

Agencies must:


- Participate monthly
- Use approved vendors
- Submit data timely
- Meet CMS participation requirements

**Failure to Comply Can Result In:**

- ✗ Annual Payment Update (APU) reduction

**CMS Goal:**

- Public transparency
- Quality accountability
- Standardized patient experience measurement

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**HHCAHPS & HHVBP**

**HHVBP includes patient experience measures. Strong HHCAHPS Scores Can:**


HHCAHPS contributes to:

- Total Performance Score (TPS)
- Improvement scoring
- Achievement scoring

- Increase reimbursement
- Improve competitive positioning
- Strengthen referral relationships

**Poor Scores Can:**

- ✗ Reduce reimbursement opportunities
- ✗ Hurt public reputation
- ✗ Impact referral growth

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### HHCAHPS Questions That Drive Care Compare Scores

Public Measure	Prior to 2026	HHCAHPS Questions 2026 & Beyond
Care of Patients	Q7, Q10	Q7, Q10, Q11
Communication Between Providers & Patients	Q8, Q9	Q8, Q9
Specific Care Issues	Q2, Q3, Q4	Q2, Q3, Q4, Q5, Q6
Overall Rating	Q14	Q14
Recommend Agency	Q17	Q17

Additionally:  
 •Q5 and Q6 were often analyzed operationally but not grouped exactly the same way in public composite scoring.  
 •Q11 ("cared about you as a person") did NOT exist in the older survey version.  
 •Q12 and Q13 also changed structurally in the revised survey.

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### What Changed in 2026

**NEW QUESTION ADDED**

**Q11:**  
 "How often did you feel that home health staff cared about you as a person?"  
 This became part of:  
**Care of Patients composite**  
 This reflects CMS increasing emphasis on:  
 Person-centered care  
 Compassion  
 Emotional connection  
 Patient perception of empathy

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### Another Important Change

The "Specific Care Issues" composite expanded.

**Prior Structure:**  
 Focused more heavily on:  
 •Safety  
 •Medication review  
 •Medication education

**New Structure:**  
 Now includes operational coordination items like:  
 •Q5 — Staff informing patients when arriving  
 •Q6 — Staff awareness of care/treatment  
 This significantly increases:  
 •Operational accountability  
 •Scheduling impact  
 •Coordination expectations

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### Why This Matters to Agencies

The revised structure means agencies are now being measured more heavily on:

- Operational consistency**
- Arrival communication
- Coordination
- Awareness of care
- Relationship-centered care**
- Compassion
- Emotional connection
- Personal attention
- Not just clinical competency**



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### HHCAPHS SCORING: BEFORE 2026 VS. 2026 AND BEYOND

CMS is modernizing the way HHCAPHS survey responses are scored to better reflect patient experience.

#### BEFORE 2026 (Through Calendar Year 2025)

HHCAPHS used a "3-Level Top-Box" scoring method. Responses of "Usually" OR "Always" counted as the top-box.

**EXAMPLE – COMMUNICATION QUESTION (Q8, Q9)**  
How often did home health staff explain things in a way that was easy to understand?

RESPONSE OPTIONS	COUNTED IN TOP-BOX?
Never <input type="checkbox"/>	<input checked="" type="checkbox"/> No
Sometimes <input type="checkbox"/>	<input checked="" type="checkbox"/> No
Usually <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes (Top-Box)
Always <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes (Top-Box)

**Top-Box Score Calculation (Before 2026)**  
# of "Usually" or "Always" responses = Percentage Score

**KEY POINTS**

- More favorable scoring – "Usually" counted toward the score.
- Higher scores generated under this method.
- Applied to all frequency items (Never/Sometimes/Usually/Always) items.

#### 2026 AND BEYOND (Starting January 1, 2026 Discharges)

HHCAPHS will use a "2-Level Top-Box" scoring method. Only "Always" counts as the top-box response.

**EXAMPLE – COMMUNICATION QUESTION (Q8, Q9)**  
How often did home health staff explain things in a way that was easy to understand?

RESPONSE OPTIONS	COUNTED IN TOP-BOX?
Never <input type="checkbox"/>	<input checked="" type="checkbox"/> No
Sometimes <input type="checkbox"/>	<input checked="" type="checkbox"/> No
Usually <input type="checkbox"/>	<input checked="" type="checkbox"/> No
Always <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes (Top-Box)

**Top-Box Score Calculation (2026 and Beyond)**  
# of "Always" responses = Percentage Score

**KEY POINTS**

- More stringent scoring – only "Always" counts.
- Scores may be lower compared to prior years.
- Applies to all frequency items (Never/Sometimes/Usually/Always) items.

**IMPORTANT TO KNOW** Do not compare scores from years before 2026 to scores from 2026 and beyond. The scoring methodology has changed.  
**WHY THE CHANGE?** The newer Top-Box scoring provides a more consistent, objective, and patient-centered measurement of experience.

Always review the CMS HHCAPHS Technical Notes for full details and examples.

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### HHCAPHS Questions & Top-Box Scoring Requirements (2026+)

HHCAPHS Question	What the Question Measures	Positive / Top-Box Response
Q2	Home safety education	Yes
Q3	Medication review	Yes
Q4	Medication side effect education	Yes
Q5	Staff informed patient when arriving	Always
Q6	Staff awareness of care/treatment	Always
Q7	Staff treated patient with care	Always
Q8	Staff explained things clearly	Always
Q9	Staff listened carefully	Always
Q10	Staff treated patient with courtesy & respect	Always
Q11	Staff cared about patient as a person	Always
Q12	Family/friends received desired instructions	Yes
Q13	Services helped patient manage health	Always
Q14	Overall rating of care	9 or 10
Q16	Office provided needed help/advice	Yes
Q17	Recommend agency to others	Definitely Yes

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### The Problem With "Looking at Scores Only"

**Many agencies:**

- Review scores quarterly
- Focus only on percentages
- Compare themselves to benchmarks
- Miss operational root causes

- Identify workflow failures
- Correlate complaints with operational processes
- Use feedback proactively

**CAHPS is not just a survey —**

- It is an operational roadmap.

**What agencies SHOULD do:**

- Analyze trends
- Review patient comments



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### Common Drivers of Poor CAHPS Scores

**Operational Issues**

- Late or missed visits
- Scheduling inconsistency
- Staffing shortages
- Poor communication between departments

**Clinical Issues**

- Weak patient education
- Lack of care coordination
- Inconsistent symptom management
- Failure to set expectations

**Cultural Issues**

- Burnout
- Lack of accountability
- Poor service recovery
- Limited empathy training



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### Connecting Feedback to Workflows

Patient Feedback	Possible Workflow Issue
"Nobody called me back."	Poor communication process
"Visits were always late."	Scheduling inefficiencies
"I didn't understand my medications."	Weak patient education
"Everyone told me something different."	Poor interdisciplinary coordination

Every CAHPS score tells an operational story.



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**Turning Feedback Into Action**

<p><b>High-performing agencies:</b></p> <ul style="list-style-type: none"> <li>• Review patient comments routinely</li> <li>• Investigate trends quickly</li> <li>• Use real-time service recovery</li> <li>• Coach staff consistently</li> <li>• Share patient feedback openly</li> </ul>	<p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>• Identify recurring complaints</li> <li>• Determine root cause</li> <li>• Assign accountability</li> <li>• Implement corrective action</li> <li>• Monitor for improvement</li> </ul>
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**Communication Strategies That Improve Scores**

**Best Practices:**

- Use teach-back methods
- Set expectations at admission
- Explain visit schedules clearly
- Improve responsiveness to calls
- Keep families informed consistently

**Remember:**

- Patients may forget clinical details — but they remember how communication made them feel.

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**Staff Engagement & CAHPS Success**

<p><b>Agencies improve CAHPS when staff:</b></p> <ul style="list-style-type: none"> <li>Understand why scores matter</li> <li>Feel connected to organizational goals</li> <li>Receive coaching and recognition</li> <li>Have clear expectations</li> <li>Feel supported by leadership</li> </ul>	<p><b>Leadership Strategies:</b></p> <ul style="list-style-type: none"> <li>Share dashboards regularly</li> <li>Celebrate wins</li> <li>Provide real-time coaching</li> <li>Address burnout proactively</li> </ul>
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**Using Data to Drive Improvement**

**Agencies should monitor:**

- Monthly score trends
- Domain-specific performance
- Patient comments
- Complaint patterns
- Visit timeliness
- Staff turnover
- Hospitalizations and outcomes

**Strong organizations:**

Use CAHPS data alongside operational and clinical metrics.

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**Service Recovery Matters**

- **When problems occur:**
  - The response matters more than the mistake itself.
- **Effective Service Recovery Includes:**
  - Immediate follow-up
  - Ownership of the concern
  - Clear communication
  - Timely resolution
  - Documentation and trend analysis
- **Goal:**
  - Turn dissatisfied patients into loyal advocates.



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**Value-Based Care & CAHPS**

**CAHPS directly impacts:**


- HHVBP performance
- Star ratings
- Referral growth
- Financial outcomes
- Market competitiveness

**In value-based care:**

- Patient perception is a quality metric.

**Agencies that ignore CAHPS:**

- Risk financial and reputational decline.



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### Operational Drivers of HHCAHPS Performance

 <b>Clinical Drivers</b>	<ul style="list-style-type: none"> <li>Communication quality</li> <li>Education effectiveness</li> <li>Symptom management</li> <li>Care coordination</li> </ul>
 <b>Operational Drivers</b>	<ul style="list-style-type: none"> <li>Visit timeliness</li> <li>Scheduling consistency</li> <li>Responsiveness</li> <li>Office communication</li> </ul>
 <b>Cultural Drivers</b>	<ul style="list-style-type: none"> <li>Compassion</li> <li>Respect</li> <li>Empathy</li> <li>Staff engagement</li> </ul>

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### What HHCAHPS Scores Mean to Leadership

<p><b>High Scores Often Reflect:</b></p> <ul style="list-style-type: none"> <li> Strong workflows</li> <li> Staff engagement</li> <li> Effective communication</li> <li> Operational consistency</li> <li> Strong patient-centered culture</li> </ul>	<p><b>Low Scores Often Reveal:</b></p> <ul style="list-style-type: none"> <li> Staffing instability</li> <li> Communication breakdowns</li> <li> Poor service recovery</li> <li> Operational inefficiencies</li> </ul> <p><b>Key Message:</b> HHCAHPS measures organizational performance — not just patient opinion.</p>
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### Case Study Example: Turning Scores Around

Challenge:	Interventions:	Results:
<ul style="list-style-type: none"> <li>Low communication scores</li> <li>Frequent caregiver complaints</li> <li>Staff inconsistency</li> </ul>	<ul style="list-style-type: none"> <li>Admission scripting</li> <li>Daily scheduling oversight</li> <li>Interdisciplinary huddles</li> <li>Patient callback program</li> <li>Staff empathy training</li> </ul>	<ul style="list-style-type: none"> <li>Improved recommendation scores</li> <li>Increased caregiver satisfaction</li> <li>Better staff accountability</li> <li>Stronger referral confidence</li> </ul>

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Practical Tools You Can Implement Immediately

**Start Tomorrow By:**

- Reviewing patient comments weekly
- Auditing communication workflows
- Monitoring missed visits
- Conducting leadership rounding calls
- Coaching staff on empathy and communication
- Developing service recovery scripts

**Small operational changes create major CAHPS gains.**

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Patient Experience Improvement Tools

- Patient callback programs
- Service recovery tracking logs
- Staff communication scripting
- Leadership rounding processes
- CAHPS dashboard monitoring
- Interdisciplinary communication huddles

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Suggested Internal Monitoring Metrics

- Missed Visits
- Visit timeliness
- Complaint Resolution Time
- Patient Callback Completion Rates
- Staff Turnover Trends
- Hospitalization and readmission rates
- Communication-related complaints

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Key Takeaways

**Key Takeaways**

- Patient experience is a strategic priority
- CAHPS scores reflect operational reality
- Survey feedback identifies workflow gaps
- Communication drives satisfaction
- Staff engagement improves outcomes
- Service recovery protects reputation
- Data-driven organizations outperform competitors

**Most importantly:**

Patient feedback can become your greatest improvement tool.

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Questions & Discussion


**Questions & Discussion**

**Discussion Points:**

What CAHPS challenges is your organization currently facing?

Which workflow issues impact your patient experience most?

Where can small improvements create the biggest wins?

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**Brian Lebanion**  
 BC Healthcare Consulting  
 Brian.Lebanion@bhcpcpro.com  
 606-620-8833  
 189 Bentwood Drive  
 Corbin, KY 40701  
**Thank You!**




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**Resources & Tools for Continued Success**

**CMS & CAHPS Resources**

•CMS Home Health CAHPS Information

<https://homehealthcahps.org>

•CMS Hospice CAHPS Information

<https://www.hospicecahpsurvey.org>

•CMS Care Compare

<https://www.medicare.gov/care-compare>

•Home Health Value-Based Purchasing (HHVBP) Model

<https://www.cms.gov>



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