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**Center for Clinical Standards and Quality**

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**Ref: QSO-25-02-Hospice**

**DATE:** October 4, 2024

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Overview of the Hospice Special Focus Program (SFP)

**Memorandum Summary**

- Through increased regulatory oversight and enforcement, the SFP will address issues that could place hospice beneficiaries at risk of receiving poor quality of care.
- The memo outlines the hospice SFP criteria and the roles and responsibilities for CMS, the state survey agencies, and the accrediting organizations.
- Hospice programs that are unable to resolve the deficiencies that brought them into the SFP and cannot meet the SFP completion criteria, may be considered for termination from the Medicare program.

**Background:**

As required under Division CC, section 407 of the Consolidated Appropriations Act of 2021 (CAA, 2021), as codified in section 1822(b) of the Social Security Act (the “Act”) and amending sections 1864(a) and 1865(b) of the Act, CMS has established a hospice special focus program (SFP) in the [Calendar Year \(CY\) 2024 Home Health Prospective Payment System \(HH PPS\) final rule](#) (88 FR 77676). Through increased regulatory oversight and enforcement of the selected poor performing hospice programs, the SFP will address issues that could place hospice beneficiaries at risk of receiving poor quality of care through increased oversight.

CMS convened a Technical Expert Panel (TEP) in the fall of CY 2022 to gain input from key partners on various aspects of the SFP development and to identify the most appropriate indicators to identify poor-performing hospices. CMS finalized the SFP methodology and an algorithm with criteria for identifying poor-performing hospices in the CY 2024 HH PPS final rule.

CMS believes the SFP will establish an equitable approach utilizing hospice survey findings and other quality indicators related to performance to ensure that hospices are accountable for providing unsafe or poor-quality care to patients. Hospice programs that do not meet the SFP

completion criteria may be considered for additional enforcement actions, including termination from the Medicare program.

**Discussion:**

**SECTION I: SFP IDENTIFICATION AND SELECTION**

To identify hospices for consideration in the SFP, CMS will use the most recent Medicare hospice data from the following sources:

- 1) Hospice surveys (recertification and substantiated complaint) from the last 3 consecutive years;
- 2) Hospice Care Index (HCI) Overall Score, based on Medicare claims data; and
- 3) 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.

In the last quarter of each CY, CMS will apply the algorithm to all active hospice providers (i.e., has billed at least one claim to Medicare FFS in the last 12 months) and generate a list of potential SFP-eligible candidates. CMS will use this list to select the SFP participants for that CY. CMS will select 50 hospices during the fourth quarter of each calendar year for participation in the SFP during the next calendar year. The first cohort of hospices will be selected in November 2024.

If selected, the hospice will receive a letter from CMS notifying them of their inclusion in the SFP and the expectations for successful program completion. If the hospice selected is deemed by an Accrediting Organization (AO), their deemed status will be suspended, and the hospice will be placed under CMS jurisdiction until its completion of the SFP or termination from the Medicare program.

**SECTION II: SFP SURVEY AND ENFORCEMENT**

Hospice programs selected for the SFP will receive a standard survey not less than every six months, follow-up surveys as needed, as well as surveys for existing or new complaints.

For a hospice in the SFP that has condition-level deficiency findings, CMS may impose one or more alternate enforcement remedies, in addition to placing the provider on a termination track, and may be subject to progressive enforcement remedies, as appropriate. Please refer to the guidance in the [State Operations Manual, Chapter 10](#) – “Informal Dispute Resolution and Enforcement Procedures for Home Health Agencies and Hospice Programs” for information on enforcement actions.

**SECTION III: SFP COMPLETION OR TERMINATION**

An SFP hospice that has two SFP surveys within 18 months with no uncorrected Condition Level Deficiencies (CLDs) for any survey and no pending complaint investigations triaged at the immediate jeopardy (IJ) or condition-level, or that has returned to substantial compliance with all

requirements would meet the criteria for completion of the SFP. The SFP completion date would be the date of the CMS letter informing the hospice of its removal from the SFP and reinstatement under the SA or AO jurisdiction.

Any hospice that does not achieve substantial compliance with all requirements within the prescribed timeframes may be considered for termination from the Medicare program. CMS will issue the termination letter to the hospice program in accordance with 42 CFR 489.53.

#### **SECTION IV: PUBLIC REPORTING**

CMS will post the following information at least annually on the [CMS SFP website](#):

- 1) A list of eligible candidates for potential selection in the Hospice SFP;
- 2) Hospices selected for the SFP; and
- 3) Hospice status in the SFP indicated by one of the following classifications: a) In Progress; b) Completed; c) Terminated from the Medicare Program.

#### **SECTION V: POST-SFP COMPLETION**

After completing the SFP, hospice programs will receive a recertification survey within one-year from the SA or AO (as applicable), which would start a new standard 36-month survey cycle.

#### **SECTION VI: ROLES AND RESPONSIBILITIES**

The entities below are responsible for the outlined tasks for hospices selected for the SFP.

##### *State Survey Agency*

- Continue to process certification actions initiated by Form CMS-855 in accordance with [Admin Memo 22-02-ALL](#).
- Conduct complaint investigations for allegations triaged at an IJ and Non-IJ high while the hospice program is in the SFP.
- Inform the CMS Survey and Operations Group (SOG) hospice subject-matter expert (SME) at [CMS\\_HospiceSFP@cms.hhs.gov](mailto:CMS_HospiceSFP@cms.hhs.gov) about all outstanding non-IJ medium and non-IJ low-level complaints (pending prior to selection in the SFP). Please include “complaint” in the subject line.
- Inform the CMS SOG hospice SME at the email address noted above when any complaint allegation is received while the provider is in the SFP for triage and investigation by the appropriate surveying entity.
- Conduct a survey within one year post-SFP completion for non-deemed hospice providers, which will start a new standard 36-month survey cycle.

##### *CMS*

- Communicate to hospice providers on their selection into SFP and copy the SAs and AOs (as applicable).

- Update applicable iQIES fields until the hospice provider has completed the SFP.
- Process informal dispute resolutions (IDRs) for hospices selected in the SFP as requested for condition-level findings.
- Impose enforcement remedies and process enforcement actions.
- Communicate the outcome of the hospice’s SFP status (completion or termination) to hospice providers and copy the SAs and AOs (as applicable).

*CMS Contractor*

- Update applicable iQIES fields until the hospice has completed the SFP.
- Conduct SFP surveys and any applicable revisit surveys.
- Conduct complaint investigations for non-IJ medium and non-IJ low-level complaints.

*Accrediting Organization*

- Forward complaints received for any accredited hospice deemed provider selected for participation in the SFP to the CMS SOG hospice SME ([CMS\\_HospiceSFP@cms.hhs.gov](mailto:CMS_HospiceSFP@cms.hhs.gov)) and include “complaint” in the subject line.
- Conduct a survey to recommend deemed status (to the CMS Location) within one year post-SFP completion, which will start a new standard 36-month survey cycle, realigning accreditation and deeming, if requested by the hospice provider.

**Contact:**

For questions or concerns relating to this memorandum, please contact [CMS\\_HospiceSFP@cms.hhs.gov](mailto:CMS_HospiceSFP@cms.hhs.gov).

**Effective Date:**

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

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**Resources to Improve Quality of Care:**

*Check out CMS’s new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.*

*Learn to:*

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility’s standards of care*

*See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus*

*Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov](https://www.cms.gov) [page](#) and entering your email to sign up. Check the box next to “CCSQ Policy, Administrative, and Safety Special Alert Memorandums” to be notified when we release a memo.*