

# CMS Releases Hospice Special Focus Program Overview Update

Source: [The Alliance](#), October 7, 2024

On October 4, 2024, the Centers for Medicare & Medicaid Services (CMS) released [QSO-25-02-Hospice](#), a memo providing an update on an overview of the Hospice Special Focus Program (SFP). This memo outlines the implementation of the SFP, which was finalized in the Calendar Year (CY) 2024 Home Health Prospective Payment System (HH PPS) final rule and mandated under the HOSPICE Act, incorporated through Division CC, section 407 of the [Consolidated Appropriations Act of 2021](#). The goal of the SFP is to provide enhanced oversight of hospices identified as having substantially failed to meet Medicare program requirements and, in turn, protect hospice beneficiaries from receiving substandard care. See previous NAHC Report coverage in the footnotes.

CMS designed the Hospice SFP to identify hospices that demonstrate poor performance based on certain quality indicators. The SFP algorithm relies on the following data indicators to evaluate hospices and identify those in the bottom 10 percent nationwide:

- Hospice surveys (recertification and substantiated complaint) from the last 3 consecutive years;
- Hospice Care Index (HCI) Overall Score, based on Medicare claims data; and
- The four Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey Index measures most aligned with caregiver experience: Help for Pain and Symptoms, Getting Timely Help, Willingness to Recommend the Hospice, and Overall Rating of the Hospice.

Hospices selected for participation in the SFP will undergo increased scrutiny through surveys and may face potential enforcement actions, up to and including termination from the Medicare program if they fail to meet the SFP completion criteria.

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. Of these hospices, CMS will generate a list of potential SFP-eligible candidates and select 50 hospices for participation in the SFP during the next calendar year. **In November 2024, CMS will select the first cohort of hospices to begin the SFP in January 2025.**

CMS will rely upon the following data to inform the November selection of hospices for the first SFP cohort in 2025:

<b>Data Indicator</b>	<b>Source</b>	<b>Date Ranges for Q1 CY2025</b>	<b>Exclusion Criteria</b>
Hospice Care Index (HCI)	Hospice Provider Data Catalog File: Hospice – Provider Data Updated: Annually (November)	November 2024 Refresh Dates Included: January 1, 2022- December 31, 2023	<ul style="list-style-type: none"> <li>• Less than 8 quarters of data</li> <li>• Less than 20 claims over 8 quarters of data</li> </ul>
CAHPS Hospice Survey Bottom-Box Scores	Hospice Provider Data Catalog File: Hospice – Provider CAHPS Hospice Survey Data Updated: Quarterly	November 2024 Refresh Dates Included: January 1, 2022- December 31, 2023	<ul style="list-style-type: none"> <li>• Fewer than 50 survey eligible patient/caregiver pairs in a year</li> <li>• Fewer than 30 completed surveys during reporting period</li> <li>• New hospices (receive CCN after 1/1 of collection year)</li> </ul>
Survey Data (CLDs and substantiated complaints)	<a href="#">QCOR</a>	2021-2024 Dates Included: May 1, 2021 – April 30, 2024	<ul style="list-style-type: none"> <li>• None</li> </ul>

CMS will annually update the bottom 10 percent list based on this algorithm. For hospices that complete the SFP, CMS has indicated it expects to update this list periodically. Hospices selected for the SFP will receive a letter from CMS notifying them of their inclusion in the SFP and outlining expectations for successful program completion. For hospices accredited by an Accrediting Organization (AO), their deemed status will be suspended, and the hospice will be placed under CMS jurisdiction until it either completes the SFP or is terminated from the Medicare program.

Hospices in the SFP will be subject to a minimum of a survey every six months, in addition to any follow-up surveys or surveys for new or existing complaints. To complete the SFP, a hospice must return to substantial compliance with all Medicare requirements or undergo two SFP surveys within 18 months with no uncorrected Condition-Level Deficiencies (CLDs) and have no pending complaint investigations triaged at the immediate jeopardy (IJ) or condition-level. A hospice who completes the SFP will be subject to a recertification survey from the state agency or AO (as applicable) within one-year of its completion date, beginning a new standard 36-month survey cycle. If a hospice fails to meet the criteria for completion, CMS may terminate the hospice’s participation in the Medicare program.

CMS will publish on the [CMS Hospice Special Focus Program webpage](#) the bottom ten percent of hospices for potential selection in the Hospice SFP, the hospices specifically selected for the SFP, along with their status in the program (e.g., In Progress, Completed, or Terminated from Medicare).

The National Alliance for Care at Home supports the underlying intent of the Hospice SFP to ensure beneficiaries receive high-quality, safe, and compassionate hospice care. However, we continue to have serious concerns about the methodology CMS has designed to identify poor performing hospices and the potential consequences of this approach.

Despite opposition from the entire [national hospice stakeholder community](#), CMS is proceeding with a methodology that will threaten beneficiary access to quality end-of-life care. The Alliance is profoundly disappointed by CMS's decision to move forward, despite recent multiple meetings held with Agency leadership presenting substantial evidence—supported by a commissioned analysis from McDermott+—highlighting serious data limitations and flaws in the SFP methodology that will fail to accurately identify those hospices most in need of oversight. We remain committed to ongoing engagement with CMS to address these concerns and will continue to advocate for improvements in the SFP algorithm to ensure it achieves its intended goals without impairing beneficiary access to quality hospice care.