Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

57th Annual Meeting

Wednesday, September 2, 2026
Crockett CD Room
1:30pm-2:30pm

2b. SSVI: The Impact of the Data

Presented by:

Melinda A. Gaboury, COS-C, Chief Executive Officer
Healthcare Provider Solutions

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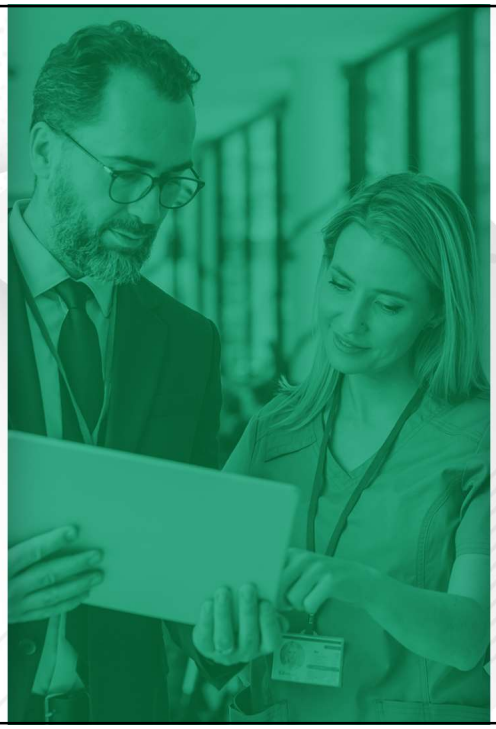
SSVI: The Impact of the Data



Melinda A. Gaboury, COS-C
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Melinda A. Gaboury
Chief Executive Officer

Melinda A. Gaboury, with more than 35 years in home care, has over 24 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 Alliance/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-E2 and Home Health Billing Answers, 2025.

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Service & Spending Variation Index (SSVI)

- CMS has seen non-hospice spending continue to rise in recent years.
- In response, CMS developed a service and spending variation index (SSVI), using metrics collected from claims data that can signal potential inappropriate utilization, quality of care, or compliance concerns.
- The SSVI uses a scoring system, with a higher score representing potential concerning hospice utilization and non-hospice spending. This information provides transparency into the data CMS is analyzing, can help beneficiaries make informed decisions, and can be used to help target program integrity efforts.

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Service & Spending Variation Index (SSVI)

- Analyzing these particular Medicare hospice metrics together is important because patterns across them can signal potential program integrity risks, inappropriate utilization, or quality of care concerns, especially when they deviate substantially between different hospices or from expected norms.
- For example, long lengths of stay combined with high live discharge rates may signal inappropriate enrollment of ineligible beneficiaries.
- Low number of visits, shorter visits, or fewer weekend visits may indicate minimal service provision. We recognize that patient census could vary year to year for each hospice (for example, in a given year, it may be possible that a hospice had a patient census that did not require any general inpatient level of care) and does not necessarily signal that a hospice is acting in an inappropriate manner.

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Service & Spending Variation Index (SSVI)

- The SSVI can be used to identify hospices that are outliers across many different utilization metrics and those that have a high level of non-hospice spending. We established thresholds using percentiles. For most of the individual measures, we established the threshold at the top or bottom 25 percent of the distribution. It is important to note that falling into this quartile on a single measure does not necessarily indicate poor performance or improper practices.
- There are often legitimate operational reasons for a hospice to be an outlier in an isolated area. Instead, this 25 percent threshold acts as a preliminary filter. The objective of the SSVI is not to evaluate hospices based on a single metric, but to identify hospices that are outliers across multiple independent metrics. A hospice triggering the 25 percent threshold on at least one metric is not uncommon. A hospice triggering that threshold across many distinct metrics could indicate unusual utilization that may require further review.

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Service & Spending Variation Index (SSVI)

- Our goal is to identify individual hospice vulnerabilities to help focus program integrity efforts, such as conducting medical reviews, providing additional education, and conducting investigations into individual hospices that could result in administrative actions like payment suspension and/or revocation of hospices demonstrating fraudulent behavior. We also believe the public will benefit from the enhanced transparency this data provides, allowing beneficiaries and their families the ability to make more informed choices regarding care at the end of life.

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Service & Spending Variation Index (SSVI)

- CMS reports that the SSVI is calculated using **nine claims-based measures** representing hospice utilization and non-hospice spending. The measures include:
  - Providing NO Continuous Home Care & NO General Inpatient Care
  - Percentage of Routine Home Care days that are provided in a nursing home or skilled nursing facility
  - Percent of the last two Routine Home Care days of life with visits
  - Percentage of total discharges that are live discharges
  - Percentage of discharges with a length of stay of over 180 days
  - Average skilled nursing minutes on Routine Home Care
  - Weekend Routine Home Care days with a skilled visit (nursing, medical social worker, or therapy) as a percentage of total RHC days
  - Percentage of live discharges where beneficiaries return to the same hospice in seven days
  - Total Non-Hospice Spending

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SSVI Scoring

- The lowest SSVI score a hospice can receive is zero, that is, a score of zero for each of the nine metrics, and the maximum SSVI score is 16, that is, with the highest points assigned for each of the nine metrics.
- A higher SSVI score represents a potential higher level of concern, as this may signal potential program integrity risks or inappropriate utilization especially when a hospice's SSVI score is substantially higher than its peers.

The SSVI has two components:

- **Non-Hospice Spending Score (0–8):** Captures Medicare spending occurring outside the hospice benefit for an agency's beneficiaries — substitute for determining whether patients are potentially receiving services that should be managed within hospice. There are 8 spending tiers based on annual expenditures.
- **Utilization Score (0–8):** Flags outlier patterns across 8 service-delivery metrics, including live discharge rates, length of stay, skilled nursing intensity, weekend visit rates, and end-of-life visit patterns. Utilization scores are based on percentile thresholds (25th or 75th percentiles).

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Table 9 – SSVI Metrics - Utilization

Metric Description (Utilization)	Threshold Value	Points
Providing NO Continuous Home Care & NO General Inpatient Care	0	1
Percentage of Routine Home Care days that are provided in a nursing home or skilled nursing facility	Greater than or equal to 40%	1
Percent of the last two Routine Home Care days of life with visits	Less than or equal to 25th percentile (for FY 2025, the 25th percentile was 85.7%)	1
Percentage of total discharges that are live discharges	Greater than or equal to the 75th percentile (for FY 2025, the 75th percentile was 47.5%)	1
Percentage of discharges with a length of stay of over 180 days	Greater than or equal to the 75th percentile (for FY 2025, the 75th percentile was 33.2%)	1
Average skilled nursing minutes on Routine Home Care	Less than or equal to 25th percentile (for FY 2025, the 25th percentile was 9.8 min per day)	1
Weekend Routine Home Care days with a skilled visit (nursing, medical social worker, or therapy) as a percentage of total RHC days	Less than or equal to 25th percentile (for FY 2025, the 25th percentile was 4.8%)	1
Percentage of live discharges where beneficiaries return to the same hospice in seven days	Greater than or equal to the 75th percentile (for FY 2025, the 75th percentile was 15%)	1

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Table 9 – SSVI Metrics – Non-Hospice Spending

Metric – Non-Hospice Spending	Threshold Value	Points
Greater than 0 and the lowest spending 1/8 of hospices	FY 2025 – values greater than 0 and less than or equal to $6,352.84	1
Between the lowest 1/8 – 2/8 of hospices	FY 2025 – values greater than $6,352.84 and less than or equal to $20, 612.10	2
Between 2/8 – 3/8 of hospices	FY 2025 – values greater than $20, 612.10 and less than or equal to $42,911.79	3
Between 3/8 & half of hospices	FY 2025 – values greater than $42,911.79 and less than or equal to $76,801.05	4
Between half & 5/8 of hospices	FY 2025 – values greater than $76,801.05 and less than or equal to $133,440.80	5
Between 5/8 & 6/8 of hospices	FY 2025 – values greater than $133,440.80 and less than or equal to $246,123.10	6
Between 6/8 & 7/8 of hospices	FY 2025 – values greater than $246,123.10 and less than or equal to $517,204.40	7
Between 7/8 & highest spending 8th of hospices	FY 2025 – values greater than $517,204.40	8

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SSVI - Distribution of Scores 2024-2025

TABLE 10: Distribution of SSVI Score for Hospices in FY 2024 and FY 2025 Hospice Claims

	FY2025		FY2024	
Total Score	Number of Hospices	Percent of Hospices	Number of Hospices	Percent of Hospices
0	4	0.1%	6	0.1%
1	87	1.3%	91	1.4%
2	330	4.9%	334	5.0%
3	517	7.7%	564	8.4%
4	721	10.8%	760	11.3%
5	893	13.4%	838	12.4%
6	888	13.3%	918	13.6%
7	912	13.7%	862	12.8%
8	910	13.6%	920	13.7%
9	577	8.6%	629	9.3%
10	397	5.9%	366	5.4%
11	241	3.6%	255	3.8%
12	127	1.9%	116	1.7%
13	53	0.8%	48	0.7%
14	15	0.2%	28	0.4%
15	1	0.0%	0	0.0%
16	0	0.0%	0	0.0%
Total Hospices	**6,673**	**100.0%**	**6,735**	**100.0%**

Note: The development of the FY 2025 Hospice SSVI included 6,773,919 hospice claims, representing 6,673 hospices and a total of 156,995,825 hospice days. The data used was pulled from the CCW VRDC on May 12, 2026. The development of the FY 2024 Hospice SSVI included 6,409,155 hospice claims, representing 6,735 hospices and a total of 148,012,785 hospice days. The data used was pulled from the CCW VRDC on May 9, 2025.

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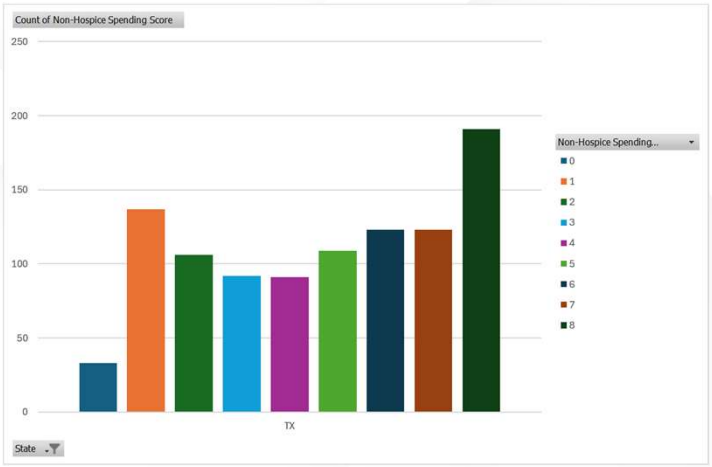
Texas Non-Hospice Spending



Count of Non-Hospice Spending Score	Column Labels									
Row Labels	0	1	2	3	4	5	6	7	8	Grand Total
TX	33	137	106	92	91	109	123	123	191	1005
Grand Total	**33**	**137**	**106**	**92**	**91**	**109**	**123**	**123**	**191**	**1005**

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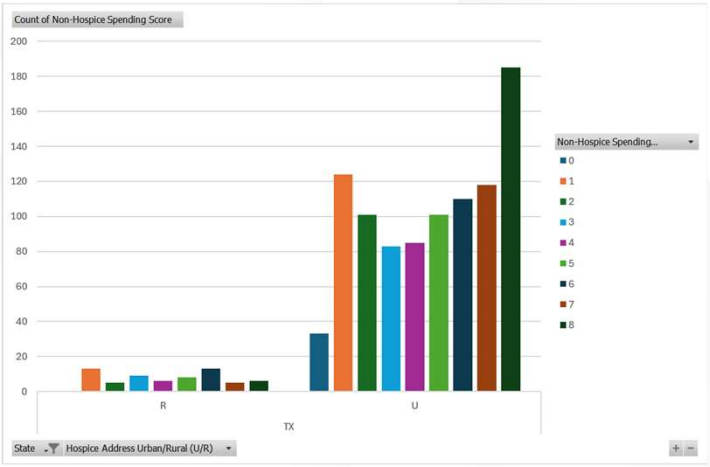
Texas Non-Hospice Spending Rural vs Urban



Count of Non-Hospice Spending Score	Column Labels								
Row Labels	0	1	2	3	4	5	6	7	8	Grand Total
TX	33	137	106	92	91	109	123	123	191	1005
R		13	5	9	6	8	13	5	6	65
U	33	124	101	83	85	101	110	118	185	940
Grand Total	33	137	106	92	91	109	123	123	191	1005

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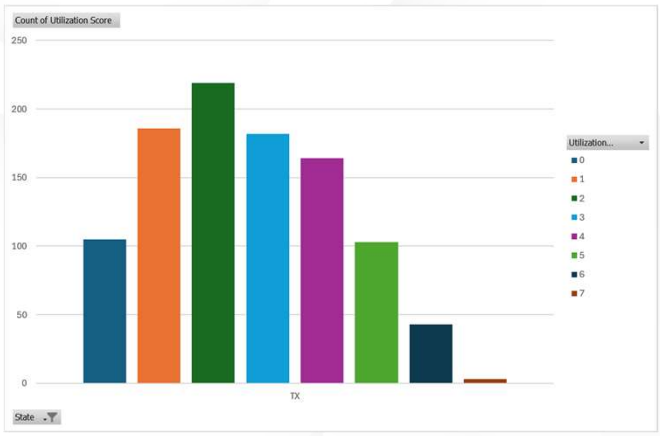
Texas Total Utilization Scores



Count of Utilization Score	Column Labels								
Row Labels	0	1	2	3	4	5	6	7	Grand Total
TX	105	186	219	182	164	103	43	3	1005
Grand Total	105	186	219	182	164	103	43	3	1005

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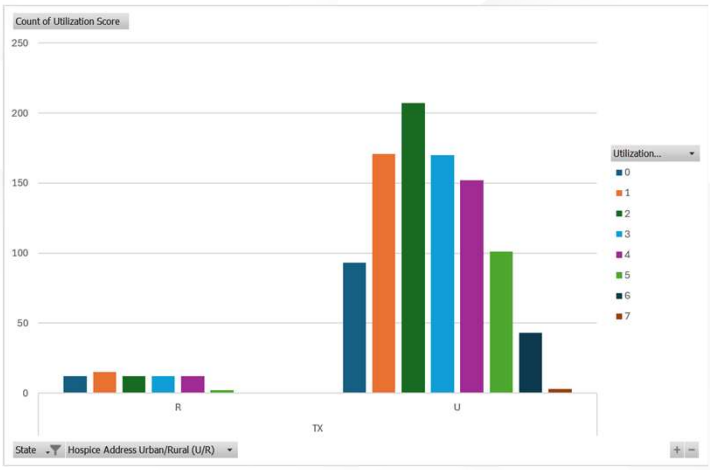
Texas Total Utilization Scores – Rural vs Urban



Count of Utilization Score	Column Labels								
Row Labels	0	1	2	3	4	5	6	7	Grand Total
TX	**105**	**186**	**219**	**182**	**164**	**103**	**43**	**3**	**1005**
R	12	15	12	12	12	2			65
U	93	171	207	170	152	101	43	3	940
Grand Total	**105**	**186**	**219**	**182**	**164**	**103**	**43**	**3**	**1005**

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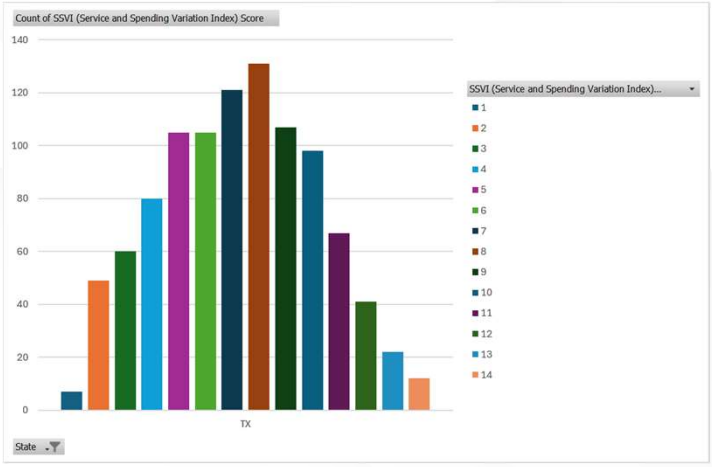
Texas Total SSVI Index Scores



Count of SSVI (Service and Spending Variation Index) Score	Column Labels													
Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Grand Total
TX	7	49	60	80	105	105	121	131	107	98	67	41	22	12	1005
Grand Total	**7**	**49**	**60**	**80**	**105**	**105**	**121**	**131**	**107**	**98**	**67**	**41**	**22**	**12**	**1005**

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Texas Recap

- Non-Hospice Spending
  - 19.0% scored 8
  - 24.5% scored 6 or 7
  - 19.9% scored 4 or 5
- Utilization Scores
  - 10% scored 0
  - 31.1% scored 4-7
  - 0 scored 8
- Overall SSVI Scores
  - 34.5% Scored 9 or Higher
  - No Agency scored 15 or 16

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Have any questions?

Scan the QR Code to schedule a call!

Thank You for Participating!

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