Hospice Special Focus Program: Components and Implications

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Special Focus Program Topics

Overview

- Background
- Methodology
- Enforcement
- Timing and Implementation

Potential Impacts

- Lessons Learned
- Hospice Impacts

Advocacy Efforts

Next Steps

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Special Focus Program Overview

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Hospice Special Focus Program (SFP) Overview

Authorized as part of the hospice program integrity provisions in the Consolidated Appropriations Act, 2021 (CAA 2021)

Intended for poor performing hospices that fail substantially to meet Medicare program requirements

The CY 2024 Home Health Final Rule finalizes SFP proposals

CMS will periodically review the effectiveness of the SFP methodology and algorithm

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SFP Final Algorithm Elements

CMS finalizes the following SFP indicators to determine a selection into the SFP:

Data Source	Hospice Surveys	Hospice Quality Reporting Program (HQRP)	
		Claims Data	CAHPS® Hospice Survey Measures
Indicators	Quality-of-Care Condition-Level Deficiencies	Hospice Care Index (HCI)	Help for Pain and Symptoms
			Getting Timely Help
			Willingness to Recommend this Hospice
	Substantiated Complaints		Overall Rating of this Hospice

See Table F1 in the final rule

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SFP Hospice Eligibility

A hospice will be eligible for potential SFP enrollment if they:

- have SFP hospice survey data or Medicare HQRP data;
- are an active provider that has billed Medicare in the past 12 months, and
- operate in the United States, including the District of Columbia and U.S. territories

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Special Focus Program Hospice Identification

CMS will select the first cohort of SFP participants in November 2024 based on the following data:

Data Indicator	Source	Date Ranges	Exclusion Criteria
Hospice Care Index (HCI)	**Hospice Provider Data Catalog File**: Hospice – Provider Data Updated: Annually (November)	**November 2024 Refresh** Jan. 1, 2022- Dec. 31, 2023	• Less than 8 quarters of data • Less than 20 claims over 8 quarters of data
CAHPS Hospice Survey Bottom-Box Scores	**Hospice Provider Data Catalog File:** Hospice – Provider CAHPS Hospice Survey Data Updated: Quarterly	**November 2024 Refresh** Jan. 1, 2022- Dec. 31, 2023	• Fewer than 50 survey eligible patient/caregiver pairs in a year • Fewer than 30 completed surveys during reporting period • New hospices (receive CCN after 1/1 of collection year)
Survey Data (CLDs and substantiated complaints)	QCOR	2021-2024 May 1, 2021 – April 30, 2024	• None

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Hospice Survey Data Indicators

CMS will include 11 Quality-of-Care CLDs and substantiated complaints as data indicators in the SFP algorithm based on three consecutive years of data

TABLE F2. ELEVEN QUALITY OF CARE CLDs (ALGORITHM INDICATORS)

Tag	Condition of Participation
§418.52	Condition of participation: Patient's rights.
§418.54	Condition of participation: Initial and comprehensive assessment of the patient.
§418.56	Condition of participation: Interdisciplinary group, care planning, and coordination of services.
§418.58	Condition of participation: Quality assessment and performance improvement.
§418.60	Condition of participation: Infection control.
§418.64	Condition of participation: Core services.
§418.76	Condition of participation: Hospice aide and homemaker services.
§418.102	Condition of participation: Medical director.
§418.108	Condition of participation: Short-term inpatient care.
§418.110	Condition of participation: Hospices that provide inpatient care directly.
§418.112	Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.

See Table F2 in the final rule

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HQRP Data Indicators

Hospice Care Index (Claims-based)

- Overall score based on eight quarters of Medicare claims data

CAHPS® Hospice Survey Index

- CMS relies upon four CAHPS® measures
- Calculated across 8 rolling quarters with at least 30 completed surveys
- CMS adjusts bottom-box scores for 4 measures to create a CAHPS® Hospice Survey Index*

*Resource:** Calculating CAHPS® Hospice Survey Top-, Middle-, and Bottom-Box Score, https://www.hospicecahpssurvey.org/globalassets/hospice-cahps4/public-reporting/scoring-and-analysis/cc-previous-documents/pr-calculations/steps-for-scoring-cahps-hospice-survey-measures--for-website-2018q3-final.pdf

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CAHPS® Data Algorithm

To account for hospices with missing CAHPS data, CMS has two different algorithms:

- For hospices with CAHPS data, CMS would divide scores by **5** based on **5** indicators
- For hospices without CAHPS data, CMS would divide scores by **3** based on **3** indicators

With CAHPS Hospice Survey Index

$$CLDs \ over \ 3 \ years + Complaints \ over \ 3 \ years \ - HCI + 2(CAHPS \ Index) = \frac{Score}{5}$$

Without CAHPS Hospice Survey Index

$$CLDs \ over \ 3 \ years + Complaints \ over \ 3 \ years \ - HCI = \frac{Score}{3}$$

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Survey and Enforcement Criteria

Surveyed once every six months

May be subject to one or more enforcement remedies at CMS' discretion

Remedies applied based on:

- Non-compliance with one or more conditions of participation or
- Based on failure to correct previous deficiency findings when repeat condition level deficiencies occur

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SFP Graduation and Medicare Termination

SFP Graduation

1. No CLD or immediate jeopardy (IJ) citations for any two six-month SFP surveys, and
2. No pending complaint survey triaged at an IJ or condition-level, or
3. Has returned to substantial compliance with all requirements.

SFP Hospice Would be Considered for Medicare Termination if:

- The hospice fails any two SFP surveys with CLDs on the surveys in 18-month period,
- The hospice has pending complaint investigations triaged at IJ or condition-level, or
- The hospice is not able to achieve substantial compliance.

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Public Reporting

- CMS will publicly report, at least on an annual basis, the following information on a website at https://www.cms.gov/medicare/health-safety-standards/certification-compliance/hospice-special-focus-program:
  - general information
  - program guidance
  - a **subset consisting of 10 percent of hospice programs** based on the highest aggregate scores determined by the algorithm
  - **SFP selections** from the 10 percent subset as determined by CMS
  - SFP status

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Special Focus Program Potential Impacts

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What Can Hospices Expect?

Potential challenges special focus hospices might experience:

- Reduced hospice census due to concerns associated with hospice quality
- Negative public and media attention
- Heightened workforce constraints
- Increased scrutiny from personal injury law firms and the public

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How Can Hospices Prepare?

🔍 Check hospice CAHPS® and HCI scores

📋 Review hospice's survey findings over the past three years

💻 Conduct a quality assessment and develop a communications strategy

Review CAHPS® Hospice Survey Quality Assurance Guidelines

💡 Stay vigilant with regulatory updates and announcements

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Additional Materials

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NHPCO Special Focus Program Resources

- **Survey Readiness and Response Toolkit**. This resource provides comprehensive support to hospices before, during, and after a hospice Medicare survey.
- **Hospice Survey Readiness and Response Webinar.** CMS has designated particular Conditions of Participation for surveyor focus and later this year, surveyors will begin recommending penalties for some deficiencies found on surveys.
- **NHPCO Hospice Quality Reporting Program Comprehensive Resource Guide.** This guide provides a comprehensive overview of the HQRP, including the CAHPS® Hospice Survey, Hospice Item Set Comprehensive Assessment at Admission, HCI, and Hospice Visits in Last Days of Life.
- **NHPCO Hospice CAHPS® Survey and Star Ratings Resource.** This resource provides an overview of the CAHPS® Hospice Survey and associated Star Ratings, including details regarding survey administration, data collection, score calculation, and public reporting.
- **NHPCO Hospice Care Index Resource.** This resource provides an overview of the Hospice Care Index (HCI) measure, including detailed descriptions of each HCI indicator, score calculation, and public reporting requirements.

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Hospice SFP Background

SFP policies were initially proposed in the CY 2022 Home Health Prospective Payment System Rate Update and Quality Reporting Program Requirements proposed rule (but were not finalized)

A Technical Expert Panel (TEP) was convened to further inform SFP implementation

The TEP made several recommendations to inform the development of the SFP

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CMS Deviated from the TEP in Several Areas

Issue	TEP Recommendation	2024 Home Health Rule
Scaling	TEP adopted a scaling methodology for Quality-of-Care CLDs and substantiated complaints per 100 beneficiaries (excepting small hospices).	CMS does **not** adopt a scaling methodology for CLDs and substantiated complaints.
Weighting	TEP recommended a **lower weight** (0.25) for CAHPS® scores.	CMS **doubles the weight** (2.0) of the CAHPS® Index in the SFP algorithm, and excludes hospices without a CAHPS® score.
Technical Assistance	TEP unanimously agreed **that technical assistance should be provided** by a third party to SFP hospices.	CMS will **not** provide technical assistance to SFP hospices, nor will CMS arrange to have this assistance provided by a third party.
Public Reporting	TEP generally agreed that SFP hospices should be clearly identified on the CMS Care Compare website with an icon.	CMS will publish a list of both SFP hospices <u>and</u> a list containing the bottom ten percent poor performing hospices identified under the final SFP algorithm.

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Data Source Standardization

- CMS will subtract a hospice's indicator value from the average value across all hospices.

- CMS will then divide this amount by the standard deviation.

- CMS will standardize scores for SFP-eligible hospices with missing survey and HCI data, resulting in an average score.

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

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CAHPS® Calculation Case Example

Measure	Measure Weight	Bottom-Box Score
Overall Rating of this Hospice	0.5	100
Willingness to Recommend this Hospice	0.5	12
Help for Pain and Symptoms	1.0	0
Getting Timely Help	1.0	4.5
Final Score:†		**60.5**

†Formula = ((100 + 12) x 0.5) + (0 + 4.5) = 60.5

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Case Examples

Hospice A (500 census, <u>with</u> CAHPS score):

Indicator	Absolute Value	Standardized Value
Total CLDs over 3 years	0	0
Total Substantiated Complaints over 3 years	2	0.6
HCI	9 (compared to average value of 8.9)	0.1
CAHPS Survey Index Measure	44.5 *(compared to average value of 28)*	2.4
Subscore:†		**5.3**
Final Score (Subscore/5) =		**1.06**
Final rank after comparing score to all other hospices' scores =		**331**

†Formula = 0 + 0.6 - 0.1 + (2 x 2.4) = 5.3

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Case Examples, Continued

Hospice B (120 census, <u>without</u> CAHPS score):

Indicator	Absolute Value	Standardized Value
Total CLDs over 3 years	15	9.2
Total Substantiated Complaints over 3 years	42	16.4
HCI	10 (compared to average value of 8.9)	0.9
CAHPS Survey Index Measure	N/A	N/A
Subscore:†		**24.7**
Final Score (Subscore/3) =		**8.2**
Final rank after comparing score to all other hospices' scores =		<u>1</u>

†Formula = 9.2 + 16.4 - 0.9 = 24.7

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