



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

## Winter Conference

Wednesday, February 18, 2026

11:45am-12:45pm

## 2b. Hospice Clues: What's Next in Quality and Compliance

Presented by:

Chris Gallarneau, Senior Education Consultant, MAC Legacy

Thank you to our Partners:





# Hospice Clues: What's Next In Quality & Compliance



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**Chris Gallarneau**  
Senior Education Consultant



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## Disclosures

Faculty for this educational event have no relevant financial relationships with ineligible companies to disclose.

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## Objectives

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**Spot The  
Signals** Shaping  
Hospice Quality  
and Compliance.

2

**Decode The  
Data** Driving  
Future  
Expectations.

3

**Act On Insights**  
To Elevate  
Hospice Quality  
and Outcomes

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## Top News Headlines of 2025

- ▶ CEO of United Healthcare assassinated December 4, 2024
- ▶ Historic Southern California wildfires
- ▶ Donald Trump sworn in as the 47<sup>th</sup> President of United States
- ▶ Pope Francis died; Pope Leo XIV elected successor
- ▶ Catastrophic floods of Central Texas
- ▶ Longest government shutdown in US history – 43 Days
- ▶ Measles spiked a 25-year high at 2,255 confirmed cases

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## Spot The Signals

Areas Shaping Hospice Quality and Compliance

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# Trump Administration

**Department of Government Efficiency (DOGE)**

**Deregulation - Executive Order 14192**



**Secretary of Health and Human Services - Robert F. Kennedy Jr.**

**Make America Healthy Again (MAHA)**



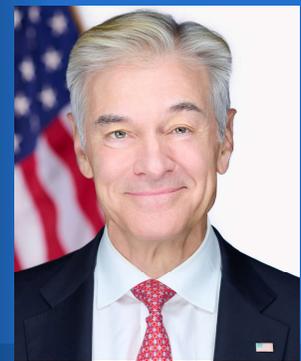
**CMS Administrator - Dr. Mehmet Oz**

**Focus on Fraud, Waste, and Abuse**

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**“** Right now, my main focus without any question is to wage a war on fraud, waste and abuse because that’s what’s required—all hands-on deck.



CMS Administrator

Dr. Oz

4.25.25

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## Trump Administration



**FEMA**



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## Congress

**Republican majority in both House and Senate.**

**Many care in the home Leaders returned.**

- ▶ **Senators:** Barrasso (R-WY), Blackburn (R-TN), Collins (R-ME), Cortez-Masto (D-NV), Hassan (D-NH), Rosen (D-NV), Tillis (R-NC)
- ▶ **Representatives:** A. Smith (R-NE), Carter (R-GA), Guthrie (R-KY), Panetta (D-CA), Sewell (D-AL), Van Duyne (R-TX)

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## Congress

**"It is imperative that we continue to protect timely access to high-quality hospice care for all Americans who need it.**

**The current hospice benefit has largely proven successful in delivering that compassionate care, and I am working to continue to improve the patient experience."**



**Congresswoman Beth Van Duyne (R-TX)**

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Source: Hospice News 6.24.25

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## One Big Beautiful Bill Act

**The One Big Beautiful Bill (OB3) became law on July 4, 2025.**

- ▶ **Tracking, Reporting, and Compliance challenges;**
- ▶ **"No tax on overtime/tips" obligations;**
- ▶ **New data elements and impact on employers; and**
- ▶ **Preparing for the launch of Trump Accounts.**

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## Rural Health Transformation Fund

**The Rural Health Transformation Program (RHTP) was designed to direct \$50 billion in grants over the next 10 years to states to help them bolster rural healthcare delivery.**

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## Medicaid

**OB3 introduced stricter Medicaid eligibility rules, more frequent coverage redeterminations, and greater financial responsibility for states.**

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## MedPAC Draft Recommendations

In January 2026, MedPAC voted to approve draft recommendations that would reduce Home Health payment rates by 7% for calendar year 2027 and eliminate payment updates for hospice care in fiscal year 2027.



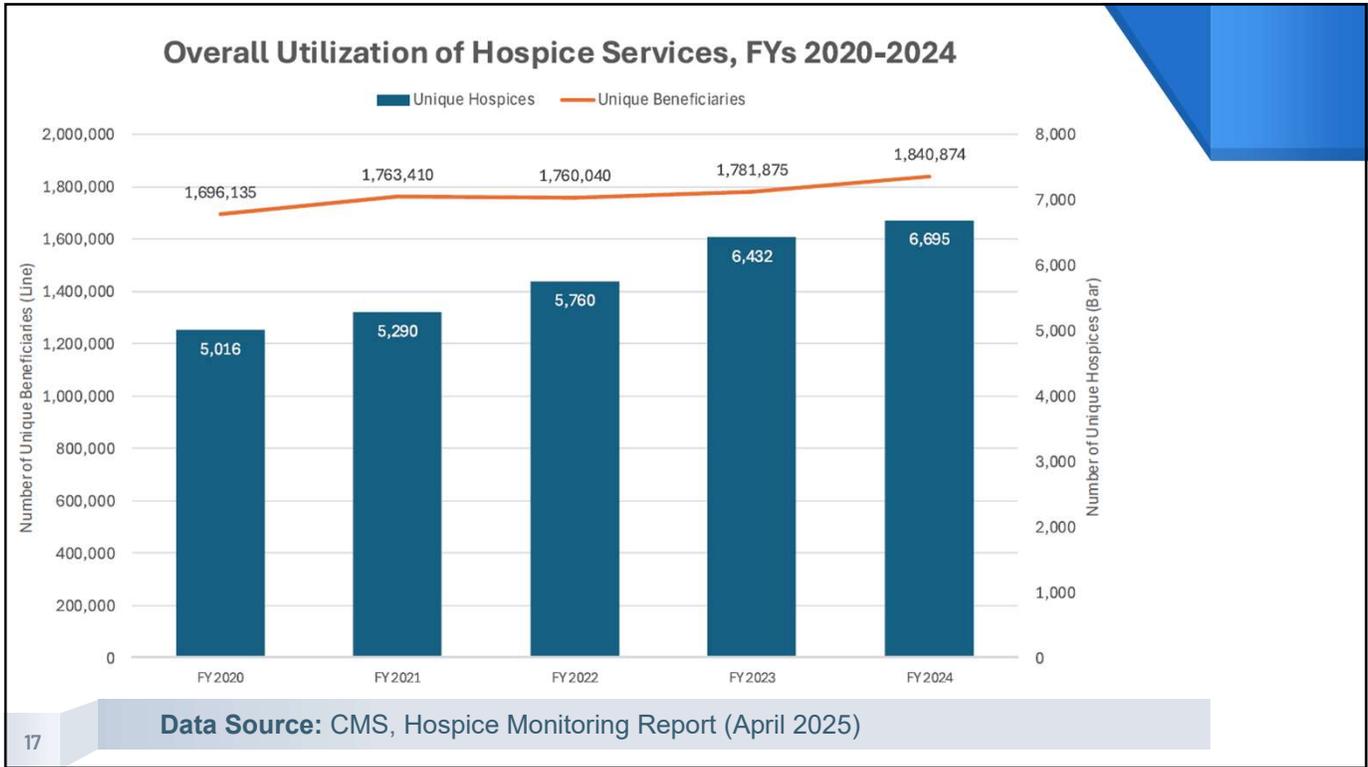
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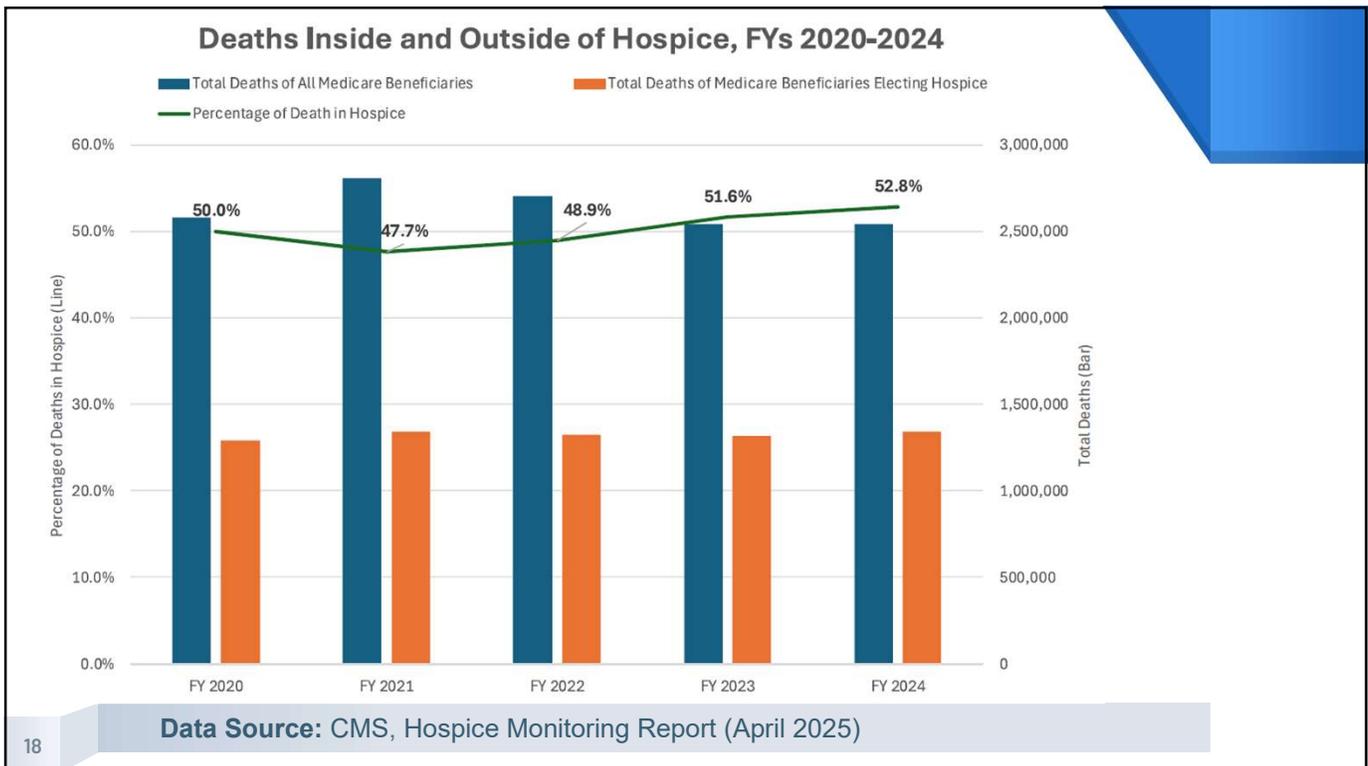
## Hospice Issues To Watch

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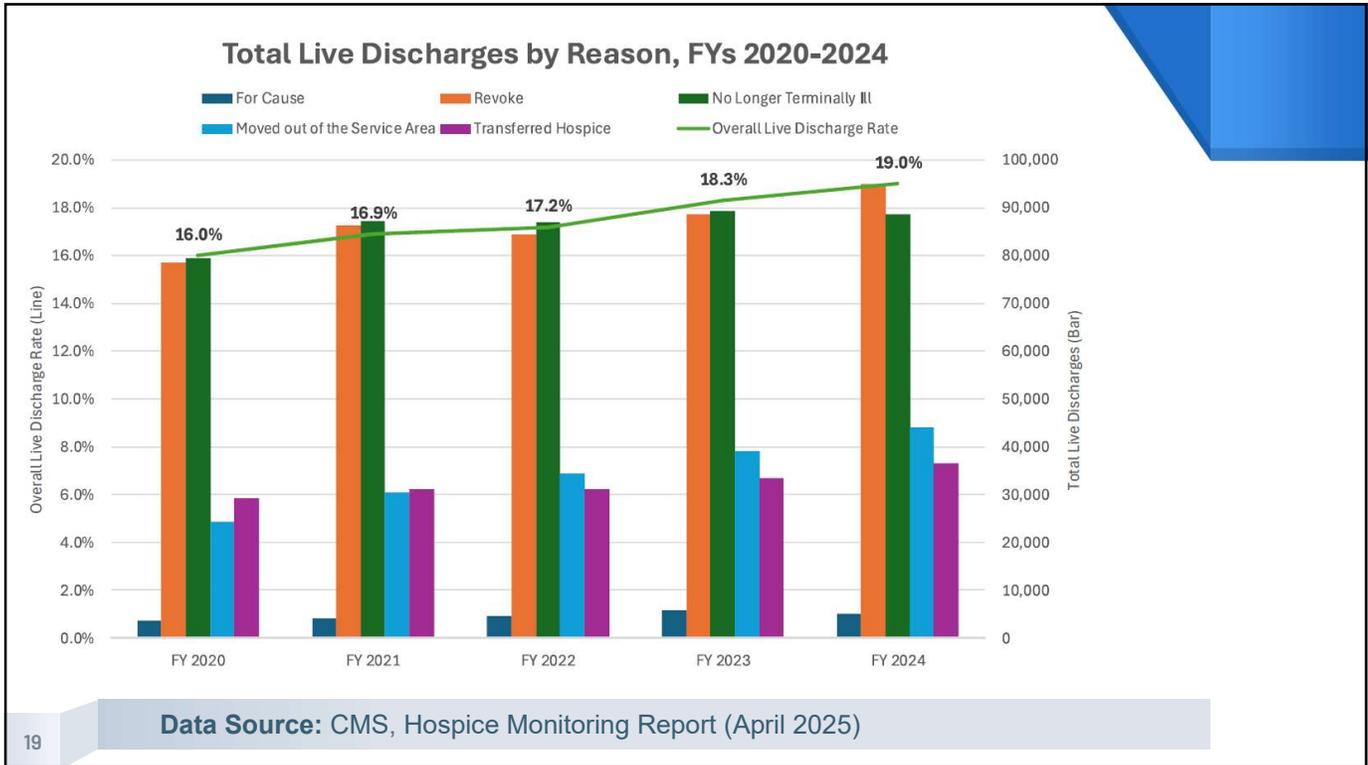
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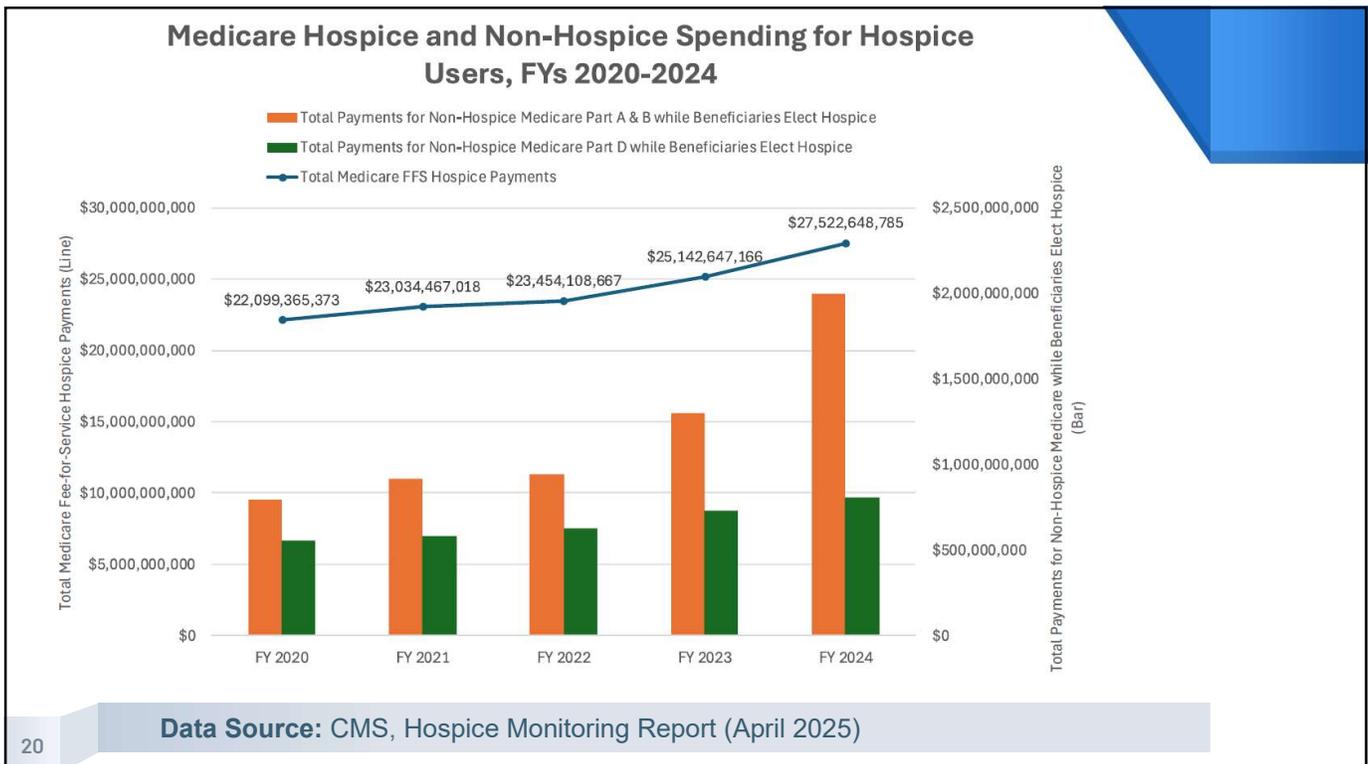
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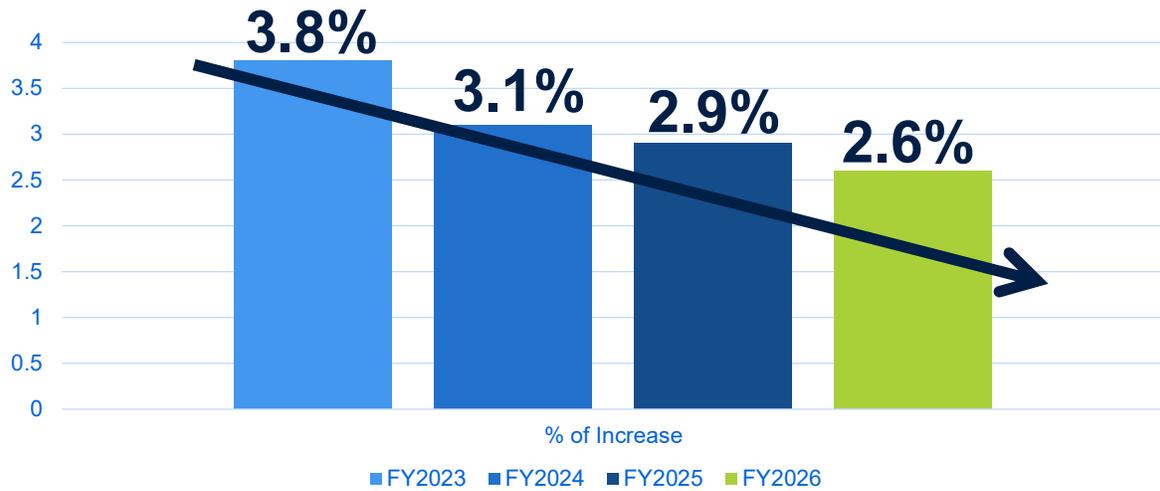


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## Wage Index and Payment Rate



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## Hospice CAP

Current Aggregate Hospice CAP: **\$35,361.44**  
per patient



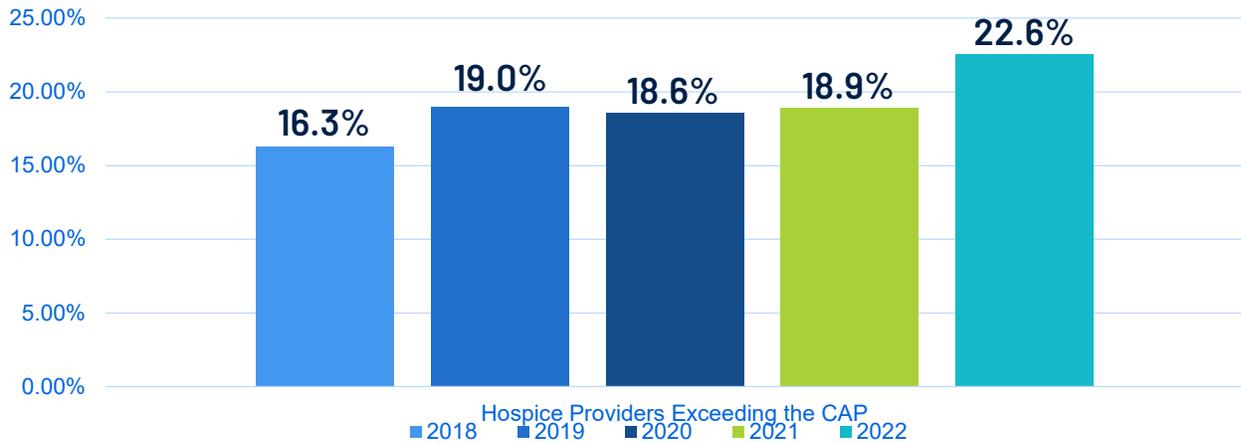
**Texas Did Not Calculate or Collect Hospice Cap Overpayments Totaling \$10.5 Million**

Issued on 09/17/2025 | Posted on 09/22/2025 | Report number: A-06-24-09001

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## Hospice Providers Exceeding Annual Payment CAP: 2018-2022



Source: Medicare Payment Advisory Commission. Report to Congress, March 2025.

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## Average Payments Over The CAP: 2018-2022



Source: Medicare Payment Advisory Commission. Report to Congress, March 2025.

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## Hospice Quality Reporting Program

Effective 10/01/2025



HOPE

CAHPS

HCI/HVLDL

The penalty for failing to report required quality data equals a 4% reduction in the Annual Payment Update (APU).

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## HOPE

HOPE is a standardized assessment tool designed to capture patient-level data at multiple timepoints on each hospice patient

- Regardless of payer type, age, level of care, or length of stay
- Provide data for the HQRP publicly reported quality measures
- Contribute to patient's Plan of Care development
  - Improved patient-centered care and hospice quality
- May inform future hospice payment model reform

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## HIS to HOPE

Each HOPE timepoint is important.

- ▶ CMS is actively collecting and analyzing this data.

Transition from QIES to iQIES by hospice organizations.

Public Reporting of two new HOPE Quality Measures (QM) implemented no earlier than FY 2028.

Overall, HOPE implementation had a strong start following a 10/01/2025 launch.

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## CAHPS Update

Effective 4/01/2025:

- ▶ **Web-mail Mode**
  - ▷ E-mail notification link to a web-based survey
- ▶ **Pre-Notification Letter**
  - ▷ Sent one week prior to survey administration
- ▶ **Data Collection Period Extension**
  - ▷ Extended field period from 42 to 49 days
- ▶ **Reduced The Number of Questions From 47 To 38**

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# 9 CAHPS Measures

## No Changes:

- ▶ Getting Timely Help
- ▶ Treating The Patient With Respect
- ▶ Emotional and Spiritual Support
- ▶ Help For Pain And Symptoms
- ▶ Rating of The Hospice
- ▶ Willingness To Recommend The Hospice

## Measure Changes:

- ▶ Communication With Family
  - ▶ Removed 1 Question
- ▶ Training The Family To Care For The Patient\*
  - ▶ Replaced 4 Questions
- ▶ Care Preferences\*
  - ▶ New Composite Measure

*\*CMS will not publicly report until there are eight quarters of data collected. (Q2 2025 – Q1 2027)*

REFRESH	PERIOD	DETAILS
Present – February 2026	Current	<ul style="list-style-type: none"> <li>&gt; No Changes</li> </ul>
May 2026 – November 2027	Transition	<ul style="list-style-type: none"> <li>&gt; New Care Preferences measure and substantially revised Getting Hospice Care Training measure are <b>not</b> publicly reported</li> <li>&gt; Scores for the other 7 measures are calculated by combining scores from quarters using the current and updated survey                             <ul style="list-style-type: none"> <li>- Star rating based on those 7 measures</li> </ul> </li> </ul>
February 2028 – Onward	Updated	<ul style="list-style-type: none"> <li>&gt; Scores for all 9 measures are calculated using data from the revised survey and are publicly reported                             <ul style="list-style-type: none"> <li>- Star rating based on all 9 measures</li> </ul> </li> </ul>

CAHPS® Hospice Survey

## Hospice Care Index (HCI)

The purpose of the HCI, according to CMS, is to convey a broad overview of the quality of the provision of hospice care, throughout the hospice stay.

Comprised of ten individual indicators, the HCI captures many aspects of hospice care with a broad, holistic set of claims-based quality measures.

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## HCI Current Indicators

**Indicator One: Continuous Home Care (CHC) or General Inpatient (GIP) Provided**

**Indicator Two: Gaps in Skilled Nursing Visits Greater Than 7 Days**

**Indicator Three: Early Live Discharges**

**Indicator Four: Late Live Discharges**

**Indicator Five: Burdensome Transitions (Type 1)**

- ▶ Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission

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## HCI Current Indicators

### Indicator Six: Burdensome Transitions (Type 2)

- ▶ Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital

### Indicator Seven: Per-beneficiary Medicare Spending

**Indicator Eight:** Skilled Nursing Care Minutes per Routine Home Care (RHC) Day

**Indicator Nine:** Skilled Nursing Minutes on Weekends

**Indicator Ten:** Visits Near Death

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## HCI Proposed Indicators

**High Support** Overall Live Discharge Rate

**Indicator:** Weekend starts of GIP/CHC

**Low Support** Days in Nursing Home or Assisted Living Facility

**Indicator:** Hospice Stays Over 180 Days

**Low Support** Payments For Service During Beneficiaries' Last Year of Life

**Indicator:** Post-mortem Visits

**Indicator:** Aide and Nurse Minutes Per Routine Home Care (RHC) Day

**Indicator:** Provision of Respite Care

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## Request For Information (RFIs)

1. Advancing Digital Quality Measurement (dQM)
2. Future HQRP Quality Measures
  - ▶ CMS is considering new metrics related to:
    1. Interoperability
    2. Well-Being
    3. Nutrition
3. Deregulation and Burden Reduction

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## Program Integrity and Oversight

### Surveys

### Audits

#### Hospice Special Focus Program

- ▶ Established by the Consolidated Appropriations Act of 2021
- ▶ Finalized in 2024 Home Health Payment Rule
- ▶ Focused on low performing Providers; Methodology
- ▶ Implementation suspended February 14, 2025

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# Hospice Audits

## Medicare Administrative Contractors (MACs) - CGS, NGS, Palmetto GBA

- ▶ Pre-Payment and Post-Payment Medical Reviews
  - ▶ Targeted Probe and Educate (TPE)
  - ▶ Provisional Period of Enhanced Oversight (PPEO)
    - July 2023 - California, Arizona, Nevada, and Texas
    - December 2025 - Ohio and Georgia

## Comprehensive Error Rate Testing (CERT) - Coding and Billing Focus

## Supplemental Medical Review Contractors (SMRCs) - Noridian - Eligibility and GIP Focus

## Recovery Audit Contractors (RACs) - Performant / Cotiviti - Eligibility and LOS Focus; Extrapolation

## Unified Program Integrity Contractors (UPICs) - Qlarant - Fraud, Waste, and Abuse Focus

## Center for Program Integrity (CPI) - Fraud, Waste, and Abuse Focus

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## Problem Areas in the Medicare Hospice Benefit



[oig.hhs.gov/hospice](https://oig.hhs.gov/hospice)



**Beneficiaries have limited access to hospice quality of care information.**

Centers for Medicare & Medicaid Services (CMS) should improve its Hospice Compare website so beneficiaries can be more informed about the quality of care provided by each hospice.



**Most hospices that participate in Medicare have at least one deficiency in the quality of care they provide, and hundreds are poor performers.**

CMS should educate hospices about common deficiencies and increase oversight of hospices with a history of serious deficiencies.



**Hospice beneficiaries face barriers to making complaints, and hospice and surveyor reporting requirements are limited.**

CMS should make it easier to file complaints and strengthen hospice and surveyor reporting requirements.



**Hospices with patient harm cases do not always face serious consequences from CMS.**

CMS should seek statutory authority to extend beneficiary protections found in other health care settings to hospices and ensure remedies are available to address poor performers.

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# Hospice Audits

## Risk Areas:

- ▶ New Providers / CHOW
- ▶ Hospice Eligibility / Medical Necessity
- ▶ Targeted Diagnosis Codes
- ▶ Misuse of Levels of Care – Continuous Care and General In-Patient (GIP)
- ▶ Length of Stay
- ▶ New – “Editing for Outpatient Services Provided to Hospice Enrollees” – MLN MM14219

Effective 4.01.2026

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# Medicare Advantage

**Medicare Advantage (MA) enrollment continues to grow; however, MA health plans, by design, do not cover hospice care.**

- ▶ 5/2025 ~ Rep. David Schweikert (R-Ariz.) introduced the Medicare Advantage Reform Act (H.R. 3467) with a key provision being a proposed requirement that MA plans pay for hospice care.
- ▶ 11/2025 ~ Senator Dr. Roger Marshall (R-Kan.) and Senator Sheldon Whitehouse (D-R.I.) penned letter opposing any measures to bring hospice reimbursement into Medicare Advantage.

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# Telehealth

## Prescribing Controlled Substances

- ▶ Ryan Haight Act - DEA

## Face-To-Face Flexibilities

- ▶ Consolidated Appropriations Act, 2026

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# Telehealth

## Consolidated Appropriations Act, 2026

Sec 6209: Extension of Certain Telehealth Flexibilities:

1. For home health providers, it extends provisions removing geographic requirements and expanding originating sites through December 31, 2027. This allows the required face-to-face visit (F2F) to be performed via telehealth
2. For hospice providers, it extends the hospice F2F telehealth flexibility through December 31, 2027; however, telehealth is NOT permitted, beginning January 31, 2026, if:
  1. the individual receiving hospice is located in an area subject to a CMS moratorium on enrollment of hospice programs;
  2. the individual is receiving hospice care from a provider subject to the Provisional Period of Enhanced Oversight (PPEO); or
  3. the encounter is performed by a hospice physician or nurse practitioner who is not enrolled in Medicare and is not an opt-out physician or practitioner.
3. Requires CMS to create a claims modifier or code to indicate if a F2F encounter was conducted via telehealth starting January 1, 2027.

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## PCHETA

### Palliative Care and Hospice Education and Training Act

Reintroduced in the Senate 7/15/2025, (S. 2287) and the House 7/16/2025, (H.R. 4425); co-sponsored by bipartisan group of supporters

- ▶ Senate Lead Sponsors: Sen. Shelley Moore Capito (R-WV) and Sen. Tammy Baldwin (D-WI)
- ▶ House Lead Sponsors: Rep. Buddy Carter (R-GA) and Rep. Ami Bera (D-CA)
- ▶ Over 50 National Organizations and 35 State Organizations endorse the bill

\*It has passed the House twice in prior years, but it has never passed in the Senate.

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## Hospice CARE Act of 2024

**Hospice Care Accountability, Reform and Enforcement (CARE) Act** introduced to Congress on September 25, 2024.

**"We need a reset. It is past time for Congress to act to end the fraud, waste, and abuse within the hospice benefit and bring it into the 21<sup>st</sup> century."**

**Congressman Earl Blumenauer (D-OR)**  
In office: 5.21.96 – 1.03.25



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## Dr. Ira Byock's White Paper

### "A Strategic Path Forward For Hospice and Palliative Care"

Zero tolerance of fraudulent business and clinical practices that harm vulnerable patients.

The four components of this strategic approach are:

- (1) publishing clear clinical and programmatic standards,
- (2) meaningful, transparent quality data readily available,
- (3) driving quality-based competition, and
- (4) embracing the field's authentic brand.



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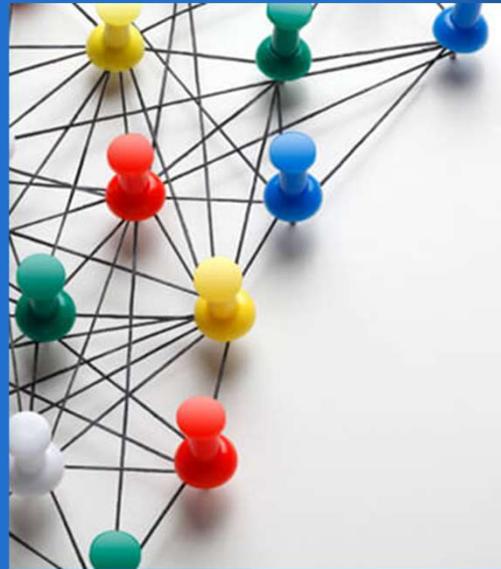
## Decode The Data

Predictions Driving Future Expectations

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## Predictions For 2026 and Beyond



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## Reimbursement Models

**Center for Medicare and Medicaid Innovation (CMMI)  
release new alternative payment models for hospice.**

**Wage Index FY2027 holds with bigger swings in FY2028.**

**Medicare Advantage growth slows.**

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## Workforce

**Staffing continues to be the #1 Operational concern.**

- ▶ No “quick fix”; Longterm plans necessary
- ▶ Understand demand is higher than supply
- ▶ Flexible RN Staffing Models / Virtual Nurse
- ▶ Partnerships between Hospices and other service lines

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## Public Reporting

**Census growth continues but with more focus on quality.**

- ▶ Medicare.Gov Care Compare
- ▶ National Hospice Locator
- ▶ Google Reviews

**Media continues to expose bad players in hospice space.**

**Meaningful data is more readily available.**

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## Technology

### **Adoption of Artificial Intelligence (AI) advances.**

- ▶ Thoughtful, ethical usage and deliberate on implementation
- ▶ Incorporated into competency and training

**Cyber Security breaches persist.**

**Interoperability investments made.**

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## Compliance

**Impact of PPEO audit outcomes becomes more clear.**

**Increase in Palliative Care standards and benefit at State level.**

**Medical Aid In Dying (MAID) more accepted.**

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## Quality Remains A Focus

**Formation of Work Groups for development of standards.**

**Increase in initiatives related to quality.**

**Personal experience drives mission and desire to improve care.**

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## Act On Insights

Elevate Hospice Quality and Compliance

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## Compliance Insights

### Staff Engagement

- ▶ Team approach (Clinicians, Back Office, Quality Coordinators, Information Technology, and Leadership)
- ▶ Assignment of key roles for compliance
- ▶ Communication channels to gather feedback
- ▶ Address staff concerns

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## Technology Insights

### New Technology

- ▶ HIPAA security and adherence to compliance
- ▶ Functionality with CMS reporting requirements
- ▶ Interoperability with other systems
- ▶ Reporting and resolving issues with your vendor

Know agency is ultimately responsible for their data.

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## HQRP Insights

### Future Revisions

- ▶ CMS to review and analyze HQRP data
- ▶ Further development of HOPE tool
- ▶ Data used to support survey and certification process
- ▶ May inform future hospice payment model reform

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## Education Insights

### Training Essentials

- ▶ HQRP framework
- ▶ Technology system updates
- ▶ Patient visit scheduling to align with reporting requirements
- ▶ Quality expectations and importance of documentation

### Training Methods

- ▶ Use a variety (In-person, virtual, simulation, observation)
- ▶ On-going

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# Quality Insights

## Quality Assurance (QA) Practices

- ▶ Gather data, review results, refine accordingly
- ▶ Update internal protocols and training materials
- ▶ Offer on-going training and feedback sessions
- ▶ Review QIES and iQIES reports

**NOTE:** CMS plans a phased migration of the Quality Measure (QM) reports from CASPER into iQIES beginning in February 2026. CMS will send additional information to users in early 2026 with those details.

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# Summary

Key Take Aways

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**Leaders** have the ability to change the direction of their team.

The best way to predict the future is to **create it**.

Peter Drucker

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## Summary

Partner effectively your team and your vendors

Focus on quality patient care and ensure accuracy of data

Empower staff to deliver a high-quality patient experience

Prioritize patient-centered care

Stay informed of regulatory and public reporting changes

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# Quality and Compliance Matter

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# Thank You!

Any questions?

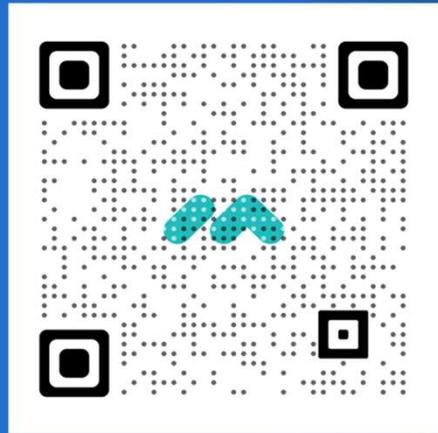
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# Resources

Acronyms List and References

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## Acronyms

- ADR Additional Development / Document Request
- AI Artificial Intelligence
- APU Annual Payment Update
- CAHPS Consumer Assessment of Healthcare and Providers and Systems
- CDC Centers for Disease Control
- CERT Comprehensive Error Rate Testing Contractor
- CLD Condition Level Deficiency
- CMP Civil Money Penalties
- CMS Centers for Medicare and Medicaid Services
- CoP Condition of Participation
- CPI Center for Program Integrity
- DHHS Department of Health and Human Services
- DOGE Department of Government Efficiency
- FEMA Federal Emergency Management Agency
- GIP General Inpatient
- HCI Hospice Care Index
- HIS Hospice Item Set
- HOPE Hospice Outcomes and Patient Evaluation
- HQRP Hospice Quality Reporting Program
- LCDs Local Coverage Determinations
- MAC Medicare Administrative Contractor
- MFCU Medicaid Fraud Control Unit
- MPIM Medicare Program Integrity Manual
- OB3 One Big Beautiful Bill Act
- OIG Office of Inspector General
- PPEO Provisional Period of Enhanced Oversight
- QM Quality Measure
- RAC Recovery Audit Contractor
- SMRC Supplemental Medical Review Contractor
- TPE Targeted Probe & Educate
- UPIC Unified Program Integrity Contractor

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## References

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CMS Hospice Outcome Patient Evaluation (HOPE) webpage: <https://www.cms.gov/medicare/quality/hospice/hope>

FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements: [CMS-1810-F | CMS](#)

FY 2026 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements: [CMS-1835-F | CMS](#)

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MLN MM14219: [www.cms.gov/files/document/mm14219-outpatient-services-hospice-patients-new-edit.pdf](http://www.cms.gov/files/document/mm14219-outpatient-services-hospice-patients-new-edit.pdf)

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Ensuring a National Policy Framework for Artificial Intelligence – The White House

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CMS Targeted Probe and Educate Web Page: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>

J15 Part A Medical Review Activities: <https://www.cgsmedicare.com/parta/mr/mral.html>

Targeted Probe and Educate: <https://www.cgsmedicare.com/parta/mr/tpe.html>

Medicare Program Integrity Manual Chapter 3:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>

H.R.9803 – Hospice CARE Act of 2024; 118th Congress (2023-2024)

A Strategic Path Forward for Hospice and Palliative Care: A White Paper on the Potential Future of the Field

HHS & DEA Extend Telemedicine Flexibilities for Prescribing Controlled Medications Through 2026,  
<https://www.hhs.gov/press-room/dea-telemedicine-extension-2026.html> (Jan. 2, 2026)

[https://www.medpac.gov/wp-content/uploads/2024/03/Mar24\\_Ch9\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_Ch9_MedPAC_Report_To_Congress_SEC.pdf)

[https://www.medpac.gov/wp-content/uploads/2025/03/Mar25\\_MedPAC\\_Report\\_To\\_Congress\\_SEC-1.pdf](https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_MedPAC_Report_To_Congress_SEC-1.pdf)

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