

Special Focus Program User's Guide: *Algorithm and Public Reporting*

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Submitted to:
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted by:
Abt Associates
6130 Executive Boulevard
Rockville, MD 20852

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Introduction

This User's Guide provides an overview of the hospice Special Focus Program (SFP) algorithm and public reporting of SFP information, as finalized in the [Calendar Year \(CY\) 2024 Home Health Prospective Payment System \(HH PPS\) Rate Update](#). This document does not modify or supersede the policy as discussed in the Final Rule, or future rulemaking.

SFP Algorithm Overview

The SFP uses indicators of poor hospice performance regardless of their size, location, and profit or ownership status.

The SFP algorithm combines multiple indicators of poor performance into a single score, which ranks hospices (a higher score indicating poorer quality). These indicators are the number of condition-level deficiencies (CLDs) and substantiated complaints, the Hospice Care Index (HCI), and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey scores. These data sources capture distinct dimensions of hospice care by incorporating in-person visits to hospices by surveyors, validated caregiver and/or public complaints, Medicare claims data, and feedback from hospice patients' families and caregivers.

Data Sources

CLDs and Substantiated Complaints

CLDs and substantiated complaints represent findings from in-person visits to hospices by surveyors. For CLDs, three years of survey data are used for each hospice and the methodology counts only the 11 CLDs that are drawn from 11 Conditions of Participation (CoPs) which are most closely tied to the quality of care as described in [Hospice-Appendix M of the State Operation Manual](#) (see [CY24 HH PPS Final Rule](#) page 43759 for list of CoPs). This methodology enables CMS to identify quality concerns without potential dilution by including CoPs that are not directly related to quality. For complaints, the total number of substantiated complaints from the last three years is included in the algorithm.

HCI

The HCI is a single measure comprising ten indicators calculated from Medicare claims data. The indicators represent care processes throughout the hospice stay and cover ten key aspects of hospice care. A robust majority of hospices have publicly reported HCI scores. The entire HCI score is included in the methodology.

CAHPS® Hospice Survey

CAHPS data incorporates family and caregiver feedback into the SFP selection methodology. The CAHPS Hospice Survey Index was created for the SFP methodology and is comprised of the bottom-box scores of four selected CAHPS measures: Help for Pain and Symptoms, Getting Timely Help, Willingness to Recommend the Hospice, and Overall Rating of the Hospice. The four measures were selected from all CAHPS measures as the most relevant to hospice quality. On average, just under half of the SFP-eligible hospices have publicly reported CAHPS hospice survey data.

SFP Eligibility

A hospice might be selected to participate in the SFP if:

1. It has data from at least one algorithm indicator: CLDs, substantiated complaints, HCI, or CAHPS.
2. It is listed as an active provider, meaning it has billed at least one claim to Medicare FFS in the last 12 months.
3. It operates in the United States, including U.S. territories and the District of Columbia.
4. It is not currently under CMS enforcement action.
5. Its score ranks it as being among the poorest 10 percent of providers.

Data Source Preparation

To rank hospices in order of quality-of-care performance, the data sources are cleaned, standardized, weighted, and combined into a single score for each eligible hospice. This section provides an overview of this process, from pulling the data to producing a final score. For a more detailed discussion, please see the [CY24 HH Final Rule](#).

HCI and CAHPS data are both publicly available and are pulled from the Provider Data Catalog (PDC) at <https://data.cms.gov/provider-data/topics/hospice-care>. Survey and substantiated complaints data is posted on the CMS Quality, Certification and Oversight Report (QCOR) website.

The surveys and complaints indicators are based on three years of survey data and include data collected during the most recent certification and/or standard surveys during the three year period, as well as all complaint and follow-up surveys from the same the three-year period. From this data, the total number of quality-of-care CLDs and substantiated complaints are counted.

The HCI score is based on two years, or eight rolling quarters, of data that is updated annually and publicly reported each November. HCI data is not available for every hospice, since small hospices (those with less than 20 claims over the eight quarters) and new hospices (less than eight quarters of data) are excluded from publicly reporting HCI.

Hospices missing HCI (due to size or newness) and/or CLDs or substantiated complaints (e.g., due to survey backlog issues) are assigned the mean (average) value of each indicator across all hospices for that period. This equates to a value of zero after standardization (see “Standardization” section below).

The CAHPS Hospice Survey Index is drawn from a hospice’s adjusted bottom-box scores on the four selected CAHPS Hospice Survey measures and specifically used for the SFP algorithm. The bottom-box score is created by assigning a value of 100 to each response that is the least favorable response and assigning a value of 0 to all other responses. It can be interpreted as the percentage of respondents who selected the least favorable response (after adjusting for survey mode and decedent and caregiver characteristics¹). Because not all CAHPS Hospice Survey questions have the same response scale, taking bottom-box scores allows combining the four desired indicators onto the same scale and adding them into a single input. Bottom-box scores were selected because they measure the most problematic care experiences relevant to identifying the poorest performing hospices.

The four selected CAHPS Hospice Survey measures are combined into a single value called the CAHPS Hospice Survey Index. Help for Pain and Symptoms and Getting Timely Help are weighted at 1, while Willingness to Recommend this Hospice and Overall Rating of this Hospice are both weighted at 0.5. This weighting accounts for the fact that the latter two measures are very similar, and both represent the overall feelings that family and caregivers have towards a hospice. By using a weight of 0.5 for the last two indicators, double counting this feedback is avoided.

¹For more information on case mix adjustments, see “Case-Mix Adjustments for Publicly Reported CAHPS® Hospice Survey Results” at https://hospicecahpsurvey.org/globalassets/hospice-cahps4/public-reporting/scoring-and-analysis/care-compare-current/cma_public_document-for-website.pdf.

Table A. Overview of Data Indicators

Data Indicator	Source	Date Ranges for Q1 CY2024	Exclusion Criteria
Hospice Care Index (HCI)	Hospice Provider Data Catalog File: Hospice – Provider Data Updated: Annually (November)	November 2023 Refresh <u>Dates Included:</u> January 1, 2021-December 31, 2022	<ul style="list-style-type: none"> • 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 2023 Refresh <u>Dates Included:</u> January 1, 2021-December 31, 2022	<ul style="list-style-type: none"> • 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	2020-2023 <u>Dates Included:</u> May 1, 2020 – April 30, 2023	<ul style="list-style-type: none"> • None
Active Provider List	QIES	All providers active through June 2023	<ul style="list-style-type: none"> • None

Approach for Missing CAHPS Hospice Survey Data

As referenced above, CAHPS Hospice Survey data has high missingness. This is because new hospices, hospices with fewer than 30 completed surveys over an eight-month reporting period (the low response rate for CAHPS hospice surveys contributes to this issue), and hospices with fewer than 50 survey-eligible caregivers/decedents in a calendar year do not have CAHPS Hospice Survey data available. CMS could address this by assigning hospices that do not have CAHPS Hospice Survey data the average CAHPS Hospice Survey score across all hospices. However, hospices that do not have publicly reported CAHPS Hospice Survey data may differ from hospices that do have publicly reported scores. Therefore, it would be problematic to assume the values of the missing CAHPS Hospice Survey data by assigning them the average value. Instead, to make the scores comparable, each hospice’s score is divided by the number of algorithm inputs that the hospice has available (see Weighting and Final Output section below).

Standardization

After a value is determined for each input, the values must be standardized so they can be combined into a single score. Quality of care CLDs and substantiated complaints are both continuous variables, meaning they have no ceiling or maximum value, whereas HCI and CAHPS are fixed ranges with an upper limit. Leaving these inputs unscaled would allow quality of care CLDs and substantiated complaints the potential for outsized impact on a hospice’s final score. Therefore, each input is standardized to place them on the same scale before combining them into a single score.

This is done using the most common standardization method of taking the observed value for a given hospice and subtracting that indicator's average value for all hospices. Then, the difference is divided by the standard deviation.

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

This transforms each indicator to have a mean of zero and a standard deviation of 1. For example, a standardized value of 1 for the CLD measure would reflect a hospice with a count of CLDs one standard deviation more than the average. As noted above, hospices with missing HCI or CLDs data are assigned a standardized value of zero for the missing indicator(s), which is the same as assigning them the mean value of the missing indicator(s). For an illustrative example of how the data sources are standardized, see the HH PPS CY 2024 Final Rule.

Weighting and Final Output

After each data source is standardized, it is weighted according to its relative importance in determining hospice quality. CAHPS is weighted twice as heavily as the other data sources since it captures highly valuable caregiver experiences. Once these weights are applied, each input for a given hospice is calculated, providing a final score.

Hospices *with* CAHPS Hospice Survey data have their scores divided by 5, since the inputs are CLDs, substantiated complaints, HCI, and CAHPS Hospice Survey Index, which counts as two inputs since it is weighted twice.

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

Hospices *without* CAHPS data have their score divided by 3, since the inputs are CLDs, substantiated complaints, and HCI. For illustrative examples of this step of the methodology, please see the HH PPS CY 2024 Final Rule.

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

Hospices can then be ranked according to their score from highest to lowest (i.e., worst to best) and a list of the poorest performing hospices based on the algorithm will inform selection for the SFP.

Public Reporting

For consumers and other individuals in accessing information about the Hospice Special Focus Program, CMS provides a brief overview of the public resources available.

All the information relevant to the Hospice SFP can be found on the CMS.gov website:

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

Information available includes:

- **SFP User’s Guide:** This guide includes information about the SFP methodology and public reporting.
- **2022 Technical Expert Panel and Stakeholder Listening Sessions: Hospice Special Focus Program Summary Report:** This report provides an overview of the information provided to the SFP TEP, along with a summary of the TEP’s comments.
- **SFP Selection List:** This list will contain information about the hospices selected into the SFP.
- **SFP 10 Percent List:** This list will contain information about the hospices with algorithm scores that fall in the bottom 10 percent of all active hospices.
- Links to relevant Social Security Act authority, regulations, and Final Rules.

Additional Resources:

- **SFP Status List:** This list will be posted annually with periodic updates and will contain information about the status of hospices in the SFP, including whether they are still in the program, whether they have completed the program, or whether they are on the termination track or have been terminated.

Additional resources may be added in the future and will be posted on the Hospice SFP website.