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

56th Annual Meeting
Wednesday, August 27, 2025
1:30pm-2:30pm

2b. Hospice Alert – Successfully Navigating CMS FY2025 Changes

Presented by:

Chris Attaya, MBA, Strategic Healthcare Programs (SHP) and
Angela Huff, RN, Fovis Mazars

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Hospice Alert – Successfully Navigating CMS FY 2025 Changes

TAHCH Annual Meeting
Aug 27th 2025

Angela Huff, RN
Senior Managing Consultant
Forvis Mazars

Chris Attaya
VP of Product Strategy
Strategic Healthcare Programs (SHP)

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Objectives

- Share the latest updates on the Hospice SFP program and strategies to stay off the lowest 10% of performing Hospices when/if it returns
- Discuss CMS's commitment to quality and value-based care initiatives that are affecting hospices now and in the future
- Review important implementation steps that must be completed before the required HOPE tool go-live date of October 1st, 2025
- Describe how the CAHPS Hospice survey tool has changed and the impacts it will have on public reporting

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Share the latest updates on the Hospice SFP program and strategies to stay off the lowest 10% of performing Hospices when/if it returns

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Hospice Special Focus Program (SFP)

What is the SFP?

- A program mandated by the Consolidated Appropriations Act of 2021 (Hospice ACT of 2020).
- Established by CMS to identify, oversee, and improve care quality from poorly-performing hospice agencies.
- Included provisions for enforcement actions, up to Medicare program termination.

Why was it created?

- Direct response to 2019 OIG reports revealing ~20% of hospice agencies had serious safety risks.
- Legislatively compelled to address systemic quality deficiencies.

How was it designed?

- Identified poor performers using an algorithm based on:
  - Three years of hospice survey data (recertification & complaints).
  - Hospice Care Index (HCI) Overall Score from Medicare claims.
  - Four CAHPS Hospice Survey measures.
- Selected 50 hospices annually for increased scrutiny (surveys every six months).
- Enforcement actions ranged from alternate remedies to termination; public listing of selected hospices.

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SFP Algorithm Data Sources

- An algorithm that combines multiple data points determines hospice participation in the SFP:
  - Standard surveys,
  - Substantiated complaints,
  - HCI score, and
  - Selected elements of CAHPS® Hospice Survey

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
			Getting Timely Help
	Substantiated Complaints		Willingness to Recommend this Hospice
			Overall Rating of this Hospice

- Based on CY 2019 through CY 2021, 5,943 hospices out of 6,093 active hospice providers (97.5%) would be eligible for the SFP
- May 2024 Care Compare lists 7,110 hospice providers

Source: CMS Hospice Forum; CY 2024 HH Final Rule

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Hospice Surveys with CLDs

- Represents findings from in-person hospice surveys from the last three years of surveys
- The algorithm uses 11 (of the 23) Conditions of Participation (CoPs) identified as directly related to quality of care

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

- Less than 12% of hospice programs had any quality-of-care CLDs cited in last 3 years

Source: CMS Hospice Forum; CY 2024 HH Final Rule

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Hospice Substantiated Complaints

- The total number of substantiated complaints for each hospice
- Once a complaint is filed with the State survey agency (SA), the SA can conduct an unannounced complaint investigation survey to substantiate or refute the allegations. If the allegation is found to be substantiated or confirmed, the SA informs the hospice and submits the findings to iQIES.
- Uses three previous years of complaint and follow-up surveys
- CY 2019-2021 survey data analysis found that currently 81.8 percent of hospice programs (4,860 of the 5,943 SFP-eligible hospices) have had no substantiated complaints over the past 3 years

Source: CMS Hospice Forum; CY 2024 HH Final Rule

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Hospice Care Index (HCI)

- Represents care throughout the hospice stay
- Based on Medicare claims data
- The algorithm uses the HCI score which represents all 10 HCI indicators

Source: CMS Hospice Forum; CY 2024 HH Final Rule

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CAHPS Hospice Survey

- Represents the family and caregiver experience
- The algorithm uses four CAHPS Hospice survey measures most relevant to hospice quality:
    1. Help for Pain and Symptoms,
    2. Getting Timely Help,
    3. Willing to Recommend the Hospice, and
    4. Overall Rating of the Hospice
- From CY 2019 to 2021 (excluding Jan to June 2020), 49.3% eligible hospice programs reported these four measures

Source: CMS Hospice Forum; CY 2024 HH Final Rule

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Reasons for the SFP Program Suspension

Official Announcement:

- CMS announced suspension on February 14, 2025, for Calendar Year 2025.
- Stated reason: "to further evaluate the program"

Core Reasons for Suspension (External Pressures):

- **Widespread Industry Objections:** Major hospice groups raised fundamental concerns about the program's design
- **Flawed Algorithm & Data Issues:**
    - Concerns about misclassifying high-quality providers and disproportionately impacting larger agencies
    - Algorithm not scaled for patient census (e.g., one deficiency impacting a small hospice the same as a large one)
    - Dependence on incomplete/outdated survey data (many hospices overdue for surveys)
    - Lack of transparency regarding algorithm details and data

Legal Challenges:

- Multi-state lawsuit filed by state hospice associations challenging CMS's implementation shortly before the pause
- Lawsuit sought a preliminary injunction to halt the SFP

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Implications of the Pause & Path Forward

Opportunity for Reassessment:

- The pause provides CMS crucial time to reassess and refine the program's design and implementation.
- Allows addressing root causes of opposition (methodological and data integrity issues).

Importance of Stakeholder Collaboration:

- Industry groups are eager to work with CMS and lawmakers.
- Aim to develop a "fair and effective oversight process" and an "evidence-based regulatory framework."

Potential Future Revisions:

- **Algorithm Refinement:** Scaling for patient census, ensuring accurate identification.
- **Addressing Data Gaps:** Tackling survey backlogs, ensuring complete and up-to-date data.
- **Enhanced Transparency:** Publicly available methodology and data.
- **Provider Preview Reports:** Confidential reports before public identification for data verification.
- **Standardization of Oversight:** Addressing inconsistent standards across survey agencies.

Overarching Goal: Develop an SFP that truly serves patients and fulfills Congress's intent to identify and improve poor-performing hospices without jeopardizing access to high-quality end-of-life care.

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Quality Matters

- Quality is here to stay
- Value Based Care is a priority
- Increasing Focus

You must have a proactive approach to be successful!

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QAPI is key!

- Continuous and Ongoing
- Data Driven
- Focus on the main things
- Start with the SFP criteria

NOT JUST

Quality Assurance + **Performance Improvement** = **QAPI**

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Key Areas

- Survey Readiness
- Complaint Follow Up
- Hospice Care Index
- CAHPS Survey – start with identified questions
- HOPE outcomes – Quality and Submission
- Other meaningful data identified trends
  - Infections
  - Falls

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Survey Readiness - Ongoing

- Read/Review Regulations
- Review Agency Policy and Procedures
- Review Previous Survey Results
- Update Manuals and Logbooks
- Know How To Run Common Reports
- Audit, Audit, and Audit
  - Mock Survey
  - Avoid Commonly Cited Deficiencies
  - Focus on the 11 CoPs in SFP algorithm

*** Hospices may dispute CLDs using the Informal Dispute Resolution (IDR) process. ***

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Survey Readiness – Focus on the 11

Mock survey – Consider outside eyes

Part II – Interpretive Guidelines

Subpart C - Conditions of Participation: Patient Care
§418.3 Definitions
§418.52 Condition of Participation: Patient's Rights
§418.52(a) Standard: Notice of Rights and Responsibilities
§418.52(b) Standard: Exercise of Rights and Respect for Property and Person
§418.52(c) Standard: Rights of the Patient
§418.54 Condition of Participation: Initial and Comprehensive Assessment of the Patient
§418.54(a) Standard: Initial Assessment
§418.54(b) Standard: Time Frame for Completion of the Comprehensive Assessment

Tag	Condition of Participation
§418.52	Condition of participation: Patient's rights.
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https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_m_hospice.pdf

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Complaint Focus

Be Proactive and Intentional:

- Review/update/follow your policy
- Follow-Up quickly –
- Requires Emotional Intelligence
- Take meaningful action
- Look for trends – don't forget to include CAHPS
- Aim for Excellence – Not Perfection

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Hospice Care Index (HCI)

HCI & HVLDL (CBE #3645)
Administrative Data (Claims)

- Claims Based Index Measurement
- Indicates Higher or Lower Quality of Care Relative to Other Hospices
- Combines 10 Indicators into a Single Score
- Helpful to Consumers Choosing a Hospice

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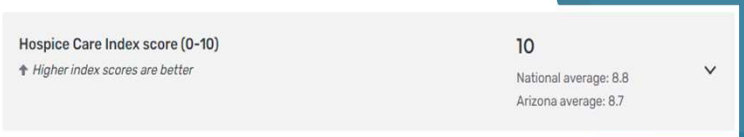
Managing HCI

- Know your score



- Real time data
- EMR/Vendor support for review
- Review all Live Discharges/Burdensome Transfers
  - Make up 4 of the 10 indicators

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CAHPS - Start with SFP original targeted 4

- Help for Pain and Symptoms
- Getting Timely Help
- Willing to Recommend
- Overall Rating

2025 CAHPS Hospice Survey Training Registration Now Available (posted 07/31/2025)

The Centers for Medicare & Medicaid Services (CMS) will offer the **2025 CAHPS Hospice Survey Training** as a one-day training via webinar on Thursday, September 25, 2025, from 11:00 AM – 2:00 PM EDT.

Who is Required to Participate:

- **Required:** All survey vendors currently approved to administer the CAHPS Hospice Survey
- **Required:** Subcontractors or other organizations who are responsible for major functions of CAHPS Hospice Survey administration (e.g., mail/telephone/web). Survey vendors must ensure that their subcontractors participate in the appropriate CAHPS Hospice Survey Training.
- **Optional:** Hospices, as well as other interested individuals and organizations

At a minimum, the Project Manager is required to attend the training session; however, it is strongly recommended that all staff involved in the CAHPS Hospice Survey administration participate in the training. Please be sure to provide the names of **all** staff that will be participating in the training sessions.

Please note that all times listed are EDT. Be sure to convert the times and plan accordingly for your time zone.

Please visit the Training Registration Form to register for the 2025 CAHPS Hospice Survey Training sessions.

CAHPS Hospice Survey Training registration will close August 21, 2025 at 5:00 PM EDT.

- Education and reinforcement the changes that occurred in April
- Keep up to date – training resource

https://www.hospicecahpssurvey.org/en/whats-new/

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Keeping up to date sources

Keep Current on HQRP Changes:

- CMS Updates - https://www.cms.gov/medicare/quality/hospice
- Proposed and Final Rules

https://www.cms.gov/newsroom/fact-sheets/fy-2026-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting-program

https://www.federalregister.gov/public-inspection

Review Your HQRP Reports and Surveys for data

- **iQIES (NEW)**, QCOR, CASPER for a while, ***PEPPER*** *(on hold)*

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HOPE

Landing Oct 1st, 2025

Prepare for landing now if you haven't already!

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Landing (Implementation) Checklist

- Staff education
- Care Process Planning
- Submission and follow up planning
- Monitoring outcomes and QAPI impacts
- Watch for “inflight” changes and updates

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HOPE Defined and Purpose

HOPE stands for Hospice Outcomes and Patient Evaluation (HOPE)

- New standardized tool
- Developed to replace the HIS
- Will provide assessment-based quality data to the HQRP

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HOPE – Key things to know and plan for….

- To be implemented October 1, 2025 (FY 2026) Data collection on or after October 1, 2025
- Must be collected by an in-person RN visit – no telehealth
- Multiple time points
  - Admission
  - Hope Update Visits (HUV)
    * Defined time points
    * Dependent on length of stay
  - Discharge

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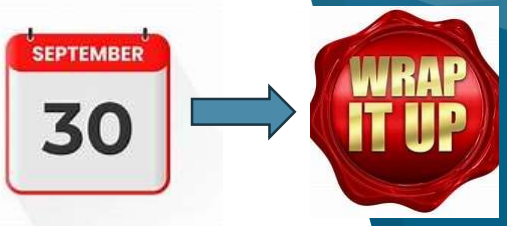
Important operational information

- Replace this HIS – **last HIS collected will be on September 30, 2025**
- **QIES will no longer accept records after February 15, 2026**

- HOPE new or expanded items Sociodemographic
  Living Arrangements
  Availability of Assistance
  Diagnoses
  Symptom Impact Assessment
  Imminent Death
  Skin



- Submission required of the HOPE data – MUST ENROLL
- 90% reporting requirement – PROCESS IMPACT
  4% Payment Penalty if not met

NOTE: Patients on service at the start of HOPE data collection should not be discharged and readmitted using the HOPE tool.

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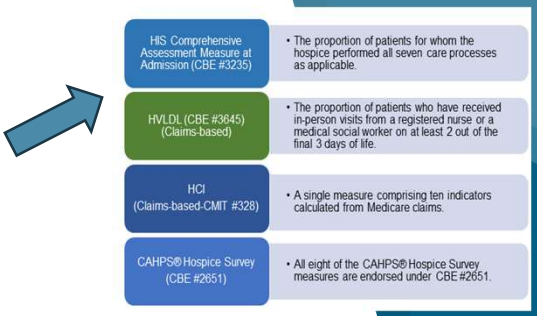
What's this HOPE all about???

- Collect data for the HQRP
- Replaces HIS as data source for Comprehensive Assessment at Admission (CBE 3235)
  - 2 new measures
  - Anticipated public reporting in FY 2028
  - Analysis of 4 full quarters 2026 data in 2027 will determine decision of public reporting



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Important Agency Impacts to Consider

- Quality Reporting Measures – Publicly Reported
- Future testing of measures for the HQRP
  - May be hybrid measures – combined with other data sources
  - Future development of instrument – future versions
- Support survey and certification processes
- ***May*** inform future payment changes
  - Payment for services?
  - Value Based Purchasing?

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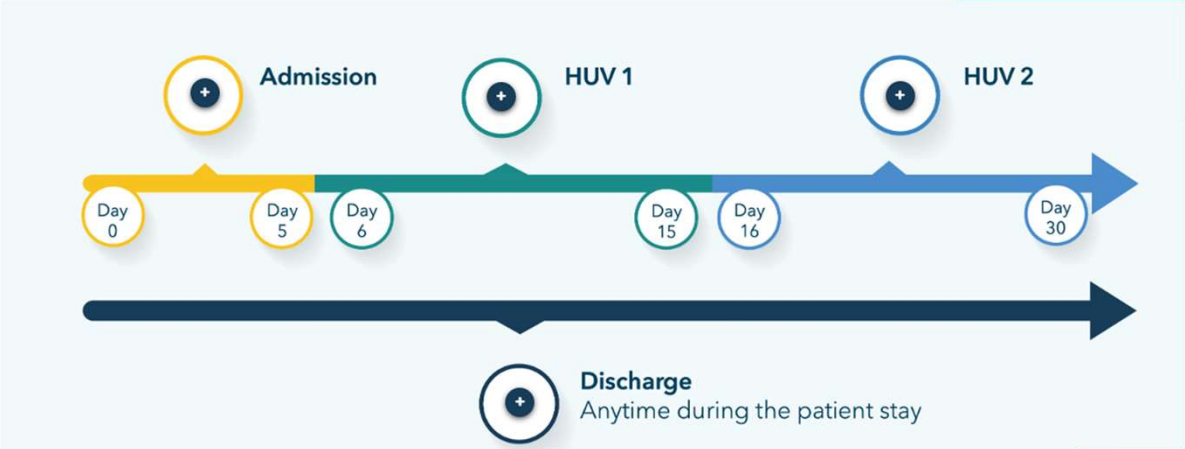
Collection Timepoints – Staffing and Scheduling Impacts



Source and good training: https://youtu.be/BmIoh_XN5aM

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HOPE care process sample – Considerations

SFV follow up – LPN/LVN or RN

Scheduling

EMR workflows

Submission impacts when SFV triggered

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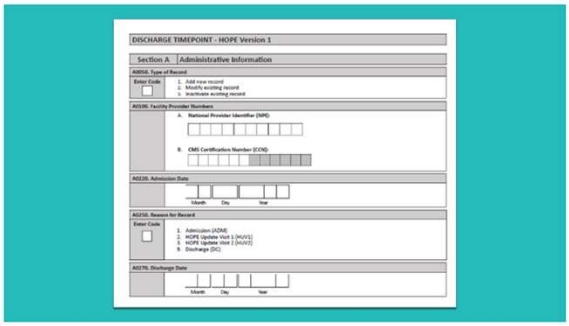
Submissions Required and New System!

HOPE SUBMIS	HOPE-ADMISSION SUBMISSION DEADLINE	HOPE UPDATE VISIT SUBMISSION DEADLINE	HOPE-DISCHARGE SUBMISSION DEADLINE
No later t	**No later than** the Discharge date + 30 calendar days.		



30 Days for every HOPE

Submitted & Accepted

As of October 1, 2025, hospices must complete and submit only HOPE records to CMS. HIS-Admission and HIS-Discharge records will no longer be accepted by the CMS system after this date.

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Must Enroll! Time Sensitive– ACT NOW

- Identify **at least 1 Provider Security Official (PSO)** CMS recommends **at least 2**
  - This is the person(s) that will be available to approve/reject iQIES access requests
  - Identity verification must be done for the PSO through the Healthcare Quality Information System(HCQIS) Access Roles and Profile system known as HARP. : https://harp.cms.gov/register
  - This must be done first to verify the identity of these individuals which is completed by Experian – no impact to credit report
  - After identify verification and a Muli-factor Authentication is set up THEN you can access iQIES utilizing your HARP ID and password that you will receive as a result of the enrollment.
  - **Access iQIES here:** https://iqies.cms.gov/.

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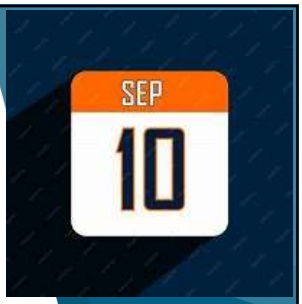
iQIES PSO Next Steps



- Once in iQIES to initiate your **Provider Security Official role request** and request your specific provider CCN(s).
- Once the PSO role request has been SUBMITTED and APPROVED, you will receive a notification email.
- AFTER that, then you will have the authority to approve or deny subsequent requests for access to various provider types for the CCN(s).
- Not everyone that has access to iQIES will need to go through this process, but it is a must for the PSO(s) for your CCN.
- DON'T wait!!!!! CMS recommends by September 10th!!!!

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HARP and iQIES Resources!!!!

- For more information on HARP or iQIES, please refer to the following resources:

HARP
- Fact sheet on HARP Identity Proofing
- FAQs related to HARP

iQIES
- iQIES Service Center Email: iqies@cms.hhs.gov
- iQIES Service Phone Number: 1-800-339-9313.
  Please note that call volume may be higher than normal during this time.
- iQIES Security Official: Manage Access Job Aid
- iQIES Quick Reference Guide: Provider Security Official

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CMS Submission Recommendations

It is at the discretion of the hospice to develop internal policies for completing and submitting HOPE records according to current requirements. The completion goal is neither a requirement, nor does it affect compliance determination. As of October 1, 2025, the recommended completion goal for HOPE records is the following:

- HOPE-Admission Records: No later than 14 days from the Admission Date (A0220). This is unchanged from the recommended completion timing for HIS-Admission records.
- HOPE-HUV Records: No later than 14 days from the Date Assessment was Completed (Z0350) for each specified HUV timepoint.
- HOPE-Discharge Records: No later than 7 days from the Discharge Date (A0270). This is unchanged from the recommended completion timing for HIS-Discharge records.

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HOPE Submission Threshold – 90%>

4% payment reduction in you don't submit 90% or better ***on time***

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Quality Measures from HOPE

- **Timely Follow-Up for Pain Impact** process measure will determine how many patients assessed with moderate or severe pain impact were reassessed by the hospice within 2-calendar days
  - Pain Assessed as Moderate or Severe will trigger Symptom Follow-Up Visit
- HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

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Quality Measures from HOPE

- **Timely Follow-Up for Non-Pain Symptom Impact** process measure will determine how many patients assessed with moderate or severe non-pain impact were reassessed by the hospice within 2-calendar days
  - Non-Pain Symptom Impact Assessed as Moderate or Severe will trigger Symptom Follow-Up Visit
  - Non-Pain Symptoms: shortness of breath, anxiety, nausea, vomiting, diarrhea, constipation, and agitation
- HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

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Measure Calculation and Reporting

TIMELY FOLLOW-UP FOR PAIN IMPACT | TIMELY FOLLOW-UP FOR NON-PAIN SYMPTOM IMPACT

The percentage of hospice patients that have a pain follow-up visit within 2 days after pain impact was initially assessed as Moderate or Severe.

Timely Follow–up for Pain Impact

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments in which pain impact is followed up within 2 days of the initial/triggering assessment date}}{\text{Assessments where pain impact is Moderate or Severe}}$$

Public reporting **no sooner** than October 2027 which is FY 2028

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HOPE Landing Checklist

- Finalize all impacted staff education
- Evaluate and adjust process – Who and When
  - Scheduling
  - Submission process and follow-up
  - Policies

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CMS HOPE Virtual Training – New 7/16/2025

- To access the videos, select the following links:

Part 1: Training Overview and Introduction to the HOPE Tool
Part 2: HOPE Section A. Administrative Information Didactic Training
Part 3: HOPE Sections F. Preferences, and I. Active Diagnoses Didactic Training
Part 4: HOPE Section J. Health Conditions Didactic Training
Part 5: HOPE Sections M. Skin Conditions, N. Medications, and Z. Record Admin. Didactic Training

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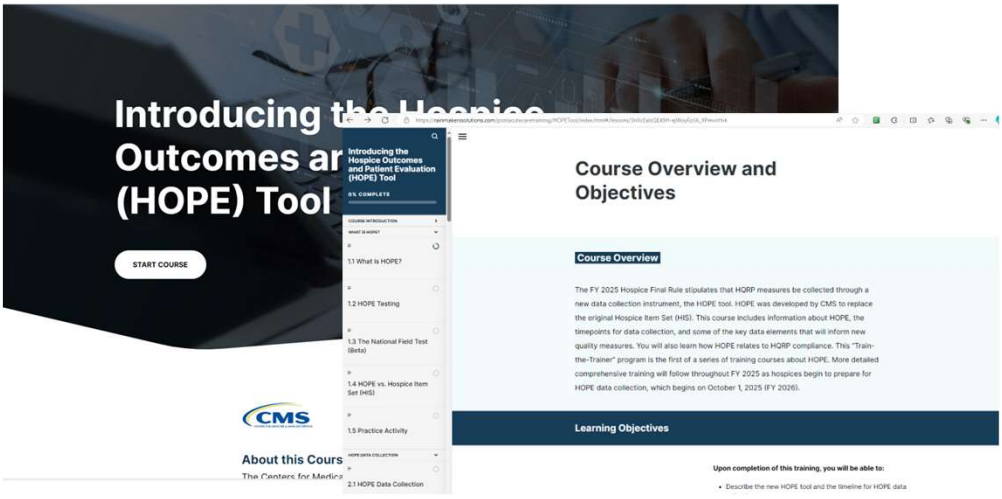
HOPE Tool Training Course



https://rainmakerssolutions.com/postacutecaretraining/HOPETool/index.html

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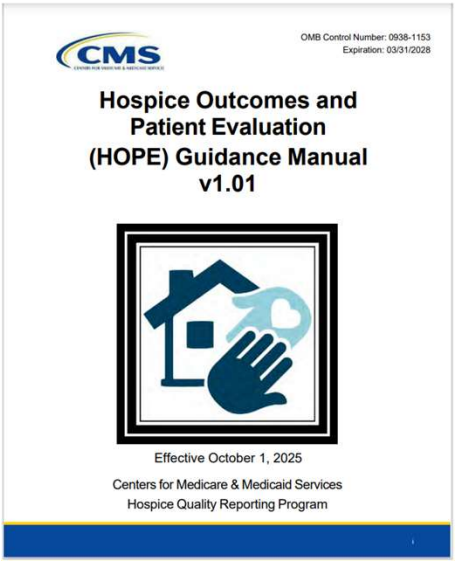
HOPE Guidance Manual


OMB Control Number: 0938-1153
Expiration: 03/31/2028

Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual v1.01

Effective October 1, 2025

Centers for Medicare & Medicaid Services
Hospice Quality Reporting Program

[Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual]

https://www.cms.gov/files/document/hope-guidance-manualv101.pdf

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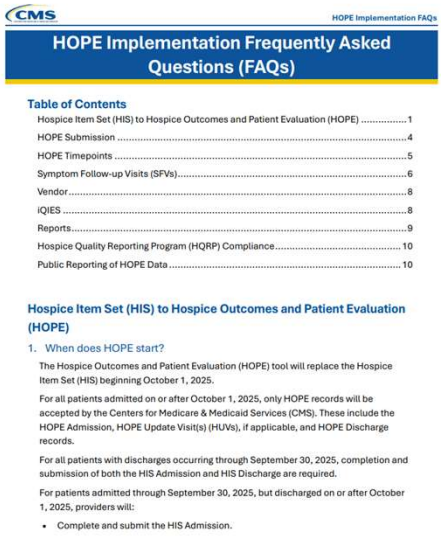
HOPE Implementation Frequently Asked Questions


HOPE Implementation FAQs

HOPE Implementation Frequently Asked Questions (FAQs)

Table of Contents

Hospice Item Set (HIS) to Hospice Outcomes and Patient Evaluation (HOPE)

1. When does HOPE start?

The Hospice Outcomes and Patient Evaluation (HOPE) tool will replace the Hospice Item Set (HIS) beginning October 1, 2025.

For all patients admitted on or after October 1, 2025, only HOPE records will be accepted by the Centers for Medicare & Medicaid Services (CMS). These include the HOPE Admission, HOPE Update Visit(s) (HUVs), if applicable, and HOPE Discharge records.

For all patients with discharges occurring through September 30, 2025, completion and submission of both the HIS Admission and HIS Discharge are required.

For patients admitted through September 30, 2025, but discharged on or after October 1, 2025, providers will:

- Complete and submit the HIS Admission.

[HOPE Implementation Frequently Asked Questions (FAQs)]

https://www.cms.gov/files/document/hope-implementation-faqs.pdf

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CMS Q & A regarding Submissions

25. Do hospices need a vendor for HOPE data collection?

- Yes, hospices will need a private software vendor to collect HOPE data if they do not already have one. CMS' iQIES system will replace QIES and CASPER for Hospices beginning October 1, 2025. Hospice providers will need to use vendor/3rd party/corporate software to complete/code HOPE assessments.
- Providers can choose to submit the records themselves or arrange with a 3rd party to submit on their behalf. All HOPE records must be submitted to iQIES in an XML format in a ZIP file.

26. Do hospices need a vendor for the submission of HOPE data to the CMS system?

- No, hospices are not required to contract with a third-party vendor for submission of HOPE data to iQIES. However, all HOPE records must be in an XML format in a ZIP file, which requires a software application. The CMS HART software will sunset with the HIS.

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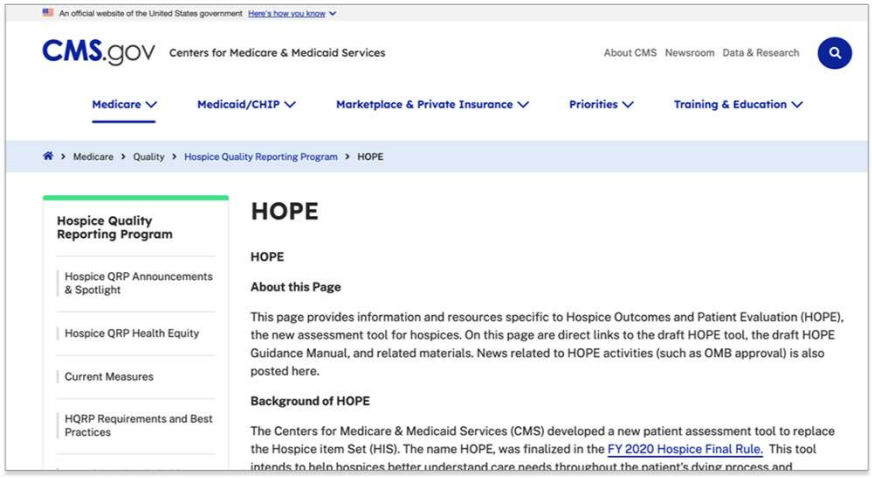
CMS HOPE Webpage



https://www.cms.gov/medicare/quality/hospice/hope

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CMS Hospice Quality Reporting

https://www.cms.gov/medicare/quality/hospice

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Describe how the CAHPS Hospice survey tool will change and the impacts it will have on public reporting

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CAHPS Hospice

- Survey Materials
  - *New Informational Flyer*
  - *New Prenotification Letter*
  - *Revised/Shortened Cover Letter*
  - *Revised/Shortened Survey*
- Survey Administration
  - *Extended Survey Return Window*
  - *New Web/Mail Mode*
- Reporting

SHP

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New Informational Flyer

- CMS has released a new "informational flyer" that can be distributed to caregivers
- The intent of the flyer is to inform caregivers regarding the survey process and improve return rates
- Hospices can obtain the informational flyer from SHP upon request and add their desired logo to the document
- No other changes to the text are allowed by CMS without prior approval via an exception request

Please give us feedback about your family member's hospice experience.

In the next few weeks, you may be asked to complete a survey about your family member's hospice care. The survey asks about the hospice services that patients and their families receive. We realize this may be a hard time for you, but we hope that you will help us learn about the quality of care that you and your family member received.

If you receive a survey in the mail or by email from **Strategic Healthcare Programs**, please take a few minutes to share your and your family member's experience with our hospice.

Your answers will help us improve the quality of our care and help others choose a hospice. Your participation in the survey is voluntary.

We're sorry for your recent loss. Thank you in advance for your feedback.

[INSERT HOSPICE LOGO HERE]

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New Prenotification Letter: Overview

- CMS requires the use of a "prenotification letter" as of the April 2025 sample month
- The intent of the prenotification letter is to improve return rates
- The letter will be sent one week before the first mail survey is sent and will notify the caregiver that a survey is coming and encourage them to return it

SHP
STRATEGIC HEALTHCARE PROGRAMS

First Last
12345 Any Street
Yourtown, CA 93021-4179

AGENCY LOGO PRINTS HERE

Dear First Last,

First, we realize this may be a hard time for you, and we're sorry for your recent loss.

In a few days, you'll get a survey about **DFirst DLast's** hospice care from **Agency Name**. When you get the survey, we'd greatly appreciate it if you complete it. Your knowledge and experiences will help improve hospice care and help others select a hospice.

Thank you in advance for your help.

For questions about the survey, please call Strategic Healthcare Programs toll-free at 1-877-735-4947. Dial 711 for Telecommunications Relay Service (TRS). If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,

Zeb Clayton
Vice President of Client Services
Strategic Healthcare Programs

6500 Hollister Ave., Suite 210, Goleta, CA 93117 Tel: 877.735.4947

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New Prenotification Letter: Timeline

- The prenotification letter will be mailed 7 days prior to the first survey mailing

	Prenotification Letter	1st Survey Mailing	2nd Survey Mailing	Period Closed
Details	Mails 7 days prior to first survey mailing	Two months after the month of patient death and within the first seven calendar days of the survey field period	No earlier than 21 days after the first questionnaire mailing	Survey Return Window closes 7-weeks/49-days after first survey mailing
April 2025 Sample Month	***6/30/2025***	*7/7/2025*	*7/28/2025*	*8/25/2025*

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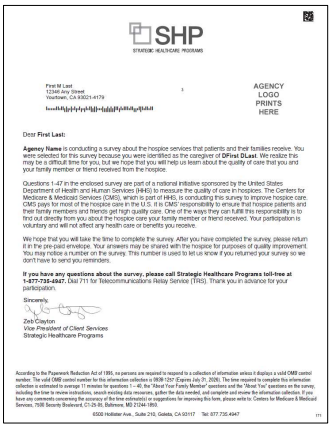
Revised Cover Letter

- The revised cover letter is implemented as of the **April 2025 sample month**
- The content has been **condensed** and **shortened**
- The reduced content accommodates the use of a **larger**, **easier to read font size**

Current



SHP
STRATEGIC HEALTHCARE PROGRAMS

First M Last
12345 Any Street
Voorhees, CA 93021-4179

AGENCY
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HERE

Dear **First Last:**

Agency Name is conducting a survey about the hospice services that patients and their families receive. You were selected for this survey because you were identified as the caregiver of **DFirst DLast**. We realize this may be a difficult time for you, but we hope that you will help us learn about the quality of care that you and your family member or friend received from the hospice.

Questions 1-47 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services (HHS) to measure the quality of care in hospices. The Centers for Medicare & Medicaid Services (CMS), which is part of HHS, is conducting this survey to improve hospice care. CMS pays for most of the hospice care in the U.S. It is CMS' responsibility to ensure that hospice patients and their family members and friends get high quality care. One of the ways they can fulfill this responsibility is to find out directly from you about the hospice care your family member or friend received. Your participation is voluntary and will not affect any health care or benefits you receive.

We hope that you will take the time to complete the survey. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospice for purposes of quality improvement. You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

If you have any questions about the survey, please call Strategic Healthcare Programs toll-free at 1-877-735-4947. Dial 711 for Telecommunications Relay Service (TRS). Thank you in advance for your participation.

Sincerely,

Zeb Clayton
Vice President of Client Services
Strategic Healthcare Programs

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1241 (Expires July 31, 2026). The time required to complete this information collection is estimated to average 11 minutes for questions 1 – 40, the "About Your Family Member" questions and the "About You" questions on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-26-05, Baltimore, MD 21244-1850.

6500 Hollister Ave., Suite 210, Goleta, CA 93117 Tel: 877.735.4947

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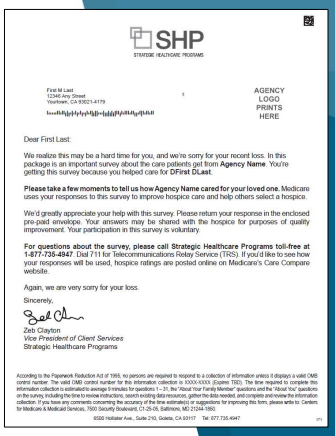
Revised



SHP
STRATEGIC HEALTHCARE PROGRAMS

First M Last
12345 Any Street
Voorhees, CA 93021-4179

AGENCY
LOGO
PRINTS
HERE

Dear First Last:

We realize this may be a hard time for you, and we're sorry for your recent loss. In this package is an important survey about the care patients get from **Agency Name**. You're getting this survey because you helped care for **DFirst DLast**.

Please take a few moments to tell us how Agency Name cared for your loved one. Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

We'd greatly appreciate your help with this survey. Please return your response in the enclosed pre-paid envelope. Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call Strategic Healthcare Programs toll-free at 1-877-735-4947. Dial 711 for Telecommunications Relay Service (TRS). If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,

Zeb Clayton
Vice President of Client Services
Strategic Healthcare Programs

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. (Expires TBD). The time required to complete this information collection is estimated to average 9 minutes for questions 1 – 31, the "About Your Family Member" questions and the "About You" questions on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-26-05, Baltimore, MD 21244-1850.

6500 Hollister Ave., Suite 210, Goleta, CA 93117 Tel: 877.735.4947

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Revised Survey: Overview

- The revised survey was implemented as of the **April 2025 sample month**
- Total questions reduced from 47 to 38
  - ***Removed*** *12 questions*
  - ***Added*** *3 new questions*
  - ***Updated*** *wording on 20 questions*
- Impact of shorter survey
  - *Potentially improved return rates*
  - *Accommodates the use of a larger, easier to read font, increased spacing between questions, and a larger comment box*

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Revised Survey: Questions Removed

- *Q10: How often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?*
- *Q17: While your family member was in hospice care, did he or she receive any pain medicine?*
- *Q18: Did any member of the hospice team discuss side effects of pain medicine with you or your family member?*
- *Q19: Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?*
- *Q20: Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?*
- *Q23: Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?*
- *Q28: While your family member was in hospice care, did he or she ever become restless or agitated?*
- *Q29: Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?*
- *Q30: Did the hospice team give you the raining you needed about how to safely move your family member?*
- *Q32: Did your family member receive care from this hospice while he or she was living in a nursing home?*
- *Q33: How often did the nursing home staff and hospice team work well together to care for your family member?*
- *Q34: How often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?*

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Revised Survey: Questions Added

- *Q12: Did the hospice team provide care that respected your family member's wishes?*
- *Q13: Did the hospice team make an effort to listen to the things that mattered most to you or your family member?*
- *Q24: Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member?*

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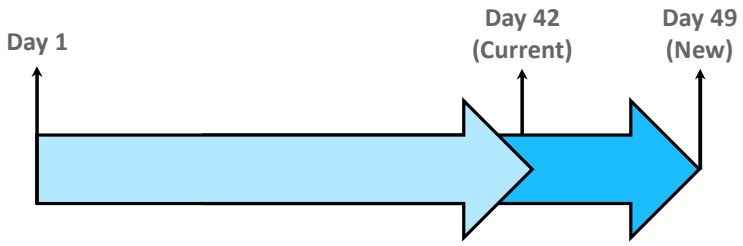
Revised Survey Administration Window

- CMS has extended the window in which a survey can be returned from 6 weeks (42 days) to 7 weeks (49 days)
- SHP's initial analysis of the change indicates that the longer survey administration window should result in a significant improvement in return rates



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Revised Survey Administration Window

- For Oct-2023 to Sep-2024, the additional week would have improved the return rate from 29.5% to 30.8% and added over 7,000 additional surveys

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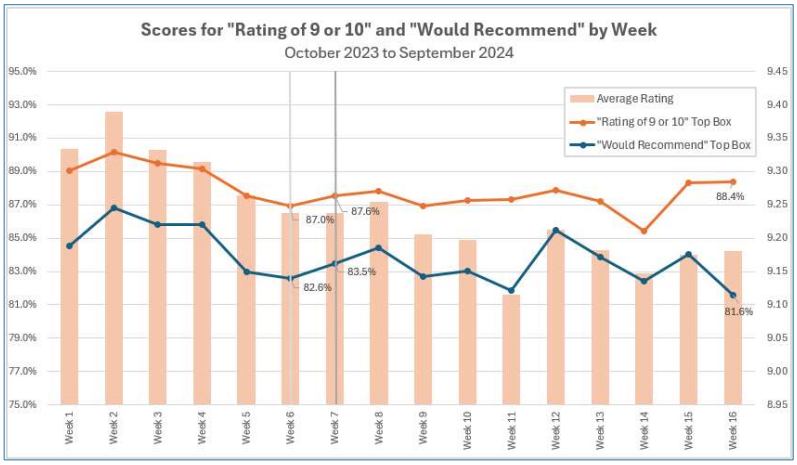
Revised Survey Administration Window

- The scores for surveys returned in week 7 were higher than the scores in week 6, which means that the additional week could result in slightly improved scores overall



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New Web/Mail Mode

- CMS has approved a new Web/Mail mode
  - *A printed prenotification letter will be sent 1 week before survey administration begins*
  - *The 1st survey mailing is an emailed survey link that is sent day 1*
  - *A 2nd web survey is sent on Day 3 if a survey has not yet been submitted*
  - *A printed survey is sent on Day 5-8 if a web survey has not yet been submitted*
  - *A second printed survey is sent on Day 22 if a web or printed survey has not yet been submitted/returned*

Phase	Activity	Web Mail Mode Day (Cases With Email Address)	Day (Cases with No Email Address)
Pre-Field Period	Mail Prenotification Letter	Day -7	Day -7
Survey Field Period	1st Email	Day 1	N/A
	2nd Email	Day 3	N/A
	Mail 1st Survey	Day 5-8	Day 5-8
	Mail 2nd Survey	Day 22	Day 22
	End Data Collection	Day 49	Day 49

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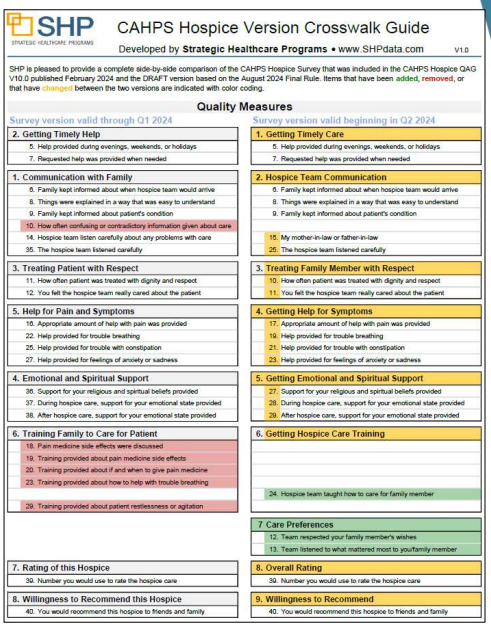
Revised Survey: SHP Crosswalk

- SHP has created a crosswalk that maps the current survey questions and quality measures to the updated survey
- https://www.shpdata.com/hospice/cahps-hospice-satisfaction-survey-crosswalk-guide/



SHP CAHPS Hospice Version Crosswalk Guide

Developed by **Strategic Healthcare Programs** • www.SHPdata.com V1.0

SHP is pleased to provide a complete side-by-side comparison of the CAHPS Hospice Survey that was included in the CAHPS Hospice QAG V10.0 published February 2024 and the DRAFT version based on the August 2024 Final Rule. Items that have been added, removed, or that have changed between the two versions are indicated with color coding.

Quality Measures

Survey version valid through Q1 2024	Survey version valid beginning in Q2 2024
2. Getting Timely Help	**1. Getting Timely Care**
5. Help provided during evenings, weekends, or holidays	5. Help provided during evenings, weekends, or holidays
7. Requested help was provided when needed	7. Requested help was provided when needed
1. Communication with Family	**2. Hospice Team Communication**
6. Family kept informed about when hospice team would arrive	6. Family kept informed about when hospice team would arrive
8. Things were explained in a way that was easy to understand	8. Things were explained in a way that was easy to understand
9. Family kept informed about patient's condition	9. Family kept informed about patient's condition
10. How often confusing or contradictory information given about care	
14. Hospice team listen carefully about any problems with care	15. My mother-in-law or father-in-law
35. The hospice team listened carefully	25. The hospice team listened carefully
3. Treating Patient with Respect	**3. Treating Family Member with Respect**
11. How often patient was treated with dignity and respect	10. How often patient was treated with dignity and respect
12. You felt the hospice team really cared about the patient	11. You felt the hospice team really cared about the patient
5. Help for Pain and Symptoms	**4. Getting Help for Symptoms**
16. Appropriate amount of help with pain was provided	17. Appropriate amount of help with pain was provided
22. Help provided for trouble breathing	19. Help provided for trouble breathing
25. Help provided for trouble with constipation	21. Help provided for trouble with constipation
27. Help provided for feelings of anxiety or sadness	23. Help provided for feelings of anxiety or sadness
4. Emotional and Spiritual Support	**5. Getting Emotional and Spiritual Support**
36. Support for your religious and spiritual beliefs provided	27. Support for your religious and spiritual beliefs provided
37. During hospice care, support for your emotional state provided	28. During hospice care, support for your emotional state provided
38. After hospice care, support for your emotional state provided	29. After hospice care, support for your emotional state provided
6. Training Family to Care for Patient	**6. Getting Hospice Care Training**
18. Pain medicine side effects were discussed	
19. Training provided about pain medicine side effects	
20. Training provided about if and when to give pain medicine	
23. Training provided about how to help with trouble breathing	
29. Training provided about patient restlessness or agitation	24. Hospice team taught how to care for family member
	7. Care Preferences
	12. Team respected your family member's wishes
	13. Team listened to what mattered most to you/family member
7. Rating of this Hospice	**8. Overall Rating**
39. Number you would use to rate the hospice care	39. Number you would use to rate the hospice care
8. Willingness to Recommend this Hospice	**9. Willingness to Recommend**
40. You would recommend this hospice to friends and family	40. You would recommend this hospice to friends and family

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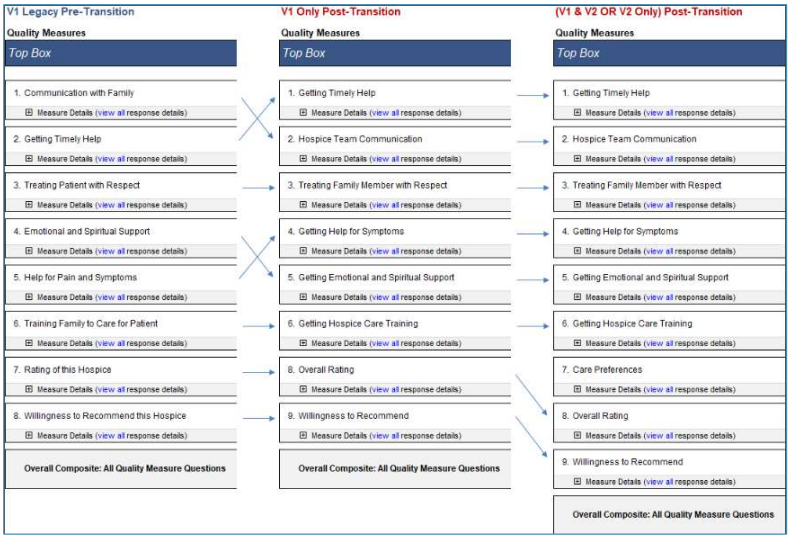
Revised Survey Administration Window

- SHP structure of reporting changes



V1 Legacy Pre-Transition	V1 Only Post-Transition	(V1 & V2 OR V2 Only) Post-Transition
Quality Measures	Quality Measures	Quality Measures
Top Box	*Top Box*	*Top Box*
1. Communication with Family	1. Getting Timely Help	1. Getting Timely Help
2. Getting Timely Help	2. Hospice Team Communication	2. Hospice Team Communication
3. Treating Patient with Respect	3. Treating Family Member with Respect	3. Treating Family Member with Respect
4. Emotional and Spiritual Support	4. Getting Help for Symptoms	4. Getting Help for Symptoms
5. Help for Pain and Symptoms	5. Getting Emotional and Spiritual Support	5. Getting Emotional and Spiritual Support
6. Training Family to Care for Patient	6. Getting Hospice Care Training	6. Getting Hospice Care Training
7. Rating of this Hospice	8. Overall Rating	7. Care Preferences
8. Willingness to Recommend this Hospice	9. Willingness to Recommend	8. Overall Rating
		9. Willingness to Recommend
Overall Composite: All Quality Measure Questions	Overall Composite: All Quality Measure Questions	Overall Composite: All Quality Measure Questions

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Impact on Public Reporting – Care Compare

- CAHPS Hospice Survey measure scores are calculated across eight rolling quarters and are published quarterly for all hospices with 30 or more completed surveys over the reporting period (two years)
- As “Care Preferences” would be a new measure for the CAHPS Hospice Survey, CMS will wait to introduce public reporting until we have eight quarters of data.
- Similarly “Getting Hospice Care Training” changes are substantive and CMS will wait February 2028 for both of these summary scores.

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Impact on Public Reporting – Star Ratings

- The Family Caregiver Survey Rating summary Star Rating is also calculated using eight rolling quarters and is publicly reported for all hospices with 75 or more completed surveys over the reporting period. Star Ratings are updated every other quarter.
- During the transition period, scores and Star Ratings would be calculated by combining scores from quarters using the current and new survey. Excluding “Getting Hospice Care Training” measure only seven measures will be used for the Summary Rating.
- Beginning in Feb 2028, once a full 8 quarters of data are available, the star rating will include 9 measures, adding the new “Care Preferences” and significantly updated “Getting Hospice Care Training” measures.

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Questions?

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Contact Information:

Angela Huff, RN
Senior Managing Consultant
FORVIS, LLP
Angela.Huff@us.forvismazars.com

Chris Attaya, MBA
VP of Product Strategy
Strategic Healthcare Programs (SHP)
cattaya@shpdata.com
www.SHPdata.com
Phone: 805-963-9446

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Appendix – CAHPS Hospice Changes

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Quality Measure Changes: Getting Timely Care

Current

- ***Name**: 2 - Getting Timely Help*
- ***Questions**:*
  - *Q5: Help during evenings, weekends, or holidays*
  - *Q7: When you asked…how often did you get help as soon as you needed it?*

New

- ***Name**: 1 - Getting Timely Care*
- ***Questions (No Change)**:*
  - *Q5: Help during evenings, weekends, or holidays*
  - *Q7: When you asked…how often did you get help as soon as you needed it?*

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Quality Measure Changes: Hospice Team Communication

Current

- ***Name**: 1 - Communication with Family*
- ***Questions**:*
  - *Q6: How often did the hospice team keep you informed about when they would arrive…?*
  - *Q8: How often did the hospice team explain things in a way that was easy to understand?*
  - *Q9: How often did the hospice team keep you informed about family member's condition?*
  - *Q10: How often did anyone from the hospice give you confusing or contradictory info?*
  - *Q14: How often did the hospice team listen carefully to you?*
  - *Q35: How much support for your religious and spiritual beliefs did you get?*

New

- ***Name**: 2 - Hospice Team Communication*
- ***Questions:***
  - *Q6: How often did the hospice team keep you informed about when they would arrive…?*
  - *Q8: How often did the hospice team explain things in a way that was easy to understand?*
  - *Q9: How often did the hospice team keep you informed about family member's condition?*
  - *Q15 (Formerly Q14): How often did the hospice team listen carefully to you?*
  - *Q25 (Formerly Q35): How much support for your religious and spiritual beliefs did you get?*

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Quality Measure Changes: Treating Family Member with Respect

Current

- ***Name**: 3 – Treating Patient with Respect*
- ***Questions:***
  - *Q11: How often patient was treated with dignity and respect?*
  - *Q12: You felt the hospice team really cared about the patient?*

New

- ***Name**: 3 – Treating Family Member with Respect*
- ***Questions:***
  - *Q10 (Formerly Q11): How often patient was treated with dignity and respect?*
  - *Q11 (Formerly Q12): You felt the hospice team really cared about the patient?*

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Quality Measure Changes: Getting Help for Symptoms

Current

- ***Name**: 5 – Help for Pain and Symptoms*
- ***Questions:***
  - *Q16: Appropriate amount of help with pain was provided?*
  - *Q22: Help provided for trouble breathing?*
  - *Q25: Help provided for trouble with constipation?*
  - *Q27: Help provided for feelings of anxiety or sadness?*

New

- ***Name**: 4 – Getting Help for Symptoms*
- ***Questions:***
  - *Q17 (Formerly Q16): Appropriate amount of help with pain was provided?*
  - *Q19 (Formerly Q22): Help provided for trouble breathing?*
  - *Q21 (Formerly Q25): Help provided for trouble with constipation?*
  - *Q23 (Formerly Q27): Help provided for feelings of anxiety or sadness?*

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Quality Measure Changes: Getting Emotional and Spiritual Support

Current

- ***Name**: 4 – Emotional and Spiritual Support*
- ***Questions:***
  - *Q36: Support for your religious and spiritual beliefs provided?*
  - *Q37: During hospice care, support for your emotional state provided?*
  - *Q38: After hospice care, support for your emotional state provided?*

New

- ***Name**: 5 – Getting Emotional and Spiritual Support*
- ***Questions:***
  - *Q27 (Formerly Q36): Support for your religious and spiritual beliefs provided?*
  - *Q28 (Formerly Q37): During hospice care, support for your emotional state provided?*
  - *Q29 (Formerly Q38): After hospice care, support for your emotional state provided?*

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Quality Measure Changes: Getting Hospice Care Training

Current

- ***Name**: 6 – Training Family to Care for Patient*
- ***Questions:***
  - *Q18: Pain medicine side effects were discussed?*
  - *Q19: Training provided about pain medicine side effects?*
  - *Q20: Training provided about if and when to give pain medicine?*
  - *Q23:Training provided about how to help with trouble breathing?*
  - *Q29: Training provided about patient restlessness or agitation?*

New

- ***Name**: 6 – Getting Hospice Care Training*
- ***Questions:***
  - *Q24 (New Question): Hospice Team taught how to care for family member?*

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Quality Measure Changes: Care Preferences (New)

Current

- ***Name**: N/A (New quality measure)*

New

- ***Name**: 7 – Care Preferences*
- ***Questions:***
  - *Q12 (New Question): Team respected your family member's wishes?*
  - *Q13 (New Question): Team listened to what mattered most to you/family member?*

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Quality Measure Changes: Overall Rating

Current

- ***Name**: 7 – Rating of this Hospice*
- ***Questions:***
  - *Q39: Number you would use to rate the hospice care?*

New

- ***Name**: 8 – Overall Rating*
- ***Questions:***
  - *Q30 (Formerly Q39): Number you would use to rate the hospice care?*

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Quality Measure Changes: Overall Rating

Current

- ***Name**: 8 – Willingness to Recommend this Hospice*
- ***Questions:***
  - *Q40: You would recommend this hospice to friends and family?*

New

- ***Name**: 9 – Willingness to Recommend*
- ***Questions:***
  - *Q31 (Formerly Q40): You would recommend this hospice to friends and family?*

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