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August 22, 2023

The Honorable Chiquita Brooks LaSure
Administrator, The Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20101

Dear Administrator Brooks-LaSure,

We thank you for your efforts in implementing the provisions of the Helping Our Senior Population In Comfort Environments Act provisions included in the Consolidated Appropriations Act, 2021. Your work will help ensure Medicare beneficiaries have access to high-quality hospice care.

We are also grateful that the Centers for Medicare and Medicaid Services (CMS) has begun rulemaking to implement critical portions of the statute, including the Special Focus Program (SFP). On June 30, 2023, CMS released the Calendar Year (CY) 2024 Home Health Prospective Payment System Proposed Rule, which includes a proposed methodology and algorithm with criteria for identifying hospices for inclusion in the SFP beginning in early 2024. However, we have serious concerns that the current construction of the SFP algorithm has some unintended consequences and will limit access to underserved and diverse communities.

The methodology proposed by CMS would identify hospice providers using a complex algorithm utilizing data from the Hospice Care Index (HCI) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey Measures. To identify hospice providers that offer poor quality or unsafe care, the proposed algorithm would target hospice providers using quality indicators derived from certain data sources. The proposed algorithm would use Hospice Quality Reporting Program (HQRP) data from the previous eight quarters, including Hospice Care Index (HCI) scoring and CAHPS® Hospice Survey responses. It would also give double weight to the CAHPS® data.

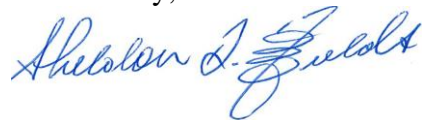
We strongly agree with CMS that patients and their families must have a voice. Data reflecting patient experience should be included in *any* SFP methodology or algorithm. However, CAHPS® Hospice Survey data presents significant limitations that must be addressed before it is incorporated into the algorithm. Among these is CAHPS's inadequate approach to addressing subjectivity and data collection in historically and medically underserved populations. Those hospices with CAHPS serving diverse communities are 2.5 times more likely to be a candidate to

be selected for the SFP. In contrast, HCI scoring is a claims-based measure and has been demonstrated to be a less biased, more reliable indicator of patient quality.

The consequences of being selected for the SFP are severe and could inadvertently lead to access issues for patients and their families. The SFP algorithm must utilize unbiased, reliable data to identify poor-performing hospices. Simply put, the proposed SFP algorithm misses the mark. We are concerned the algorithm will fail to identify hospices delivering poor-quality, unsafe care and will instead identify the hospices that provide care to large, diverse, and historically underserved patient populations. Unfortunately, this is the natural result when using unreliable and biased data.

We urge CMS to hold off on implementing the suggested SFP methodology while considering stakeholder input and works to enhance the SFP algorithm. Additionally, we implore CMS to implement a preview year in which all hospice providers are informed of their performance rankings as determined by the algorithm metrics. We acknowledge the importance of any delay, but these actions are necessary to help CMS reach its goal of addressing the problems that put hospice patients and their families at risk of receiving unsafe and low-quality care.

Yours Truly,

A handwritten signature in blue ink that reads "Sheldon D. Fields". The signature is written in a cursive style with a large, stylized initial 'S'.

Sheldon D. Fields, PhD, RN, FNP-BC, CRNP, AACRN, FAANP, FNAP, FAAN
President, National Black Nurses Association