

Hospice Special Focus Program (SFP)



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Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda's current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E and Home Health Billing Answers, 2024.

Melinda A. Gaboury, COS-C Chief Executive Officer



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Informal Dispute Resolution Process

Informal opportunity to resolve disputes related to Condition-Level Deficiency findings

- Provider can dispute surveyor's findings or provide additional information
- Based on IDR process for home health agencies
- State agency and accrediting organization
- Instructions would be included with the delivery of the Statement of Deficiencies (CMS-2567)



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Informal Dispute Resolution Process

- Not a formal hearing
- Not available prior to receiving the Statement of Deficiencies (CMS2567)
- Not used to refute enforcement remedies - If enforcement remedies are implemented – filing a dispute resolution does not change the effective date of the enforcement remedy
- Not used to dispute SFP placement



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Enforcement Remedies

§ 488.1220 Available remedies

The following enforcement remedies are available instead of, or in addition to, termination of the hospice program's provider agreement under §489.53 of this chapter, for a period not to exceed 6 months:

- (a) Civil money penalties.
- (b) Suspension of payment for all new patient admissions.
- (c) Temporary management of the hospice program.
- (d) Directed plan of correction.
- (e) Directed in-service training.



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Informal Dispute Resolution Process

Request for IDR

- Must be submitted in writing
- Must include the deficiencies being disputed
- Must be submitted within the 10-day period available for the plan of correction
 - Outstanding Clarification: If survey deficiencies are revised or removed, the CMS-2567 is updated accordingly – Adjust any enforcement actions imposed solely due to those cited and revised deficiencies
- ❖ Plan of correction still completed



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SPECIAL FOCUS PROGRAM - HOSPICE

Special Focus Program (SFP) – Hospice Providers

- A program conducted by CMS
- Used to identify hospices providing poor quality of care, based on defined quality indicators
- CMS will select hospices for increased oversight
- Hospices will either successfully complete the SFP (graduate) or be terminated from the Medicare program
- The selection process will start in CY 2024



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SPECIAL FOCUS PROGRAM (SFP)

- Consolidated Appropriations Act of 2021
- Technical Expert Panel (TEP)
- Enforcement remedies
- Special Focus Program (SFP)
 - monitor hospices identified as poor performers based on selected quality indicators
 - additional oversight in the form of surveys to enable continuous improvement
 - could include enforcement remedies
 - can be imposed instead of, or in addition to, termination of the hospice program's participation from the Medicare program



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SPECIAL FOCUS PROGRAM (SFP)

18-month cycles with Surveys every 6 months...Termination or Graduation

State agencies will be conducting the surveys – accreditation bodies cannot conduct these audits.

Enforcement remedies can still be actively applied during SFP cycle and can be progressive.



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Selection Process

Identify all Medicare Certified Hospices that meet the following:

- Are listed as an active provider (billed at least one claim to Medicare in the last 12 months)
- Have data from at least 1 algorithm indicator
- Operate in the US/US territories

Identify a subset of 10 percent of hospice programs based on the highest aggregate scores determined by the algorithm.



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SFP Algorithm

| Data Source | Hospice Surveys | Hospice Quality Reporting Program (HQRP) | |
|-------------|--|--|---------------------------------------|
| | | Claims Data | CAHPS® Hospice Survey Measures |
| Indicators | Quality-of-Care Condition-Level Deficiencies | Hospice Care Index (HCI) | Help for Pain and Symptoms |
| | Substantiated Complaints | | Getting Timely Help |
| | | | Willingness to Recommend this Hospice |
| | | | Overall Rating of this Hospice |



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QUALITY INDICATORS - SFP Algorithm

- Survey reports with Quality of life (QOL) **condition level** deficiencies (CLD)
 - From the last 3 consecutive years
 - Survey report states noncompliant with CONDITION
 - Typically requires a follow-up survey
- Complaints with **substantiated allegations** (State Agency or BFCC-QIO)
 - From the last 3 consecutive years
- Hospice Quality Reporting Program Data (HQRP)
 - Medicare claims data (Hospice Care Index)
 - CAHPS Hospice Survey data



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II Quality of Life (QOL)

| Tag | Condition of Participation |
|----------|---|
| §418.52 | Patient rights |
| §418.54 | Initial and comprehensive assessment of the patient |
| §418.56 | Interdisciplinary group, care planning & coordination of services |
| §418.58 | Quality assessment and performance improvement |
| §418.60 | Infection control |
| §418.64 | Core services |
| §418.76 | Hospice aide and homemaker services |
| §418.102 | Medical director |
| §418.108 | Short-term inpatient care |
| §418.110 | Hospices that provide inpatient care directly |
| §418.112 | Hospice that provide hospice care to residents of a SNF/NF or ICF/IID |



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HQRP QM – CAHPS Survey Data

- HQRP – CAHPS Hospice Survey Data includes:
 - Help for pain and symptoms
 - Getting timely help
 - Willingness to recommend hospice
 - Overall rating of hospice
- Single score for each hospice using weighted sum of bottom-box scores



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HQRP QM – Medicare Claims Data

HQRP – Claims data

- **Hospice Care Index (HCI) – overall score**
- **Standardized – focus is on how likely the hospice is to receive the score it did, if it were an average hospice.**

Hospice Care Index (HCI)

1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided
2. Gaps in Skilled Nursing Visits
3. Early Live Discharges
4. Late Live Discharges
5. Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission
6. Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
7. Per-beneficiary Medicare Spending
8. Skilled Nursing Care Minutes per Routine Home Care (RHC) Day
9. Skilled Nursing Minutes on Weekends
10. Visits Near Death



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Data Source

Data from the Provider Data Catalog (PDC)

<https://data.cms.gov/provider-data/topics/hospice-care>

Data - November 2023

- 2020-2023 survey data
- 2022 HQRP data



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CALCULATION

- *With CAHPS Hospice Survey Index:*

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

- *Without CAHPS Hospice Survey Index:*

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



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CMS SELECTION

- Will be determined in the first quarter of each calendar year
- Subgroup of 10 percent of hospice programs based on the highest aggregate scores determined by the algorithm
- Hospices selected for the SFP from the 10 percent will be determined by CMS



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Graduate or Be Terminated

Graduation

- have no CLDs cited or immediate jeopardy citations for any two 6-month SFP surveys, and
- have no pending complaint survey triaged at an immediate jeopardy or condition level,
- OR have returned to substantial compliance with all requirements

Termination

- Fails any two SFP surveys by having any CLDs on the surveys, or
- Pending complaint investigations triaged at Immediate Jeopardy or Condition Level



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Special Focus Program - Website

Public Display Hospice Special Focus Program Website

- General SFP Information & Guidance
- List of Hospices in that fall in the 10% subset
- List of Hospices selected for the SFP and Status:
 - Level 1 – In Progress
 - Level 2 – Completed Successfully
 - Level 3 – Terminated from the Medicare Program

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



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Provisional Period of Enhanced Oversight

- Added §424.527(a) New provider defined for Provisional Period of Enhanced Oversight (PPEO)
 - A newly enrolling Medicare provider or supplier
 - A certified provider or certified supplier undergoing a change of ownership
 - A provider or supplier (including an HHA or hospice) undergoing a 100 percent change of ownership via a change of information.
- Added §424.527(b) The effective date of the PPEO's commencement is the date on which the new provider or supplier submits its first claim rather than the date the first service was performed or the effective date of the ownership change



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Have any questions?

Scan the QR Code to
schedule a call!

***Thank You for
Participating!***

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