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

CMS Fiscal Year 2025

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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.

CMS is using the most recently available data from the identified sources and has carefully reviewed the data using routine statistical and methodological quality assurance checks to ensure data errors are identified, and incomplete or missing data are addressed. Survey data used in the algorithm are routinely monitored for accuracy, subject to review and feedback from the subject providers via preview periods, independent dispute resolution, and appeals, before finalized. CMS uses these data to surveil provider compliance with its requirements, and to carry out enforcement actions.

Data used in the winter 2024 algorithm run includes results from the survey and certification process for a three-year period ending April 2024. Complete survey and certification data are generally available within several months after a survey, to allow for entry of survey results and other actions to finalize the survey; therefore, survey results from the immediate past six months (e.g. May 2024 to present) are not included in the 2024 algorithm run but will be included in the 2025 annual run. Furthermore, three years of data are needed for the algorithm to ensure all eligible hospices are captured in the data (since hospices are only subject to a recertification survey once every three years), and the three-year period also provides ample opportunity to identify patterns of persistent non-compliance among hospices.

While the current methodology continues to follow the approved regulatory approach as described in the Final Rule, there are several data cleaning actions performed to increase the accuracy of the data. Also, because data are drawn from internal CMS sources that are not available to the public, the final relevant datasets used to run the algorithm will be published for public use.

SFP Algorithm Overview

The SFP algorithm combines multiple indicators of performance into a single score, which is used to rank eligible hospices nationwide; a higher score indicates poorer quality. For a given hospice, these indicators are its:

- ➤ Count of condition-level deficiencies (CLDs), among 11 selected hospice Conditions of Participation, pertaining to hospice quality-of-care, cited on a survey within the designated timeframe

- ➤ Count of substantiated complaints, cited on complaint surveys within the designated timeframe

- ➤ Most recent Hospice Care Index (HCI) score

- ➤ CAHPS Hospice Survey Index, derived from most recent Consumer Assessment of Health Providers and Systems.

These data sources capture distinct dimensions of hospice care by incorporating in-person visits to hospices by surveyors, validated allegations, Medicare claims data, and feedback from hospice patients' families and caregivers.

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

Data Indicators

CLDs and Substantiated Complaints

CLDs and substantiated complaints represent findings from in-person visits to hospices by surveyors. The algorithm uses three years of survey data for CLDs and substantiated complaints. The timeframe for the 2025 SFP Cohort is **May 1, 2021 through April 30, 2024**.

The algorithm includes only CLDs that are drawn from 11 Conditions of Participation (CoPs) which are felt to be most closely tied to the quality of care as described in [Hospice-Appendix M of the State Operation Manual.](#) This methodology enables CMS to identify quality concerns without potential dilution by including CoPs that are not directly related to quality.

Substantiated complaints are always associated with an "intake" record in iQIES[1] or a complaint survey in ASSURE[2]. Unsubstantiated complaints are not counted. The total number of substantiated complaints is included in the algorithm.

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[1] The Internet Quality Improvement and Evaluation System (iQIES) is an online-based reporting system that includes survey and certification functions.

[2] Accrediting Organization System for Storing User Recorded Experience (ASSURE). ASSURE provides a means to collect, analyze, and manage data for facilities deemed by an Accrediting Organization.

HCI

The HCI is a composite score based on ten indicators calculated from Medicare claims data. The indicators represent care processes throughout the hospice stay and cover ten key aspects of hospice care. Nearly three-fourths of SFP-eligible hospices have publicly reported HCI scores.

CAHPS® Hospice Survey

CAHPS data incorporates family and caregiver feedback after the death of the hospice patient. Among other factors, its availability is dependent on the response rate of this group. The CAHPS Hospice Survey Index was created for the SFP methodology and comprises the bottom-box scores of four selected CAHPS measures: 1) Help for Pain and Symptoms, 2) Getting Timely Help, 3) Willingness to Recommend the Hospice, and 4) Overall Rating of the Hospice. The four measures were selected from all CAHPS measures as the most relevant to hospice quality. Slightly under half of the SFP-eligible hospices have publicly reported CAHPS hospice survey data.

SFP Eligibility and Selection

A hospice is eligible to participate in the SFP if all the following conditions are met:

1. It operates in the United States, including U.S. territories and the District of Columbia

2. It is considered an active provider on the date the algorithm is run (December 30, 2024) based on the active status filters from the CMS proprietary survey & certification databases from which the survey data is generated.

3. It has data from one or more of the algorithm indicators.

Hospices in the highest 10 percent of algorithm scores are considered candidates for participation in the SFP. Additionally, based on the algorithm, hospices with the 50 highest scores are selected for participation in the SFP for the 2025 Calendar Year; their rankings and scoring are made publicly available, and they undergo enhanced oversight & enforcement activity.

Hospices Undergoing Existing Enforcement Exception

This pertains to hospices that fulfill the three criteria above (and are thus used in SFP calculations), but are currently undergoing enhanced oversight or enforcement activity from CMS when the algorithm is run. These hospices will not be selected as one of the 50 participants for 2025.

Data Source Preparation and Methodology

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

The quality-of-care CLDs and substantiated complaint data are based on three years of hospice survey data consolidated from two databases: iQIES (non-deemed providers) and ASSURE (deemed providers). The survey types from which these indicators are counted include standard

surveys (initial certification & recertification), complaint surveys, and follow-up surveys (revisits of surveys that were initiated within the designated timeframe).

Quality-of-care CLDs can be cited on both standard and complaint surveys, as well as on any of a hospice's re-visit surveys. If a quality-of-care CLD is 're-cited' during a re-visit survey, the 're-cited' CLD is not counted. If a quality-of-care CLD is cited on a re-visit, but was not cited in the original standard or complaint survey visit, it is counted. If a quality-of-care CLD is cited on a standard survey and that same CLD is again cited on a complaint survey, the CLD in both instances will be counted.

Hospices that have no surveys in the designated three-year timeframe are assigned the mean (average) value of the quality-of-care CLDs count across all hospices for that period.

The table below has the list of regulations pertinent to the 11 CoPs related to quality-of-care.

Code of Federal Regulations	Condition of Participation	Associated Deficiency Tag(s)
§ 418.52	Patient's rights	L500
§ 418.54	Initial & comprehensive assessment of patient	L520
§ 418.56	Interdisciplinary group, care planning, and coordination of services	L536
§ 418.58	Quality assessment and performance improvement	L559
§ 418.60	Infection control	L577
§ 418.64	Core services	L587
§ 418.76	Hospice aide and homemaker services	L607
§ 418.102	Medical director	L664
§ 418.108	Short-term inpatient care	L704
§ 418.110	Hospices that provide inpatient care directly	L719, L820
§ 418.112	Hospices that provide hospice care to residents of a SNF/NF or ICF/IID	L759

Complaint allegations are denoted by a unique numeric identifier termed a Complaint ID. Complaint allegations are marked as either substantiated (allegation found to be true during investigation) or unsubstantiated (allegation not supported by investigation). These allegations are always linked to an associated complaint survey. For a given hospice, if there are no complaint surveys in the timeframe, the substantiated complaint count will equal zero. The substantiated complaint count will also be zero if there are complaint surveys in the designated timeframe, but the complaint allegations were not substantiated.

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 are not available for every hospice, since small hospices (those with fewer than 20 claims over the eight quarters) and new hospices (fewer than eight quarters of data) are excluded from publicly reporting their HCI. Hospices missing HCI (due to size or newness) are assigned the mean value of that indicator across all eligible hospices for that period.

The CAHPS Hospice Survey Index is derived from a hospice's adjusted bottom-box scores on the four CAHPS Hospice Survey measures, selected for the SFP algorithm because they measure

the most problematic care experiences relevant to identifying the poorest performing hospices. 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 zero 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 characteristics). 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.

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.

Data Indicators Overview Table for the December 2024 Algorithm Run (Cohort 2025)

Data Indicator	Source	Data Date Range	Exclusion Criteria
Survey Data: Unique Substantiated Complaint count	iQIES & ASSURE Link: CMS.gov SFP page File Name: Hospice Special Focus Program Substantiated Complaints	May 1, 2021 – April 30, 2024	• All survey data from providers considered inactive as of December 30, 2024, the date the algorithm was run • Surveys without a completion date within the designated 3-year timeframe • Related to State Licensure / State Survey categories and not to federal survey requirements • Follow-ups/re-visits on a complaint survey • Complaints that are unsubstantiated • Complaints without a Complaint ID
Survey Data: 11 Quality-of-care Condition-Level Deficiencies (CLDs) count	iQIES & ASSURE Link: CMS.gov SFP page File Name: Hospice Special Focus Program Condition Level Deficiencies	May 1, 2021 – April 30, 2024	• All survey data from providers considered inactive as of December 30, 2024, the date the algorithm was run • Surveys without a completion date within the 3-year timeframe • Related to State Licensure / State Survey categories and not to federal survey requirements • Any CLD not pertaining to the list of 11 hospice quality-of-care Conditions of Participation per the Hospice-Appendix M of the State Operation Manual • CLDs cited again on a follow-up/re-visit survey that are identical to CLDs cited on the associated initial standard/recertification or complaint survey within the timeframe • CLDs cited on a follow-up/re-visit survey in the assessed timeframe that pertain to an initial standard / complaint survey with an exit date before the start of the timeframe (May 1, 2021)
Hospice Care Index (HCI) Overall Score	Hospice Claims Links: Hospice Provider Data Catalog	Jan. 1, 2022 – Dec. 31, 2023	• Hospices with fewer than eight quarters of data • Hospices with fewer than 20 claims over eight quarters of data
CAHPS Hospice Survey Bottom-Box Scores	AHRQ Links: Hospice Provider Data Catalog	Jan. 1, 2022 – Dec. 31, 2023	• Hospices with fewer than 50 survey-eligible patient/caregiver pairs in a year • Hospices with fewer than 30 completed surveys during reporting period • New hospices (receive CCN after Jan 1 of collection year)

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. 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 CLD and unique substantiated complaint counts 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.

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

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 SFP-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.

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

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 (see *Standardization* section above).

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

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 wishing to access information about the Hospice Special Focus Program, CMS will provide an annually updated overview of data sources and methodology, as well as the datasets it used for computation of the algorithm.

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](https://www.cms.gov/medicare/health-safety-standards/certification-compliance/hospice-special-focus-program)

Information available includes:

- **List of Selectees:** This file contains the 50 hospices selected for the SFP, and will include information about their current status by cohort year, including whether they are still in the program, have completed SFP, or were terminated from the Medicare program.

- **SFP User's Guide**: This guide includes information about the SFP data sources, methodology, and public reporting.

- **SFP 2025 Substantiated Complaints**: This file contains a table of the substantiated complaints used in the December 2024 SFP algorithm run for Calendar Year 2025.

- **SFP 2025 CLDs file**: This file contains a table of the quality-of-care condition-level deficiencies used in the December 2024 SFP algorithm run for Calendar Year 2025.

CMS will post & make updates to the user's guide, additional resources, and other relevant information on the Hospice SFP website as appropriate.