

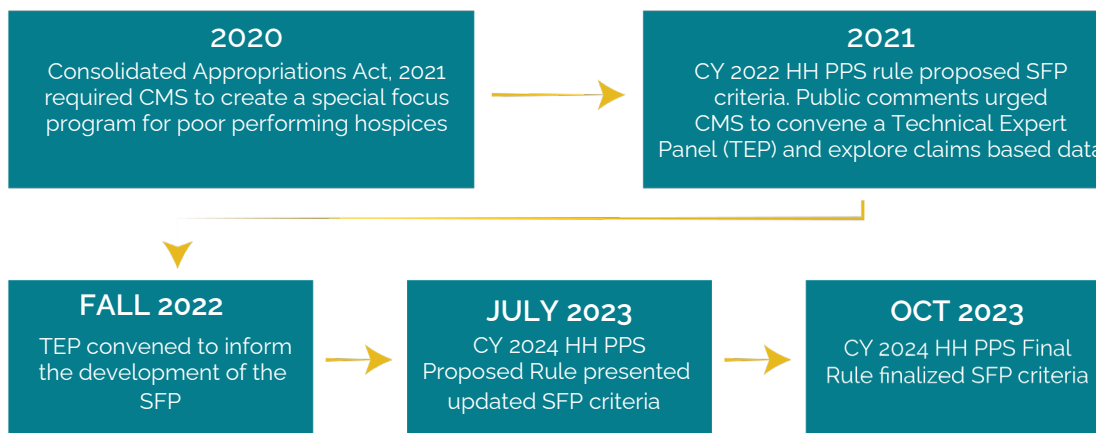
CMS posted QSO-25-02-Hospice memo - Overview of the Hospice Special Focus Program (SFP) on 10/4/2024 as an update to the SFP. Updated information from that memo appears in *red italics*. The Resources and References sections are also updated.

GENERAL INFORMATION

The SFP is a program conducted by the Centers for Medicare and Medicaid Services (CMS) to identify hospices as poor performers, based on defined quality indicators, in which CMS selects hospices for increased oversight to ensure that they meet Medicare requirements. The SFP implementation was on January 1, 2024. **CMS will select the first cohort of hospices in November 2024 to begin the SFP in January 2025.**

SFP BACKGROUND

The diagram below provides an overview of the SFP from its conception in the Consolidated Appropriations Act of 2021 through the initial rounds of rulemaking, the creation of a technical expert panel (TEP), and the present day which includes the final criteria finalized in the CY24 Home Health final rule.



SFP FACTS

- › Hospices are identified as potential SFP candidates via an algorithm that uses elements of the Hospice Quality Reporting Program (HQRP) and survey data.
- › Once hospices are selected for the program, they are surveyed more frequently until they complete the program.
- › Hospices that do not improve are considered for termination from Medicare.
- › CMS will continue to monitor the SFP and make changes, as necessary, through future rulemaking.

SFP AND DEEM STATUS HOSPICE PROGRAMS

- › Hospices with accreditation organization (AO) deemed status that are placed in the SFP would not retain deemed status and would be placed under CMS oversight or as needed, state survey agency (SA) oversight jurisdiction until completion of the SFP or termination. More details about this process will be determined and distributed to providers in 2024 by CMS.

SFP ELIGIBILITY

Providers will be selected for the SFP program in the last quarter of each calendar year, CMS will apply the algorithm to active hospice providers. —defined as those who have billed at least one claim to Medicare Fee-for-Service in the last 12 months. CMS will then generate a list of potential SFP-eligible candidates and select 50 hospices for participation in the SFP during the next calendar year. A hospice will be eligible for potential SFP enrollment if the hospice:

- › has hospice survey data or Medicare Hospice Quality Reporting Program (HQRP) data,
- › is an active provider that has billed a Medicare Fee-For-Service (FFS) claim in the past 12 months, and
- › operates in the United States, including the District of Columbia and United States territories.
- › have a score based on data from:
 - ▶ Condition-level deficiencies (CLDs) for a standard survey
 - ▶ Substantiated complaints
 - ▶ Hospice Care Index (HCI), or
 - ▶ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey.

SFP ALGORITHM DATA SOURCES

CMS will identify “poor performance,” using the indicators below that have been integrated into an SFP algorithm. The algorithm combines multiple data points to determine hospice participation in the SFP. The data points include the following:

1. QUALITY OF CARE CLD DEFICIENCIES

CMS will include 11 quality-of-care CLDs as data indicators in the SFP algorithm because they are based on observable quality concerns seen and reported by hospice surveyors to identify hospices that provide poorer quality of care to hospice patients.

- › Data source – in-person standard surveys
- › Data pool – 3 consecutive years of the most recent Medicare hospice survey data
- › Scaling - a single Quality care CLD or substantiated complaint will be scored the same regardless of hospice size

11 Quality-of-care CLDs (algorithm indicators)

TAG	CONDITION OF PARTICIPATION (CoP)	
1 §418.52	Condition of participation: Patient's rights.	Four Core CoPs
2 §418.54	Condition of participation: Initial and comprehensive assessment of the patient.	
3 §418.56	Condition of participation: Interdisciplinary group, care planning, and coordination of services.	
4 §418.58	Condition of participation: Quality assessment and performance improvement.	
5 §418.60	Condition of participation: Infection control.	
6 §418.64	Condition of participation: Core services.	
7 §418.76	Condition of participation: Hospice aide and homemaker services.	
8 §418.102	Condition of participation: Medical director.	
9 §418.108	Condition of participation: Short-term inpatient care.	
10 §418.110	Condition of participation: Hospices that provide inpatient care directly.	
11 §418.112	Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.	

2. SUBSTANTIATED COMPLAINTS

Complaints against a hospice may be filed with the State Agency (SA) or Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) at any time by a patient and/or caregiver(s) and hospice staff members. Once a complaint is filed with the SA, the SA can conduct an unannounced complaint investigation survey to substantiate or refute the allegations. A hospice may have many complaints filed against them, but not all complaints may be substantiated upon survey review.

- › Data source – in-person standard surveys
- › Data pool – The total number of substantiated complaints for each hospice in 3 consecutive years of the most recent Medicare hospice survey data

3. HOSPICE QUALITY REPORTING PROGRAM DATA

CMS will include five publicly reported HQRP measures to capture hospice care processes and beneficiary/caregiver care experiences.

A. Hospice Care Index (HCI)

- › The HCI captures multiple aspects of care delivery across ten indicators that comprise a composite HCI overall score, with hospices earning a point for each indicator met (range: 0-10 such that a lower score indicates lower quality of care). The HCI overall score indicates hospice care quality between admission and discharge. Moreover, the HCI score is based on Medicare claims data, which provides direct evidence of care delivery decisions at a hospice that is readily available for all hospices.
- › Data source - Based on Medicare claims data.
- › Data pool - CMS will determine a hospice's overall HCI score from eight quarters of Medicare FFS claims data.
- › Data exclusions - Hospices with less than 20 Medicare claims over this period are excluded from reporting this measure. The HCI measure would also be suppressed if any 1 of the 10 indicators is not reported for any reason as each indicator is a key component of the measure and all ten are necessary

B. CAHPS® Hospice Survey measures

The CAHPS® Hospice Survey gathers information on the experiences of hospice patients and their informal caregivers' perspectives of their loved ones' care with hospice services.

- › Data source - CAHPS® Hospice Survey; CMS will use the following four measures from the CAHPS® Hospice Survey:
 - ▶ help for pain and symptoms
 - ▶ getting timely help
 - ▶ willingness to recommend the hospice
 - ▶ and overall rating of the hospice
- › Data pool - CMS will calculate CAHPS® Hospice Survey measure scores across eight rolling quarters for all hospices with at least 30 completed surveys.
- › Data calculation –
 - ▶ CMS will adjust bottom-box scores of the four CAHPS® measures to create a CAHPS® Hospice Survey Index.
 - ▶ CMS will double the weight of the CAHPS® Index in the SFP algorithm, which means CAHPS® scores will be counted twice for those hospices with a CAHPS® score, or 40 percent of the overall algorithm score for hospices with CAHPS® Hospice survey data.
- › Data exclusions - Hospices without a CAHPS® score will only be scored based on other indicators for which data are available.

SFP ALGORITHM

CMS will compile the data for the algorithm indicators (quality-of-care CLDs, substantiated complaints, HCI, the four CAHPS Hospice measures) and remove hospices not eligible for SFP to create a single score for every hospice.

- › A Medicare-certified hospice program would be included in the algorithm if it —
 - ▶ is an active provider that has billed at least one claim to Medicare FFS in the last 12 months as captured in IQIES; and
 - ▶ has data for at least one algorithm indicator.
- › CMS will assign a weight of 2.0 to the final CAHPS® Hospice Survey Index, which has double the weight of other SFP indicators.

STANDARDIZATION

- › Inputs from each data source must be standardized to make measures with different scales comparable.
 - ▶ CLDs and substantiated complaints do not have a maximum score, while HCI and CAHPS hospice survey have set maximum scores (e.g., 10 for HCI).
 - ▶ Leaving these inputs unstandardized would allow CLDs and substantiated complaints to have a disproportionately large impact on the final score.
- › The most common standardization method is applied.

$$\text{Standardized Value} = \frac{\text{Hospice Value} - \text{Overall Average}}{\text{Standard Deviation}}$$

APPROACH TO HCI AND SURVEY MISSINGNESS

1. Hospice Care Index Measure

- › Hospices that are small, new, or have fewer than 20 claims over eight quarters are excluded from the public reporting of HCI.
- › Hospices that are missing HCI or survey data are assigned a value of zero for the missing indicator after standardization.
 - ▶ This means they are assigned the average value of all hospices for that indicator.

2. CAHPS Hospice Survey

- › Roughly half of hospices are exempt from publicly reporting CAHPS Hospice Survey data because they are new or are too small.
- › To account for this, there are two versions of the algorithm:
 - A. Hospices that do not have CAHPS hospice survey scores are evaluated only on CLDs, substantiated complaints and HCI.
 - B. Hospices that do report CAHPS hospice survey are evaluated on the remaining data sources.
 - a. Each version of the algorithm divides the score by the total number of inputs so that scores are comparable across all hospices.
 - b. This approach avoids making assumptions about the values of CAHPS hospice survey data for hospices that do not report it.

WEIGHTING

Data sources are weighted according to their relative importance for hospice quality.

- › CAHPS hospice survey is weighted twice as heavily as the other data sources to acknowledge the special importance of patient and caregiver experience and feedback.
- › Once weights are applied, each hospice is given a final score.

FOR HOSPICES THAT DO NOT REPORT CAHPS HOSPICE SURVEY;	
CLDs input + Complaints input - HCI =	$\frac{\text{Score}}{3}$
FOR HOSPICES THAT DO NOT REPORT CAHPS HOSPICE SURVEY;	
CLDs input + Complaints input - HCI + 2 (CAHPS index) =	$\frac{\text{Score}}{5}$

Diagrams from CMS Hospice Forum, Hospice IDR, and SFP Updates November 14, 2023

SFP HOSPICE SELECTION

- › CMS will select hospices for the SFP from hospices with the highest algorithm scores (selection is from a list of 10 percent of highest-scoring hospices). The higher scores represent hospices with poorer care quality.
- › The number of hospices in the SFP will be determined in the first quarter of each calendar year.
 - ▶ The claims-based quality measure data used in the algorithm is not available until November of each calendar year. This data is needed to run the algorithm, which is used to establish the aggregate score from which SFP participants are selected.

SFP SURVEY PARTICIPATION AND ENFORCEMENT

- › SFP hospices will be surveyed at least every six months, *with follow-up surveys as needed, as well as surveys for existing or new complaints.*
- › SFP hospices are subject to established, progressive enforcement remedies as appropriate.
- › *For a hospice in the SFP that has condition-level deficiency findings, CMS may impose one or more alternate enforcement remedies, in addition to placing the provider on a termination track, and may be subject to progressive enforcement remedies, as appropriate. Please refer to the guidance in the State Operations Manual, Chapter 10 – “Informal Dispute Resolution and Enforcement Procedures for Home Health Agencies and Hospice Programs” for information on enforcement actions.*
- › CMS will use its discretion to determine what remedies are most appropriate based on survey results.

Note: More information about hospice enforcement measures can be found at [Enforcement Remedies for Hospice Programs with Deficiencies](#)

[See Hospice Enforcement Remedies Guide for detailed information](#)

SFP PUBLIC REPORTING

Hospices selected for SFP will be publicly reported at least on an annual basis on the SFP website. The website will include information, at a minimum: *CMS will post the following information at least annually on the [CMS SFP website](#):*

1. *A list of eligible candidates for potential selection in the Hospice SFP*
2. *Hospices selected for the SFP*
3. *Hospice status in the SFP is indicated by one of the following classifications*
 - a. *In Progress*
 - b. *Completed*
 - c. *Terminated from the Medicare Program*

SFP COMPLETION CRITERIA

- › A hospice will have completed the SFP in an 18-month timeframe if they have no uncorrected CLDs or unresolved Immediate Jeopardies (IJ) (returned to substantial compliance) for any two SFP surveys or complaints while in the program, and
- › *The SFP completion date would be the date of the CMS letter informing the hospice of its removal from the SFP and reinstatement under the state survey agency (SA) or accreditation organization (AO) jurisdiction.*
- › Hospices will receive a survey one year following SFP completion, which starts a new standard, 36-month survey cycle.
 - ▶ If there are complaint investigations or a 36-month recertification survey for a hospice while in the SFP, the SFP timeline may extend beyond the 18-month timeframe.

HOSPICE PROVIDER TERMINATION FROM MEDICARE

- › *Any hospice that does not achieve substantial compliance with all requirements within the prescribed timeframes may be considered for termination from the Medicare program. CMS will issue the termination letter to the hospice program in accordance with [42 CFR 489.53](#)*
- › SFP hospice providers who are unable to meet the completion criteria are placed on the termination track.
- › Providers are considered for termination if they fail any one SFP or complaint survey by having uncorrected CLDs (not returning to substantial compliance) while in the program.

ROLES AND RESPONSIBILITIES

The organizations below are responsible for the outlined tasks for hospices selected for the SFP.

State Survey Agency Role

- › *Continue to process certification actions initiated by Form CMS-855 per Admin Memo 22-02-ALL.*
- › *Conduct complaint investigations for allegations triaged at an IJ and Non-IJ high while the hospice program is in the SFP.*
- › *Inform the CMS Survey and Operations Group (SOG) hospice subject-matter expert (SME) about all outstanding non-IJ medium and non-IJ low-level complaints (pending prior to selection in the SFP).*
- › *Inform the CMS SOG hospice SME when any complaint allegation is received while the provider is in the SFP for triage and investigation by the appropriate surveying entity.*
- › *Conduct a survey within one-year post-SFP completion for non-deemed hospice providers, which will start a new standard 36-month survey cycle.*

CMS Role

- › Communicate to hospice providers on their selection into SFP and copy the SAs and AOs (as applicable).
- › Update applicable iQIES fields until the hospice provider has completed the SFP.
- › Process informal dispute resolutions (IDRs) for hospices selected in the SFP as requested for condition-level findings.
- › Impose enforcement remedies and process enforcement actions.
- › Communicate the outcome of the hospice's SFP status (completion or termination) to hospice providers and copy the SAs and AOs (as applicable).

CMS Contractor

- › Update applicable iQIES fields until the hospice has completed the SFP.
- › Conduct SFP surveys and any applicable revisit surveys.
- › Conduct complaint investigations for non-IJ medium and non-IJ low-level complaints.

Accrediting Organization

- › Forward complaints received for any accredited hospice deemed provider selected for participation in the SFP to the CMS SOG hospice SME (CMS_HospiceSFP@cms.hhs.gov) and include "complaint" in the subject line.
- › Conduct a survey to recommend deemed status (to the CMS Location) within one-year post-SFP completion, which will start a new standard 36-month survey cycle, realigning accreditation and deeming, if requested by the hospice provider.

CMS RESOURCES

Hospice Special Focus Program webpage:

<https://www.cms.gov/medicare/health-safety-standards/certificationcompliance/hospice-special-focus-program>.

QSO-25-02-Hospice Memo: Overview of the Hospice Special Focus Program (SFP)

<https://www.cms.gov/files/document/qso-25-02-hospice.pdf>

CMS HOSPICE FORUM Hospice IDR and SFP Updates, Nov 14, 2023

<https://www.cms.gov/files/document/cms-hospice-forum-slidesnovember-2023.pdf>

Hospice QRP Announcements & Spotlight webpage:

<https://www.cms.gov/medicare/quality-initiatives-patient-assessmentinstruments/hospice-quality-reporting/spotlight>.

Provider & Stakeholder Engagement webpage:

<https://www.cms.gov/medicare/quality-initiatives-patient-assessmentinstruments/hospice-quality-reporting/hospice-qrp-provider-engagementopportunities>.

Inquiries about the SFP can be sent to CMS_HospiceSFP@cms.hhs.gov.

REFERENCES

Centers for Medicare and Medicaid Services. (2023, Nov 13). Calendar Year 2024 home health prospective payment system rate update; home health quality reporting program requirements; etc. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2023-11-13/pdf/2023-24455.pdf>

Centers for Medicare and Medicaid Services. (2023, Nov 13). Calendar Year 2024 home health prospective payment system rate update; home health quality reporting program requirements; etc. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2023-11-13/pdf/2023-24455.pdf>

The Centers for Medicare and Medicaid Services. (2023, Nov 14). CMS hospice forum hospice IDR and SFP updates. Retrieved from <https://www.cms.gov/files/document/cms-hospice-forum-slidesnovember-2023.pdf>