Hospice Growth and Sustainability During a Time of Increased Scrutiny

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Review of Current Climate

Objectives

IDENTIFY THE KEY FRAUD TARGETS FOR HOSPICE SALES AND MARKING.

NAME THREE ACTION STEPS HOSPICE AGENCIES CAN TAKE TO AVOID FRAUD.

LIST 2 WAYS TO ENSURE COMPLIANT GROWTH.

Hospice News January 12, 2026

Sora Shimazaki

- Sales Door-to-Door Visits
- Fake Free Services
- Bribes and Gifts
- Stolen ID Numbers

FBI - Baltimore
June 12 ·

The #FBI issued a PSA to warn the public of an emerging hospice #fraud scheme that targets vulnerable Medicare recipients who are not in need of hospice services. Scammers are enrolling Medicare patients in hospice care for services they do not need or for services that are not provided. Enrollment can also occur without the patient's knowledge, allowing the scammers to bill Medicare for a patient that is not present in the hospice facility. Some scammers use door-to-door solicitation tactics and offer free home services such as house cleaning and meal delivery, which are conditional on using a specific hospice.
Read more about this scam and learn tip to protect yourself at:
https://www.ic3.gov/PSA/2026/PSA260603

8 Commons Examples of Hospice Fraud

AXXESS Hospice

1. Enrolling patients who are not terminally ill.
2. Manipulating medical records to support eligibility.
3. Billing for higher levels of care than provided.
4. Kickbacks for referrals.
5. Improper marketing inside of care facilities.
6. Offering prohibited incentives to patients.
7. Missing or invalid physician certifications.
8. Understaffing and reduced care while billing in full.

Next Steps

Action Step 1

ACTION STEPS:

Review all referral-related, skilled nursing and hospital contracts and compensation arrangements to ensure they are not tied to patient volume, admissions or census growth.

WHAT TO AVOID:

- Maintaining referral relationships without legal or compliance review.
- Ignoring referral source outliers such as unusually high admission volume from a single facility, physician and marketer.

Action Step 2

ACTION STEPS:

Audit relationships with marketers, assisted living facilities, nursing homes, hospitals and physician groups for Anti-Kickback Statute and Stark Law risk.

WHAT TO AVOID:

- Paying or accepting anything of value in exchange for referrals.
- Offering free services, gifts, rent subsidies, staffing support and other benefits to referral sources that could be seen as inducements.

Action Step 3

ACTION STEPS:

Require legal/compliance review of marketing agreements, vendor contracts and liaison compensation models before execution and on a routine schedule.

WHAT TO AVOID:

- Using vague or poorly documented contracts that do not clearly describe fair market-value services.

Action Step 4

ACTION STEPS:

Standardize documentation of referral interactions and business development activities so the organization can demonstrate legitimate, compliant relationship management.

WHAT TO AVOID:

- Assuming long-standing relationships are low risk without periodic auditing and review.
- Failing to document legitimate business purposes for outreach, sponsorships and community partnership activities.

Action Step 5

ACTION STEPS:

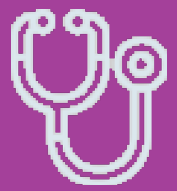
Ensure that the “Promise Makers” (Sales Team) and “Promise Keepers” (Clinical Services) are aligned.

WHAT TO AVOID:

- Allowing marketers or liaisons to make promises about eligibility, coverage and services that are misleading or inaccurate.
- Providing routine benefits to facilities or physicians that are not equally available or not commercially reasonable.

Clinical Documentation, Eligibility and Transitions

Drive sustainable growth by aligning these elements with a sales strategy that intentionally balances referral mix.



Eligibility Training

Ambassadors for care

DX Mix Education

Strategic clinical alignment

Partnerships

Live Discharge Transitions

Disciplined eligibility, balanced DX mix and seamless transitions turn clinical excellence into measurable risk mitigation.

Turning Insight into Impact: Driving Mission-Aligned Growth

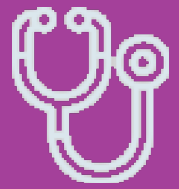
Focus through a strategic lens that ensures compliance.

Referral Patterns

Expanding and diversifying referral pathways to fuel balanced sustainable growth

Patient Mix

Patient mix and length of stay must be balanced to managed Medicare CAP exposure



Market Opportunities

Grow strategically without increasing compliance exposure

Thank You

Questions, thoughts or feedback?

References

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