



Administrator

Washington, DC 20201

January 16, 2025

The Honorable Beth Van Duyne
U.S. House of Representatives
Washington, DC 20515

The Honorable Jimmy Panetta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Van Duyne and Representative Panetta:

Thank you for your letter regarding the implementation of the Hospice Special Focus Program (SFP) enacted in the Consolidated Appropriations Act, 2021 (CAA, 2021). The Centers for Medicare & Medicaid Services (CMS) shares your interest in improving the quality of hospice care for patients and their families by holding poor-performing hospices accountable for the quality of care they provide. We appreciate hearing from you about this important issue.

The structure and methodology for the SFP were developed through extensive stakeholder feedback, which included a Technical Expert Panel (TEP) to inform the development of the program. This TEP was convened in the Fall of 2022 based on public comments received during the Calendar Year (CY) 2022 Home Health Prospective Payment System Rate Update (HH PPS) rulemaking (86 FR 62240) (Nov. 9, 2021). The TEP's public recommendations were used to inform the hospice SFP provisions in the CY 2024 HH PPS final rule (88 FR 77676) (Nov. 13, 2023). The algorithm includes multiple data sources to provide a comprehensive view of the quality of care provided at the identified hospices. The compilation of these data sources represents areas of concern regarding patient quality and safety—quality of care condition-level deficiencies found during hospice surveys; substantiated caregiver and public complaints about hospices not providing quality of care or not meeting Medicare requirements; and quality measures, from claims data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Surveys, that inform the public of whether a hospice is providing expected care processes or outcomes.

Hospices are aware of their status with respect to each element used in the algorithm, and they will have had opportunities to preview each of these elements prior to the use in the annual algorithm runs. There may be circumstances where a hospice is missing data used to calculate its SFP score, which was discussed in the CY 2024 HH PPS final rule (88 FR 77804). For example, the COVID-19 Public Health Emergency led to a backlog of routine surveys. As a result, hospices missing the Hospice Care Index and/or condition-level deficiencies are assigned the mean (average) value of each indicator across all hospices for that period.

CMS is working with State Survey Agencies (SAs) to continue clearing the survey backlog. CMS oversees SA performance for ensuring Medicare/Medicaid certified providers and suppliers are compliant with federal requirements to improve and protect the health and safety of Americans through the State Performance Standards System (SPSS). The SPSS includes a measure which identifies progress made towards reducing the number of past due tier 1 acute and continuing care (ACC) provider recertification surveys. The most recent SPSS results, from Fiscal Year (FY) 2023, indicate an overall improvement in SA performance in survey and certification activities. Among the 34 SAs to receive a score on this measure due to their numbers of past-due tier 1 ACC provider recertification surveys, 24 reduced their total by 50 percent or more. Another six SAs achieved a score of Partially Met, signaling an improvement or continued progress since FY 2022.

There are also circumstances in which CAHPS Hospice Survey scores may be missing in the calculation of SFP scores. New hospices, hospices with fewer than 30 completed CAHPS surveys over an eight-month reporting period, and hospices with fewer than 50 survey-eligible caregivers/decedents in a calendar year do not have CAHPS Hospice Survey data available for the purposes of calculating SFP scores. CMS addresses missing CAHPS data differently than other missing elements of the algorithm to make the scores of hospices without CAHPS data comparable to those with CAHPS data. For hospices with missing CAHPS data, CMS will determine the SFP score without the CAHPS indicator in the algorithm and average the score based on the total number of indicators used to calculate the score. This approach to handling missing CAHPS data does not make assumptions about the values for missing CAHPS data.

The hospice SFP is not intended to arbitrarily include providers that perform well. The hospice SFP intends to improve overall provider performance in those providers that are delivering poor care to beneficiaries. The SFP algorithm is designed as an initial step in identifying poor quality indicators. We plan to monitor the algorithm inputs for changes to the measures, including the addition or removal of measures, that would affect the results of the SFP algorithm. As part of our continued monitoring, CMS will evaluate how potential SFP providers will be differentiated from providers that do not need additional attention. We will continuously assess the finalized algorithm's effectiveness, additional data sources as they become available, and the program's overall impact.

On December 20, 2024, we released the list of the initial cohort of 50 hospices selected for SFP participation in 2025. CMS also generated a list of future SFP candidates. We are not publishing the candidate list at this time, so we may further analyze its usefulness in administering the SFP. However, we have shared the underlying data used to create both lists to allow for external review, thereby ensuring transparency in the process by which low-performing hospices are identified. The list and underlying datasets may be viewed on the CMS Hospice Special Program website Downloads section¹.

¹ <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/hospice-special-focus-program>.

Thank you again for your letter. I welcome your input on this issue and appreciate your continued interest as CMS works toward the goal of strengthening the Medicare hospice program for all hospice beneficiaries, patients, and their caregivers. If you have additional questions or concerns, please contact the CMS Office of Legislation.

Sincerely,

A handwritten signature in blue ink that reads "Chiquita Brooks-LaSure". The signature is written in a cursive, flowing style.

Chiquita Brooks-LaSure