



August 2, 2024

The Honorable Jonathan Blum  
Principal Deputy Administrator and Chief Operating Officer  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 445-G  
Washington, DC 20201

**RE: Request for Meeting; Concerns about the Hospice Special Focus Program**

Dear Principal Deputy Blum:

On behalf of the National Association for Home Care & Hospice (NAHC) and the National Hospice and Palliative Care Organization (NHPCO) (collectively, the NAHC-NHPCO Alliance— “the Alliance”) representing the continuum of care in the home—we appreciate your continued leadership and commitment to improving the quality of care provided to our nation’s beneficiaries under the Medicare and Medicaid programs.

Since 1982, NAHC has been the leading association representing the interests of hospice, home health and home care providers across the nation, including the home caregiving staff and the patients and families they serve. Our members are providers of all sizes and types—from small rural agencies to large national companies—and including government-based providers, nonprofit organizations, systems-based entities, and public corporations. NHPCO is the nation’s largest membership organization for hospice providers and professionals who care for people affected by serious and life-limiting illness. NHPCO members provide care in more than 4,000 hospice and palliative care locations and care for over two-thirds of the Medicare beneficiaries served by hospice. Together, the Alliance is the largest organization representing, advocating for, educating, and connecting providers of care in the home for millions of Americans who depend on this care.

We appreciate the Centers for Medicare & Medicare Services’ (CMS’s) efforts to increase appropriate oversight and enhance the quality of hospice services through the Hospice Special Focus Program (SFP), as mandated by the Consolidated Appropriations Act of 2021. The SFP, as established by Congress, aims to identify and improve the performance of hospices failing to meet Medicare program requirements. Indeed, we are aligned in our support of the SFP’s intended goal. However, we remain concerned that the SFP, as finalized in the calendar year (CY) 2024 Home Health Prospective Payment System (PPS) final rule (88 FR 77797 through 77812), has several critical design defects that will fail to accurately identify our nation’s poorest performing hospice providers, which may result in beneficiaries receiving inferior care. **To facilitate the need for an accurate SFP that will effectively improve quality of care, the NAHC-NHPCO Alliance would like to formally request a meeting with you.**

As you consider this request for a meeting, we would like to emphasize the following points.

In the CY 2024 Home Health PPS final rule, CMS indicated its intent to publicly identify a list of the bottom 10 percent of hospices identified under the agency's SFP methodology. From this list, CMS would select a subset of providers to receive additional oversight under the SFP. However, a recent analysis, conducted by McDermott+ Consulting, highlights significant data limitations and inaccuracies that undermine the effectiveness of the SFP. These issues include:

- 1. Inaccurate Identification of Hospice Providers:** Due to the unavailability and inconsistency of key data, such as survey and substantiated complaints and CAHPS® Hospice Survey data, there is a risk of misidentifying high-quality hospices as poor performers. This misidentification can result in beneficiaries potentially being steered away from high-quality providers to poorer performing hospices, with potentially worse care. Inappropriate identification will result in inappropriate allocation of CMS and survey agency resources that will fail to focus on hospices that truly require the most attention and oversight.
- 2. Incomplete Data Sets and Data Errors and Discrepancies:** The analysis found that the data used by CMS do not align across different time periods, making it challenging to accurately assess hospice performance. Moreover, survey backlogs and missing data further complicate the accurate identification of the worst-performing hospices. For example, the analysis found, among other things, that “[t]he high rate of missing survey data and CAHPS data is a source of concern and could render some newer hospices with the poorest outcomes from being selected for the bottom 10% list.” In addition, hospice survey data is both incomplete and includes errors, which again make it difficult to assess hospice performance under the SFP algorithm. In addition to the McDermott+ analysis, the Government Accountability Office (GAO) similarly found in a May 2024 report<sup>1</sup> that a large number of hospices have not been surveyed in the required 36-month timeframe—a fact that raises major concerns about the accuracy and efficacy of CMS’ planned launch of the SFP, a program that relies heavily on hospice survey findings.

We also understand CMS intends to publicly select and identify the bottom ten percent of hospice providers in November 2024, which significantly increases the urgency for a meeting to prevent potential irreparable harm. Given these concerns, along with other issues, we respectfully request a meeting with you and your staff to discuss these issues and explore potential refinements to the SFP algorithm. In addition, we urge CMS to:

- 1. Withhold the Publication of the Bottom 10% List:** Until the methodology is refined to address the identified inaccuracies, it is premature to publish the bottom 10 percent list. The potential misdirection of patients to poor performing providers and potential harm to providers pose the risk for substantial and irreparable harm—harm that once done, cannot be undone.
- 2. Continue to Refine the SFP Algorithm.** We look forward to continued opportunities to collaborate with CMS to refine the SFP algorithm and ensure an appropriate and accurate program that will improve quality of care for providers who are most in need of oversight.

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<sup>1</sup> GAO. *Medicare Hospice: CMS Needs to Fully Implement Statutory Provisions and Prioritize Certain Overdue Surveys*. May 2024.

We have attached a report, 'Data Limitations with the Hospice Special Focus Program,' which provides a comprehensive overview of the issues and outlines our concerns in greater detail. To reiterate, we strongly support the SFP's goal of improving hospice care quality and are committed to working with CMS to achieve this objective. We hope to talk with you about these issues further when we have the opportunity to meet.

Sincerely,

A handwritten signature in black ink, appearing to read "William Dombi".

William Dombi  
President  
National Association for Home Care & Hospice  
NAHC-NHPCO Alliance

**cc: David Wright, Director, Quality, Safety & Oversight Group**  
**Dara Corrigan, Deputy Administrator and Director, Center for Program Integrity**