State of Hospice

Regulatory Updates and Current Landscape

Raianne Melton, BSN, RN, CHPN
Sr. Dir. Clinical Services
Axxess

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Objectives

- Identify the key issues in the current state of hospice regulations.
- Explain CMS's changes effective October 1, 2027.
- Apply practical strategies to strengthen documentation, admission and election processes, and utilization oversight to prepare for heightened CMS enforcement and public reporting.

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AXXESS Hospice

The New Compliance Era

7 Steps to Mitigate Risk

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CMS

"Dr. Oz touts 'Fraud War Room' ending payment to 400 hospices in California over fears of $100B fraud."

April 24, 2026

New York Post

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CEO Talks Fraud Before Congress

“How do you put a hospice in a burrito stand?”

Sheila Clark, president and CEO of the California Hospice and Palliative Care Association, testified before House lawmakers on Tuesday, on the surge in healthcare fraud.

April 21, 2026

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In the News: May 13, 2026

FRAUD

CMS Places National Moratorium On Home Health, Hospice Agency Enrollment

By **Morgan Gonzales** | May 13, 2026

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NATIONAL ARCHIVES

FEDERAL REGISTER

The Daily Journal of the United States Government

Notice

Medicare, Medicaid, and Children's Health Insurance Programs: Announcement of Nationwide Temporary Moratorium on Enrollment of Hospices

A Notice by the Centers for Medicare & Medicaid Services on 05/15/2026

PUBLISHED DOCUMENT: 2026-09718 (91 FR 27946)

PDF

Document Details

Document Dates

Table of Contents

DOCUMENT HEADINGS

Department of Health and Human Services
Centers for Medicare & Medicaid Services
[CMS-6102-N]

AGENCY:

Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

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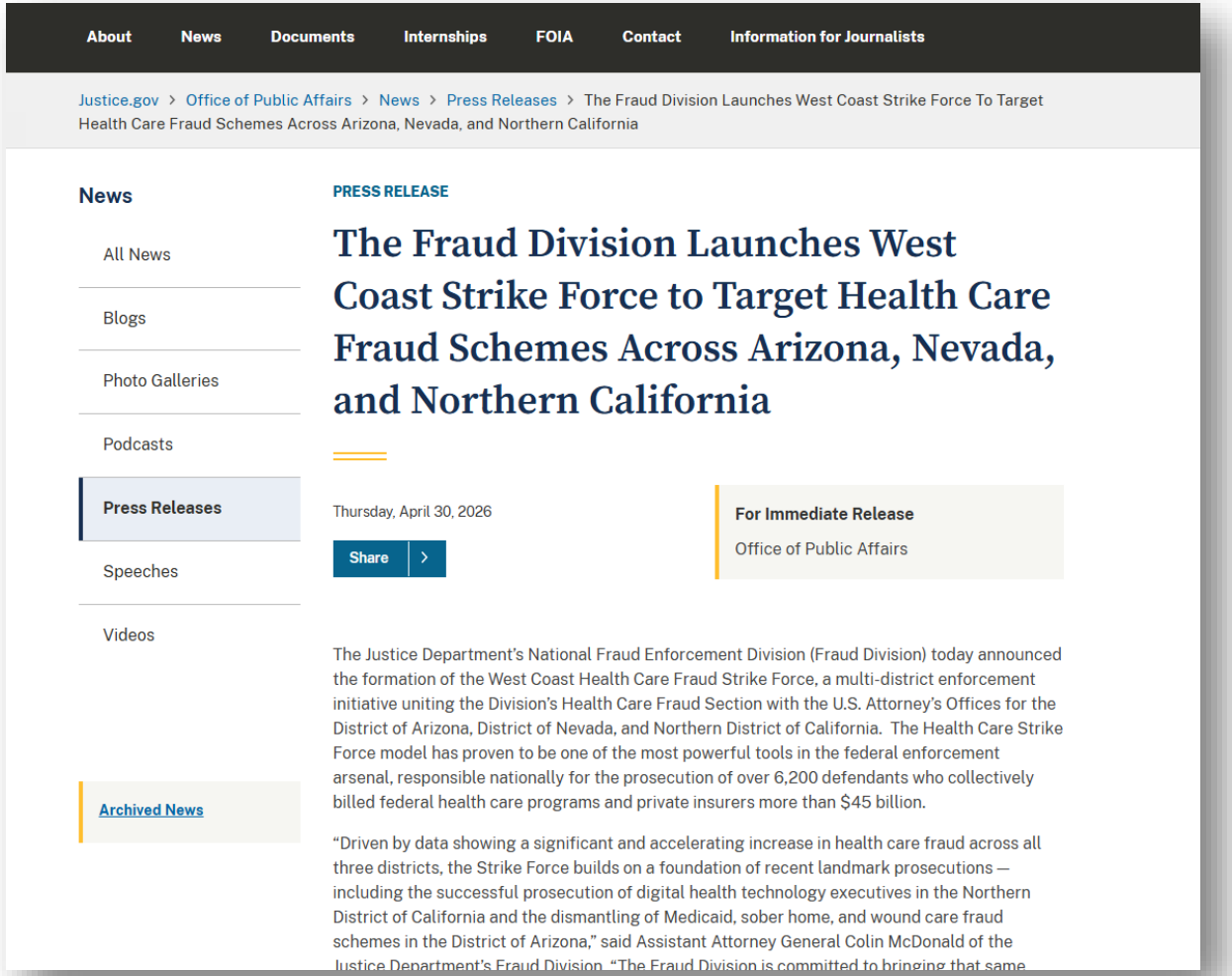
West Coast Health Care Fraud Section

- HHS-OIG
- DOJ
- U.S. Attorney's Offices
- FBI
- DEA



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Justice.gov › Office of Public Affairs › News › Press Releases › The Fraud Division Launches West Coast Strike Force To Target Health Care Fraud Schemes Across Arizona, Nevada, and Northern California

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PRESS RELEASE

The Fraud Division Launches West Coast Strike Force to Target Health Care Fraud Schemes Across Arizona, Nevada, and Northern California

Thursday, April 30, 2026

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For Immediate Release
Office of Public Affairs

The Justice Department's National Fraud Enforcement Division (Fraud Division) today announced the formation of the West Coast Health Care Fraud Strike Force, a multi-district enforcement initiative uniting the Division's Health Care Fraud Section with the U.S. Attorney's Offices for the District of Arizona, District of Nevada, and Northern District of California. The Health Care Strike Force model has proven to be one of the most powerful tools in the federal enforcement arsenal, responsible nationally for the prosecution of over 6,200 defendants who collectively billed federal health care programs and private insurers more than $45 billion.

"Driven by data showing a significant and accelerating increase in health care fraud across all three districts, the Strike Force builds on a foundation of recent landmark prosecutions — including the successful prosecution of digital health technology executives in the Northern District of California and the dismantling of Medicaid, sober home, and wound care fraud schemes in the District of Arizona," said Assistant Attorney General Colin McDonald of the Justice Department's Fraud Division. "The Fraud Division is committed to bringing that same

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ABOUT SERVICES ISSUES STUDENT PROGRAMS CONTACT MEDIA SUBSCRIBE
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Van Duyne Introduces the Protecting Seniors and Stopping Fraudsters Act to Enact Mandatory Oversight Requirements to Combat Hospice and Home Healthcare Fraud
Legislation follows years of proactive engagement raising the issue of hospice and home healthcare fraud while working with high-quality service providers to develop reasonable oversight measures
May 19, 2026

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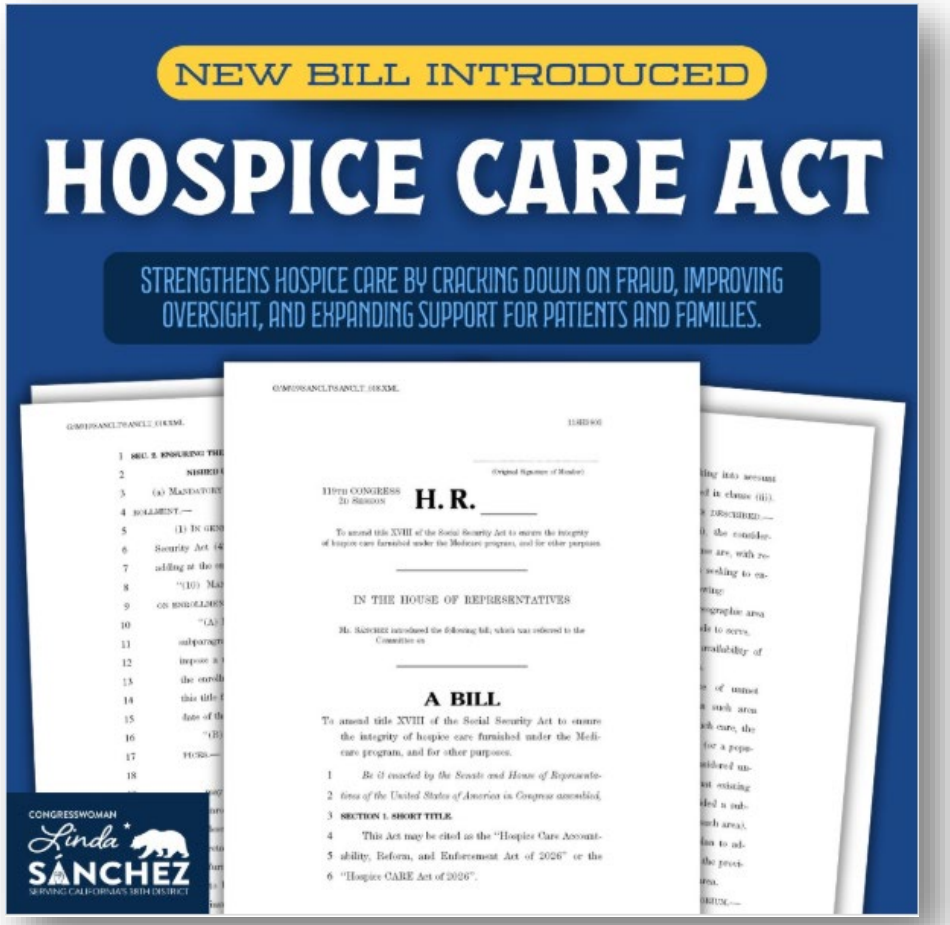
S.4118 and H.R.7966



- 5-Year moratorium on new hospice program enrollments
- Exemptions for areas with insufficient access
- Authority to lift moratorium regionally
- Strengthen program integrity

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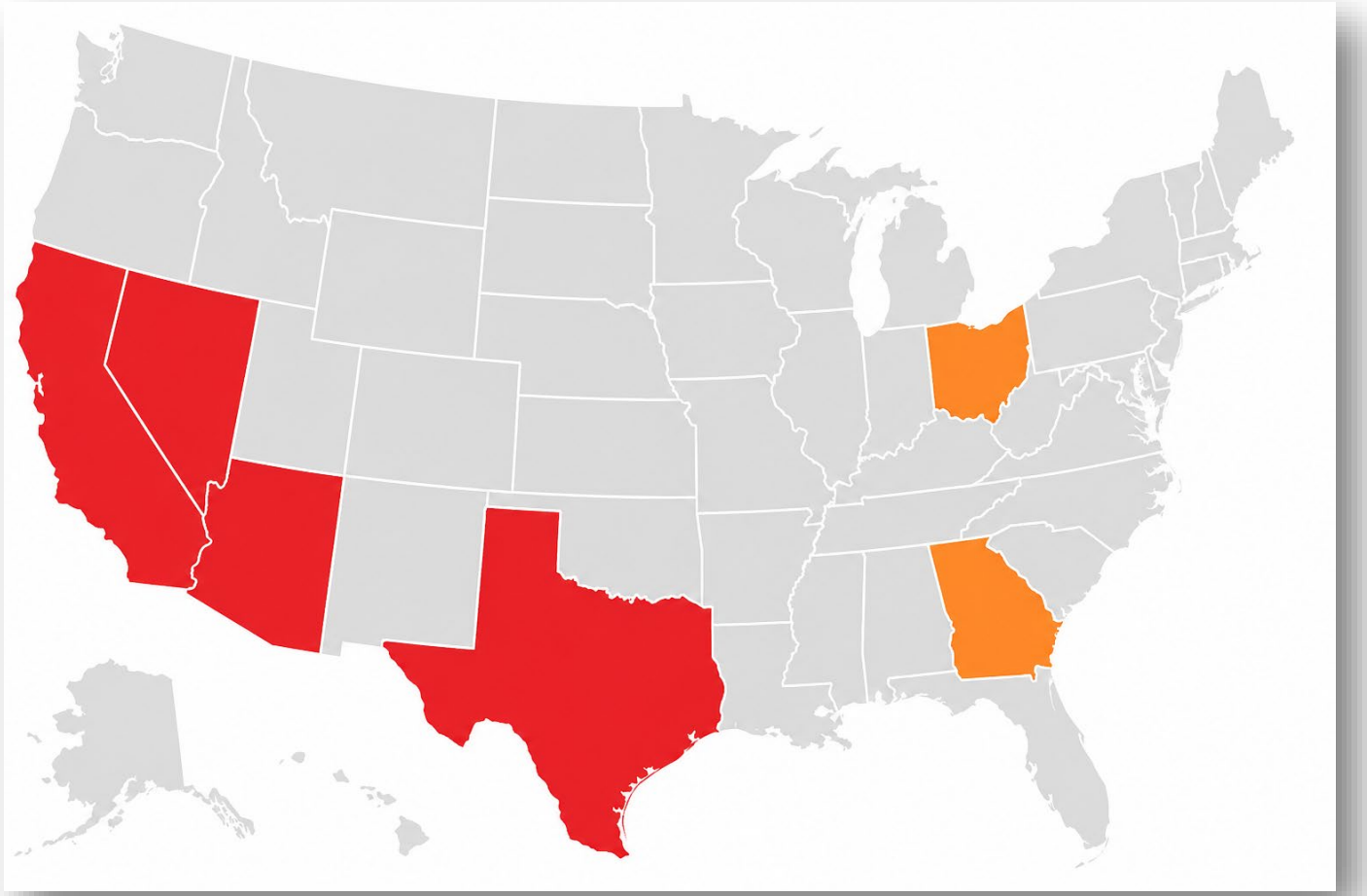
Geographic Hotspots



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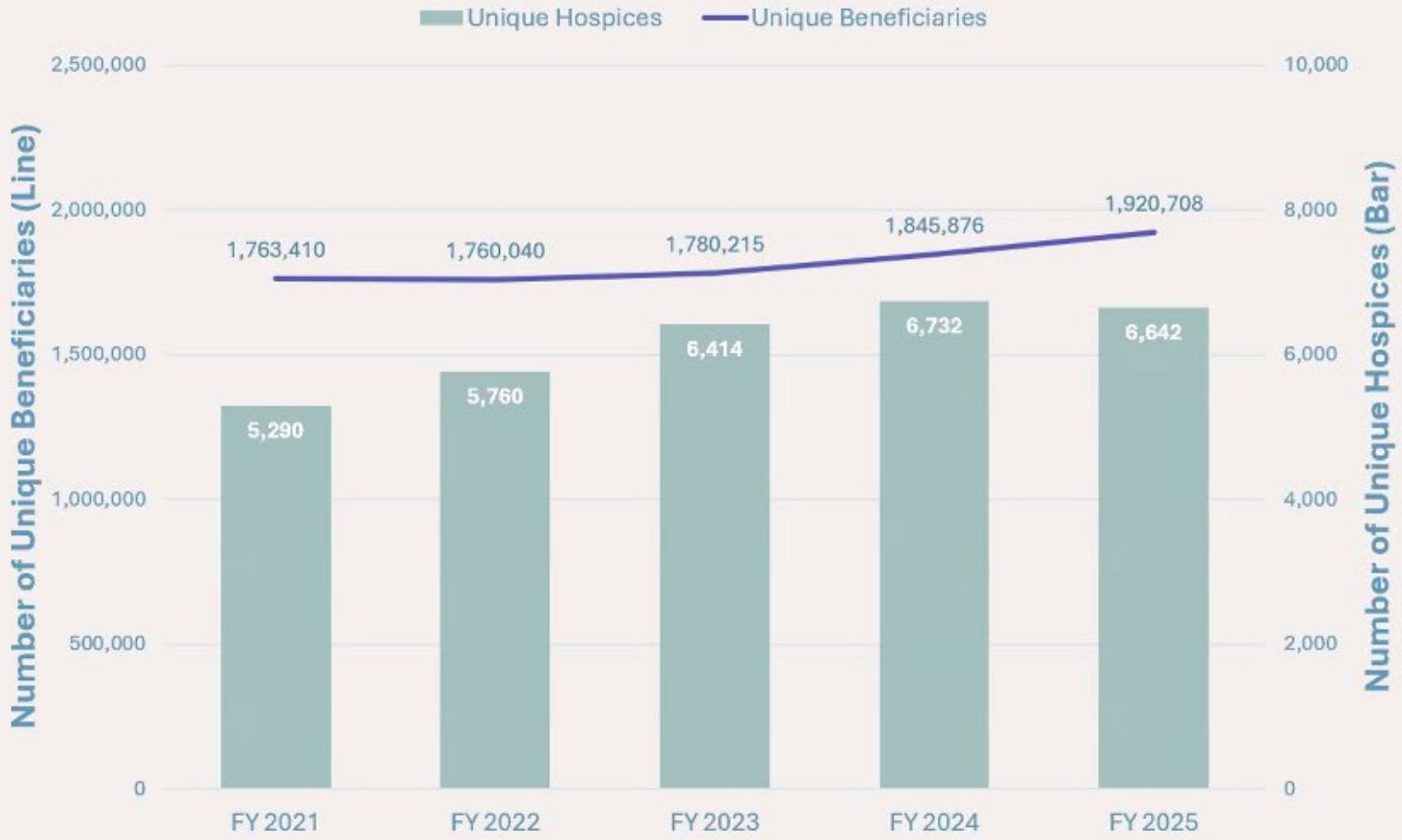
Data Driving the Rule

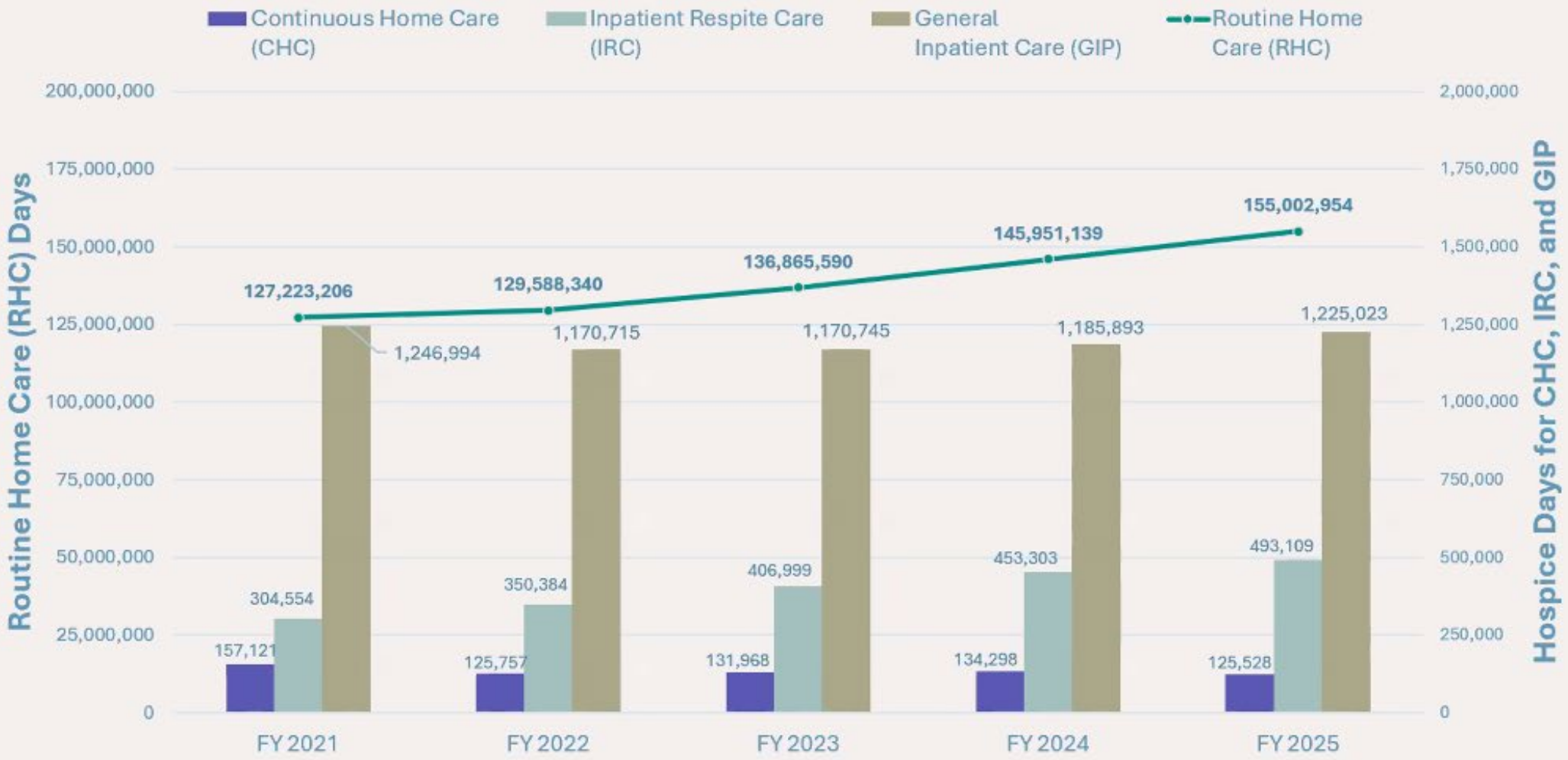
Overall Utilization of Hospice Services



Data Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

National Alliance for Care at Home

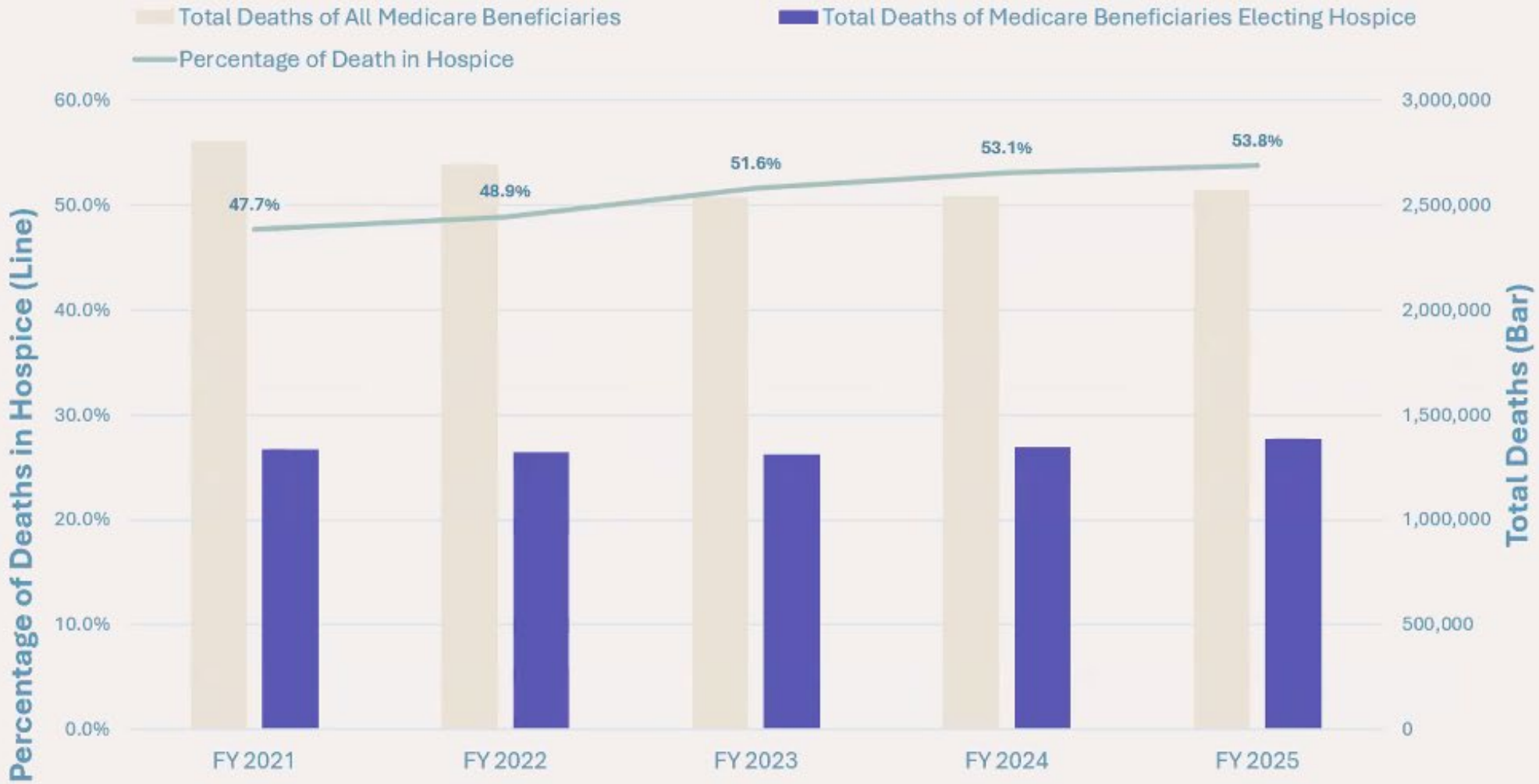
Number of Hospice Days by Level of Care, FYs 2021 - 2025



Data Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

National Alliance for Care at Home

Deaths Inside and Outside of Hospice, FYs 2021-2025



Data Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

National Alliance for Care at Home

Total Live Discharges by Reason, FYs 2021-2025

Data Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

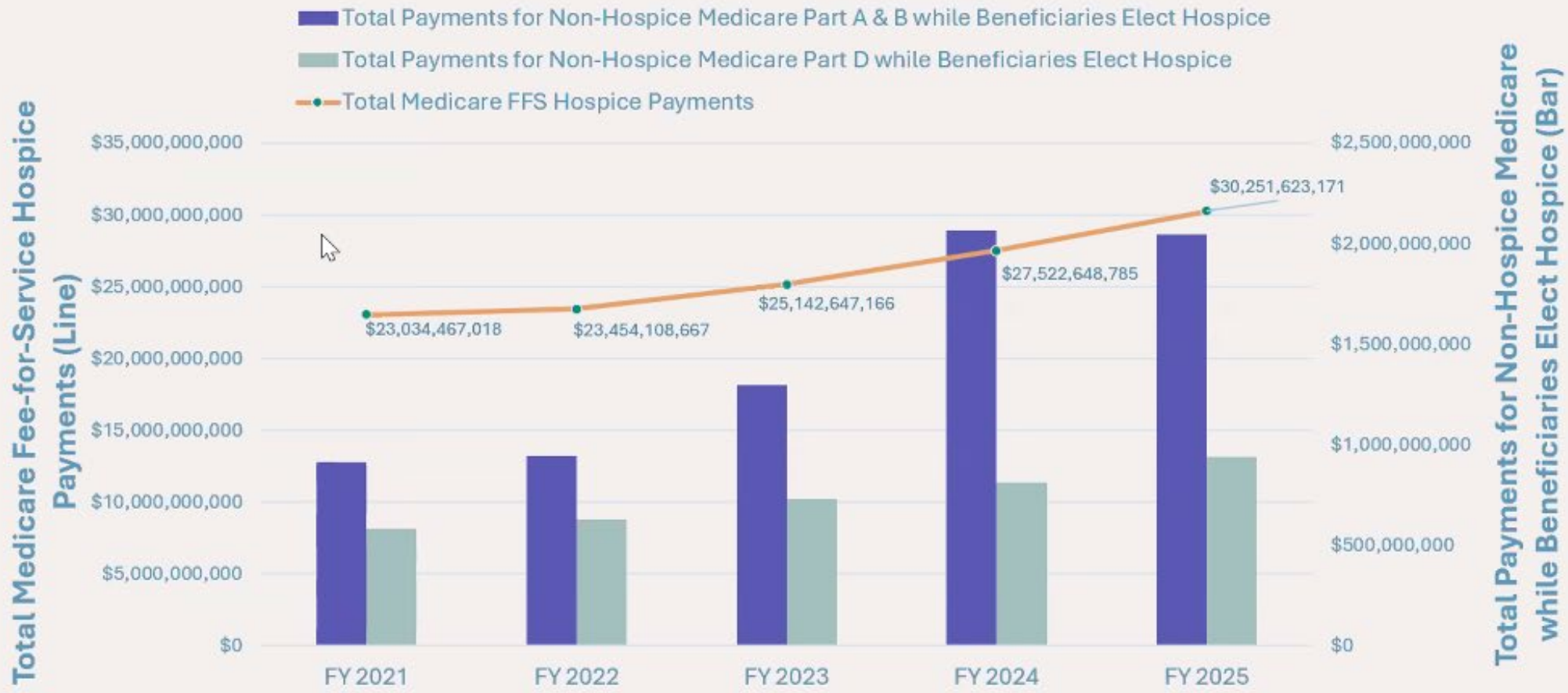
National Alliance for Care at Home

Exhibit 5b. Percentage (within a year) of Beneficiaries by Hospice Lifetime Length of Stay (LOS) Category for FYs 2021-2025

Hospice Lifetime Length of Stay	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
1-4 days	23.0%	22.3%	21.5%	21.1%	20.4%
5-10 days	18.1%	17.7%	17.4%	17.0%	16.4%
11–30 days	19.4%	19.5%	19.4%	19.1%	18.7%
31-60 days	10.6%	10.9%	11.0%	10.9%	10.9%
61-90 days	5.6%	5.8%	5.9%	6.0%	6.0%
90-180 days	8.9%	9.2%	9.5%	9.7%	10.0%
181+ days	14.5%	14.6%	15.2%	16.2%	17.6%

Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

Medicare Hospice and Non-Hospice Spending for Hospice Users, FYs 2021-2025



Data Source: CMS, Hospice Monitoring Report (April 2026), https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

National Alliance for Care at Home

2027 FY Hospice Rule

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2027 FY Payment Rate and Wage Index Update

FY 2027 Hospice Wage Index and Rule:

- Effective October 1, 2026
- Initiates:
  - 2.3% payment increase
  - Hospice Aggregate Cap amount of $36,174.75
  - Continues 5% cap on wage index decrease at the county level

Centers for Medicare & Medicaid Services

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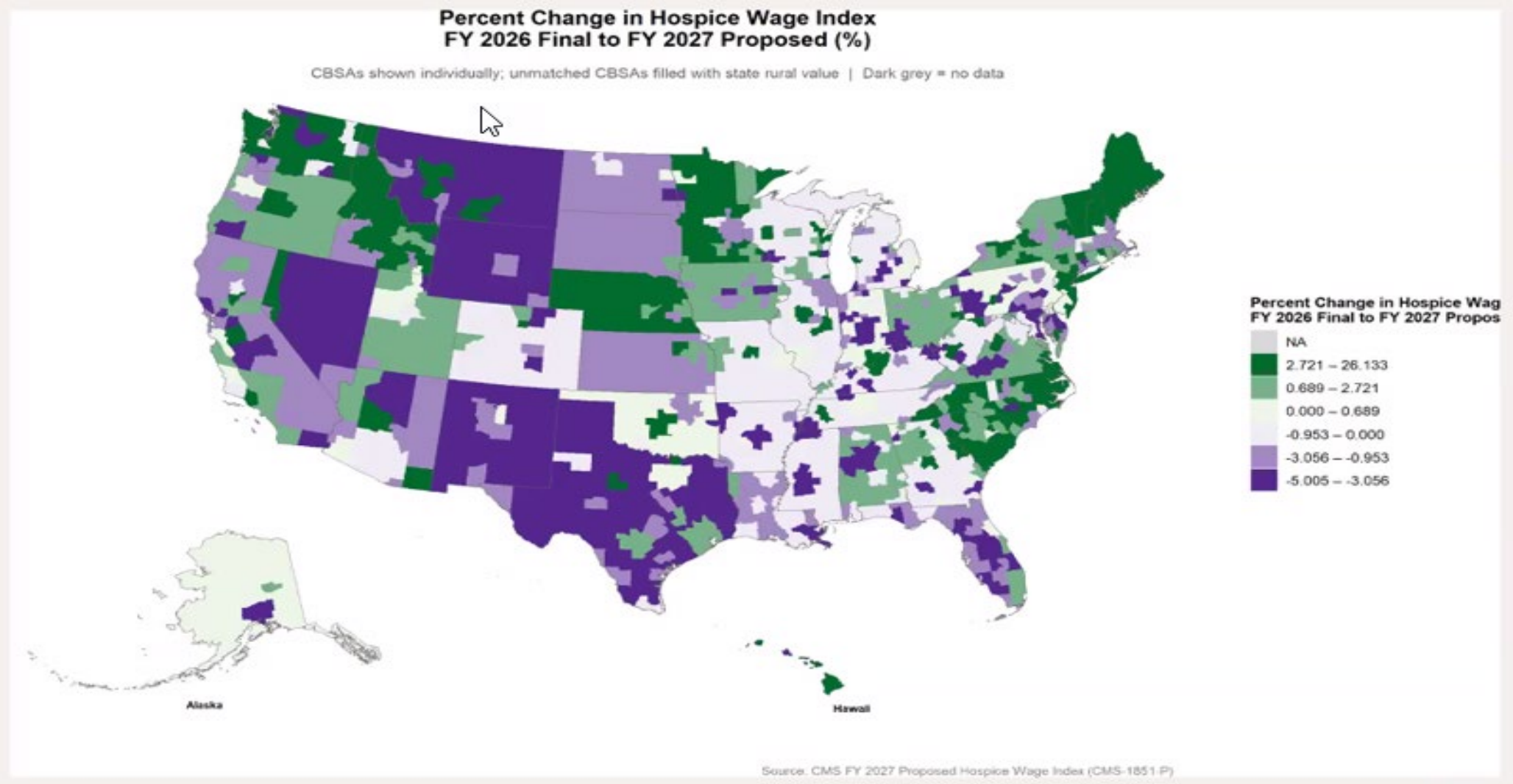
CBSA Reimbursement Change



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Action Steps

Review HQRP reporting process and refine to ensure compliance.

Review CBSA reimbursement rates for each county to forecast revenue.

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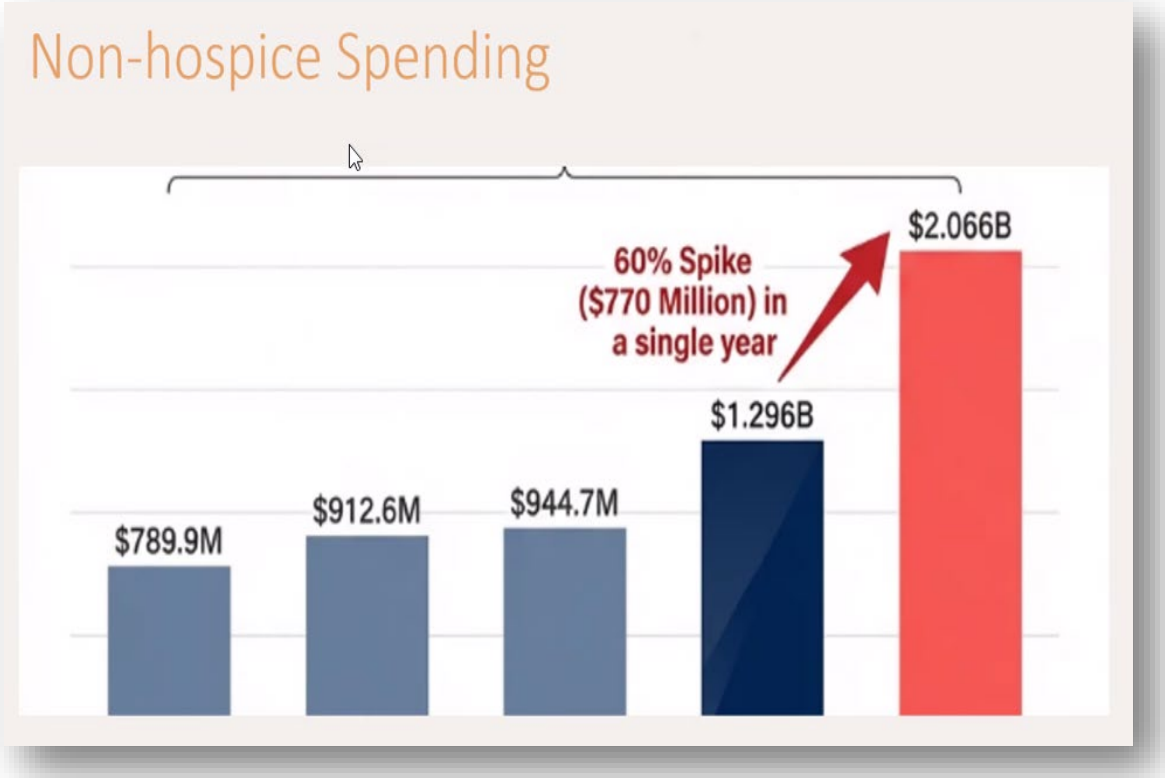
Election Statement Addendum

Medicare Beneficiaries at Time of the Election

- Mandatory beginning October 1, 2026
  - Within the first 5 days of hospice election
  - Within 3 days of changes
- Condition of Payment



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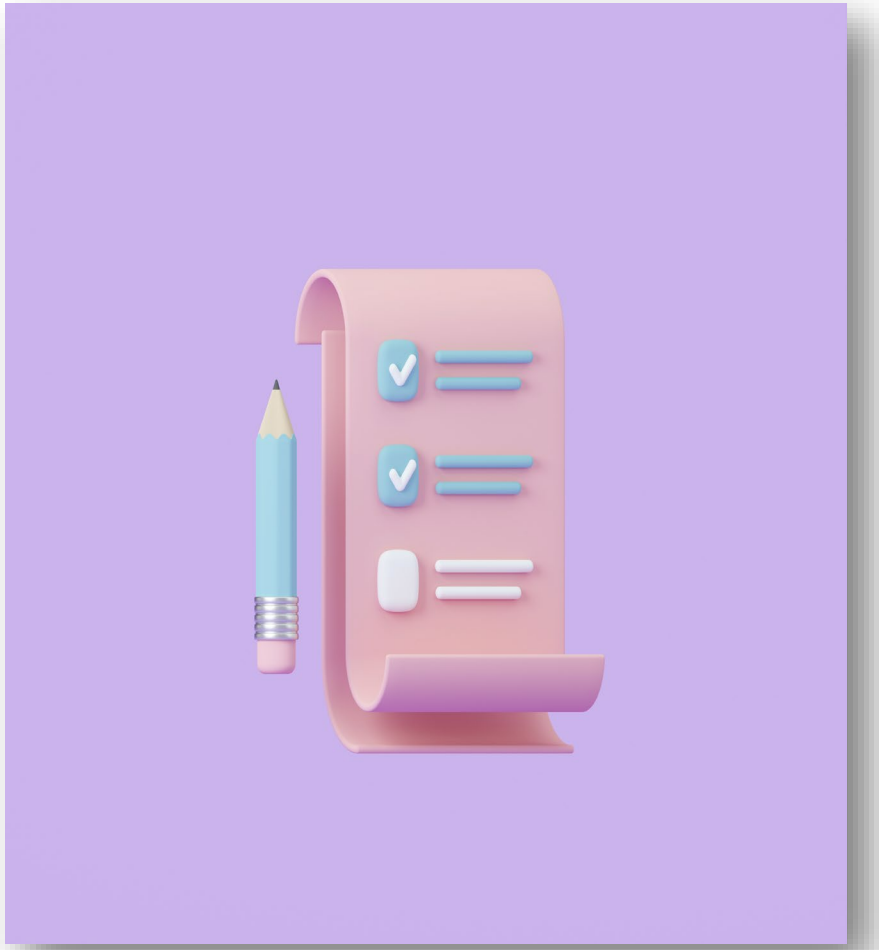
Action Steps



- Update policy and procedure manual.
- Review current addendum process to update and refine.
- Train staff to leverage point of service documentation.
- Discover how your EMR will support addendum process.
- Standardize admission and election processes.

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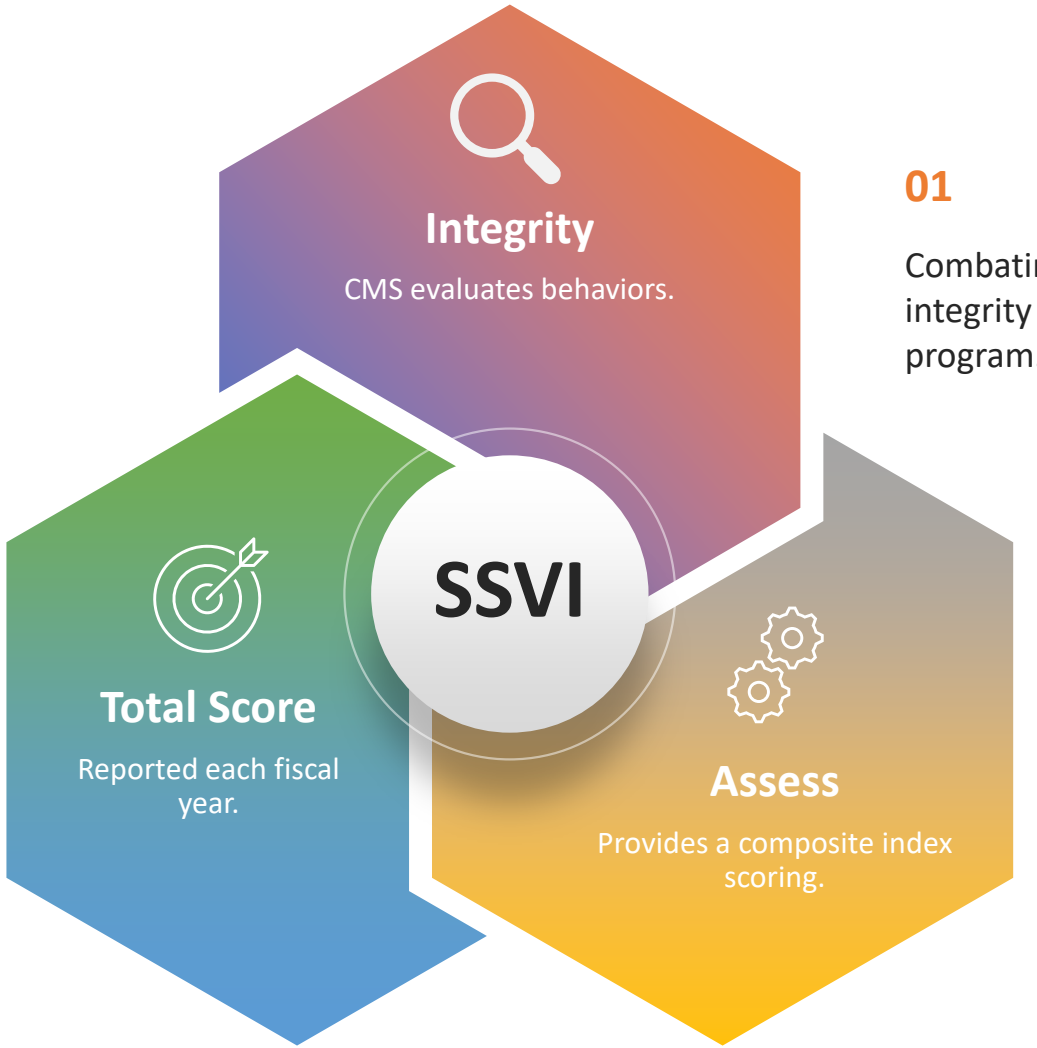
Service and Spending Variation Index (SSVI)

Find your Score:

[CMS-1851-P | CMS]



01

Combating potential risks to the integrity of the Medicare program.

02

Uses claims-based metrics to assess hospice utilization, spending and discharge patterns.

03

Hospice Utilization Score + Non-Hospice Spending Score =Total SSVI Score

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SSVI

Metric Description	Threshold Value	Points
Providing no Continuous Home Care and no General Inpatient Care (Utilization)	0	1
Percentage of Routine Home Care days that are provided in a nursing home or skilled nursing facility (Utilization)	Greater than or equal to 40%	1
Percent of the last two Routine Home Care days of life with visits (Utilization)	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 (Utilization)	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 (Utilization)	Greater than or equal to the 75th Percentile (in FY 2025, the 75th percentile was 33.2%)	1
Average skilled nursing minutes on Routine Home Care (Utilization)	Less than or equal to 25th Percentile (in FY 2025, the 25th percentile was 9.8 minutes 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 (Utilization)	Less than or equal to 25th percentile (in FY 2025, the 25th percentile was 4.8%)	1
Percentage of live discharges where beneficiaries return to the same hospice in seven days (Utilization)	Greater than or equal to 75th percentile (in FY 2025, the 75th percentile was 15%)	1

- Publicly reported.
- Updated each fiscal year.
- Identify patterns that differ from national norms.
- Focuses on Utilization Metrics and Total Non-Hospice Spending.
- Hospices in the bottom 25% specifically identified and subject to increased scrutiny.
- Complements HCI's claims measures.

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SSVI Objective

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.

The higher the SSVI score, the potential higher level of concern and may signal inappropriate hospice utilization, quality of care concerns, or other compliance concerns.

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Action Steps

- Update policy and procedures.
- Assess your current SSVI Risk.
- Find your score: CMS-1851-P | CMS
- Build an SSVI readiness plan.

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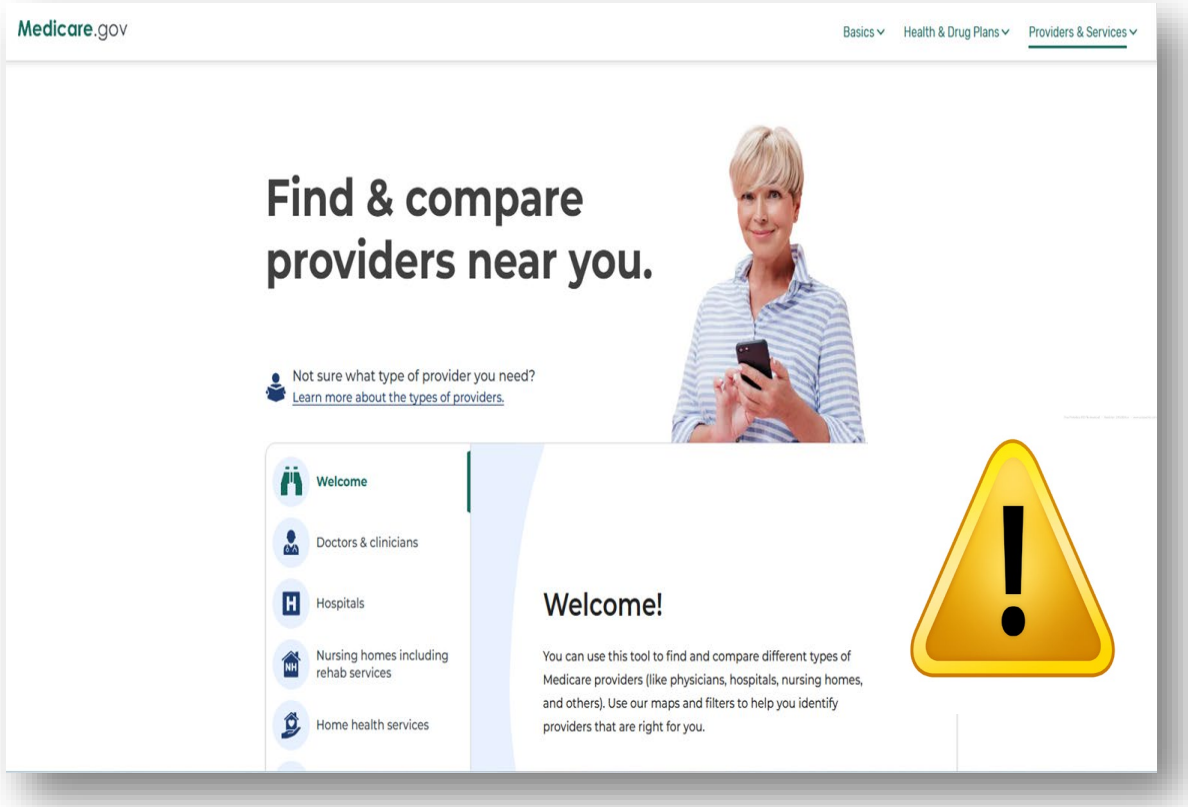
New Icon on Care Compare



TIMING Begins FY 2028 for CY 2026 APU

VISIBILITY Visible to all

MEASURE HOPE Data Submission

CADENCE Added or removed on **annual** basis

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Action Steps

- Review HOPE submission process and refine to ensure compliance.
- Focus on HOPE accuracy.
- Conduct mock “Care Compare” reviews and HOPE submission audits.

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Other Rules

Physician designees can write discharge orders

Add G-code if F2F encounter via telehealth to hospice claims

CMS has granted waiver to all HOPE assessments dated 10/1-12/31/2025 will be considered timely

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Home Health Proposed Rule

- Expansion of home health palliative care.
- Revisions to Medicare enrollment requirements.
- Continued focus on fraud, waste, and abuse.
- Enrollment denial due to HMD and administrator serving multiple hospices.

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7 Steps to Mitigate Risk

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1. Ensure Accurate Eligibility Documentation

ACTION STEPS:

- Clear documentation of disease progression, decline, functional deterioration, comorbidities and supporting clinical indicators by:
  - Physicians
  - Nurse practitioners
  - All members of the IDG
- Provide ongoing LCD training at IDG.
- Frame clinical data with AEB (as evidenced by).
- Audit 10% of long length of stay patients quarterly.
- Use dedicated admission nurses to set “fresh eyes” on long length of stay patients.
- Clinical director audit of IDG for training opportunities around decline.

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2. Strengthen Live Discharge Oversight and Length-of Stay Monitoring

ACTION STEPS:

- Create process for routine review patients approaching long stays, especially those without clear evidence of continued decline.
- Consider review at 60-, 90-, 120-day buckets.
- Ensure documentation supports live discharges.
- Create eligibility review committees or physician-led recertification audits to help ensure continued appropriateness of hospice services.
- Assign your sales team to strengthen relationships with validated home health / palliative care providers to ensure smooth transitions and follow up of discharged patients.

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3. Conduct Immediate Audits of General Inpatient Level-of-Care Utilization

ACTION STEPS:

- Ensure documentation of uncontrolled symptoms supports the symptom(s) require intensive nursing interventions that cannot be provided on Routine Home Care (RHC).
- During GIP care, ensure documentation supports that ongoing symptom management burden that requires frequent reassessment and active clinical management that support GIP eligibility throughout the stay.
- Ensure that discharge planning to RHC is initiated for all patients regardless of prognosis at admission to GIP.
- Audit GIP IDG for evidence for ongoing assessment of GIP eligibility.
- Engage hospice medical director to provide quarterly GIP eligibility to all clinical staff.

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4. Review Referral Source Relationships and Marketing Practices

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.
- Audit relationships with marketers, assisted living facilities, nursing homes, hospitals, and physician groups for Anti-Kickback Statute and Stark Law risk.
- Require legal/compliance review of marketing agreements, vendor contracts, and liaison compensation models before execution and on a routine schedule.
- Standardize documentation of referral interactions and business development activities so the organization can demonstrate legitimate, compliant relationship management.
- Ensure that the “Promise Makers” (Sales Team) and “Promise Keepers” (Clinical Services) are aligned.

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5. Strengthen Education Across All Departments

ACTION STEPS:

- Leverage Axxess Training & Certification platform to expedite staff training. https://www.axxess.com/certification/
- Develop a role-based education plan for clinicians, admissions staff, marketers, executives, and board members so each group receives training relevant to its compliance responsibilities.
- Provide regular education on hospice eligibility criteria, documentation standards, Conditions of Participation, and fraud and abuse laws to reinforce regulatory expectations.
- Require onboarding and annual refresher training for all staff, with additional focused sessions when regulations, internal policies, or audit findings change.
- Track training completion, competency validation, and attendance to demonstrate accountability and readiness during audits or surveys.
- Use real case examples, documentation audits, and denial trends to make education practical and tied to actual organizational risk areas.

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6. Re-evaluate Your Quality and Compliance Activities

ACTION STEPS:

- Agencies should increase internal auditing and data monitoring efforts.
- Routinely evaluate PEPPER reports, CAHPS® Hospice scores, HIS HOPE and HQRP quality measures, claim denials, live discharge patterns, and utilization outliers.
- Maintain documentation that supports all staff completes new hire and annual compliance training
- Engage in proactive chart reviews and mock audits can identify vulnerabilities before regulators do.
- Maintain a clear corrective action process when concerns are identified.
- Ensure compliance officers are empowered, board members receive regular compliance reporting, and ethical decision-making is integrated into daily operations.

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7. Focus on Preserving Mission-Driven Care

ACTION STEPS:

- Re-center admissions practices around patient appropriateness and goals of care rather than census growth or financial pressure.
- Strengthen interdisciplinary team collaboration to ensure physical, emotional, psychosocial, and spiritual needs are addressed consistently.
- Prioritize meaningful patient and family communication, including advance care planning and realistic expectation-setting.
- Invest in staff support initiatives that reduce burnout, compassion fatigue, and turnover among frontline caregivers.
- Incorporate mission and values into orientation, performance evaluations, leadership development, and daily operations.
- Use Quality Assessment and Performance Improvement (QAPI) programs to measure quality-of-life outcomes, symptom management effectiveness, caregiver satisfaction, and care experience—not just regulatory metrics.
- Empower medical directors and clinical leaders to guide ethical decision-making and reinforce appropriate hospice eligibility practices.

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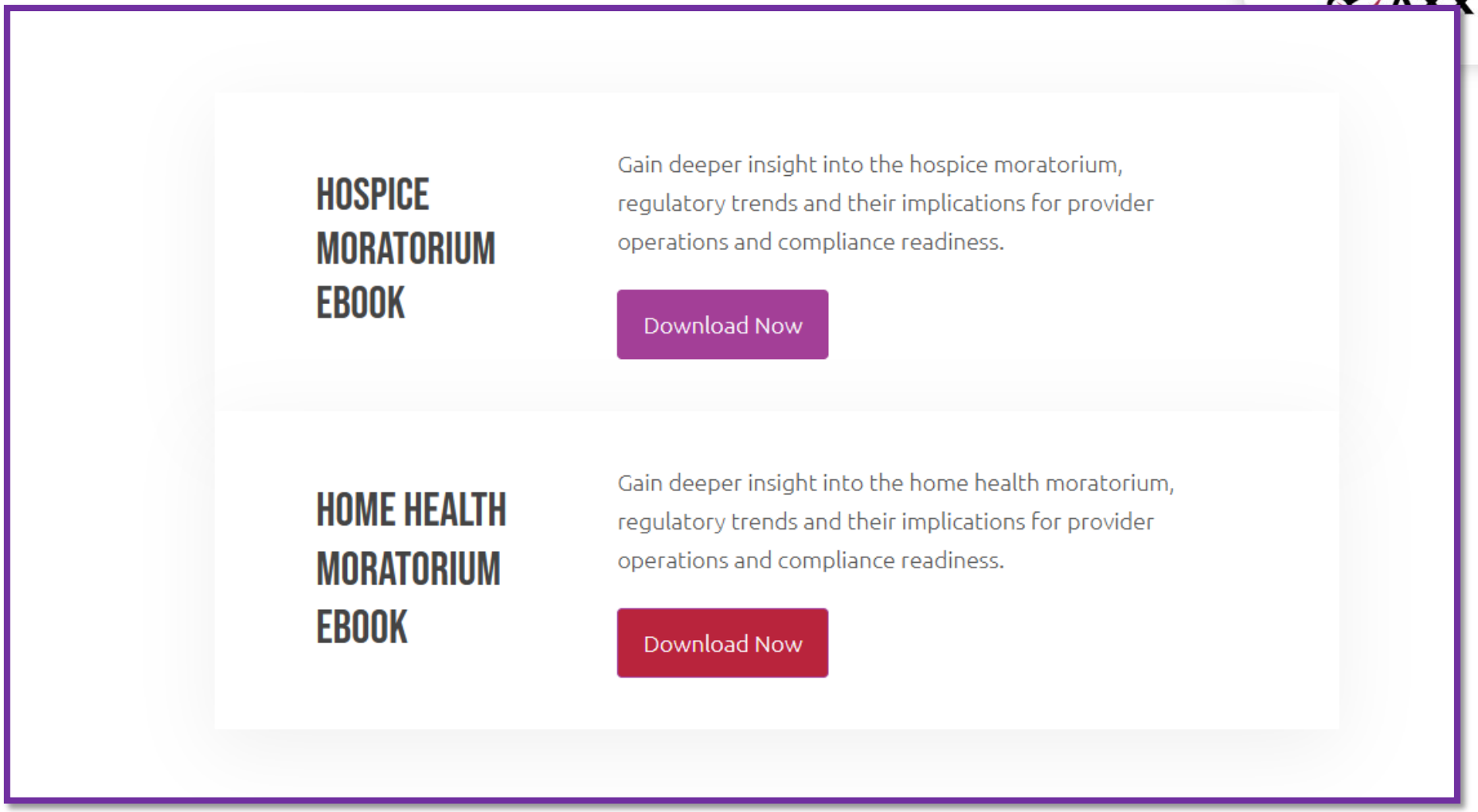

Moratorium ebooks | Axxess Training and Certification

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Thank You

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References

- Federal Register :: Medicare Program; FY 2027 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements
- CMS-1851-P | CMS
- Alliance Analysis: CMS Releases Fiscal Year 2027 Hospice Wage Index and Payment Rate Update Proposed Rule - National Alliance for Care at Home | National Alliance for Care at Home

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