

CMS' Hospice Special Focus Program (SFP) Threatens Access to High-Quality Care for Most Vulnerable Medicare Patients & Families

In the CY2024 Final Home Health Rule, CMS disregarded every single commonsense recommendation for SFP improvements from the hospice community, its own Technical Expert Panel (TEP), and bipartisan members of Congress, including the original sponsor of the legislation which established the SFP, and finalized the program without one modification.

*Contrary to Congressional intent, the final SFP design **will NOT support hospices' quality improvement, and will reduce access to higher-quality care** by directing patients and families to hospices that perform more poorly on health and safety requirements.*

NEEDLESSLY RUSHING OUT A FLAWED PROGRAM THAT WILL REDUCE ACCESS TO QUALITY HOSPICE CARE

The finalized SFP threatens beneficiary access to high quality providers because its algorithm will disproportionately target providers who fully participate in CMS' quality and oversight programs and allow those that do not – likely poorer performers – to fly under the radar. Major problems with the SFP algorithm include:

- Not scaling the survey data by size of hospice.
- Weighting CAHPS quality data twice as much as other factors, despite the fact that less than half of all hospices have reportable data on the measures the SFP will use, which is why the TEP was presented with a CAHPS weight 8 times lower than what CMS finalized.
- Assigning hospices without an HCI or CAHPS score an average score, effectively giving them a “pass” on an important quality indicator.

NO ASSISTANCE OFFERED TO POOR-PERFORMING HOSPICES

Despite the original intent of the HOSPICE Act to lift up poor-performing hospices, additional outreach from Congress to request that the SFP honor this intent, and the fact that CMS is planning to offer technical assistance to skilled nursing facilities in that program's SFF, CMS is doubling-down on its decision to offer NO TA or education to struggling hospice providers that want to improve their quality. This flies in the face of the CMS TEP's strong recommendation for added TA. Without support, the SFP is merely punitive and could result in hospice closures, which will exacerbate access issues.

CMS IGNORING MAJOR CHALLENGES WITH CURRENT HOSPICE SURVEY ENVIRONMENT

CMS' own Quality and Certification Oversight Reports (QCOR) data indicates that in 2022, 35% of hospices had no survey in the prior 36 months. On top of this, there remains major variability across surveyor entities' approach and outcomes, despite new standardized surveyor training mandated by the HOSPICE Act. CMS has no plan for addressing the survey back-log, which will materially impact the SFP algorithm, stating in the final rule merely that “*We [CMS] will provide oversight to ensure adherence to survey processes and schedules*”. This is a totally inadequate response.

CONGRESS SHOULD:

Fund surveyor education & training

Require CMS to make needed technical changes to the SFP algorithm

Require the SFP to send hospices a preview report and allow opportunity to contest score

Require CMS to provide TA to SFP hospices

Require GAO reports on SFP's implementation to improve the program