AGILE

AXXESS GROWTH INNOVATION & LEADERSHIP EXPERIENCE

2026

HOSPICE EDGE GUIDEBOOK

EXECUTIVE SUMMARY

Hospice care operates in one of the most highly scrutinized, emotionally complex, and rapidly evolving sectors of healthcare. Increased CMS oversight, expanding audit activity, staff burnout, and growing competition have created an environment where compliance alone is no longer enough. Organizations must now demonstrate excellence clinically, operationally, and ethically while proving value to regulators, referral partners, patients, and families.

The EDGE Hospice Certification exists to meet this moment.
EDGE provides a structured approach that connects regulatory readiness, patient-centered care, innovation, and growth into a single, integrated framework. Rather than treating compliance, quality, and growth as separate initiatives, EDGE aligns them as mutually reinforcing components of sustainable success.

HOSPICE EDGE ACTION GUIDE & COMPLIANCE CHECKLIST

Hospice agencies face increasing scrutiny related to program integrity, documentation accuracy, billing behavior, and patient experience, with revocation rates approaching 22% during enhanced oversight periods. At the same time, CMS quality scores, CAHPS, and referral expectations increasingly define growth and sustainability. EDGE provides a framework to reduce regulatory risk, improve patient outcomes, and demonstrate measurable quality.

ESSENTIAL 1: REGULATORY AND COMPLIANCE

High-Risk Areas to Act on Now:

- [ ] Verify ownership, affiliations, and managerial control accuracy
- [ ] Monitor billing error rates, live discharges, and long Length of Stay (LOS)
- [ ] Validate GIP eligibility documentation before billing
- [ ] Track Part D coordination, relatedness determinations, and DME billing
- [ ] Audit hospice aide supervision and visit frequencies

Documentation Must-Haves:

- [ ] Plan of Care aligns with assessment findings and is updated timely
- [ ] Medication profiles include OTC, PRN, discontinued medications
- [ ] RN hospice aide supervision completed every 14 days
- [ ] Discharge summaries sent per regulation
- [ ] Interdisciplinary Group (IDG) decisions clearly documented

▶ Download Innovation Insight: Hospice Billing Compliance Checklist

▶ Download Innovation Insight: Top 10 Hospice Deficiencies

ESSENTIAL 2: DELIVERING PATIENT-CENTERED CARE

Age-Friendly Care (The 4Ms)

- [ ] What Matters: Goals and preferences documented
- [ ] Medication: Symptom impact assessed and addressed
- [ ] Mentation: Cognitive and emotional needs evaluated
- [ ] Mobility: Safety and function considered at every visit

CAHPS-Ready Behaviors

- [ ] Timely visits and admissions
- [ ] Clear role identification at every encounter
- [ ] Education tied directly to the Plan of Care
- [ ] Consistent team communication with families

▶ Download Innovation Insight: CAHPS Questionnare

HOSPICE EDGE ACTION GUIDE & COMPLIANCE CHECKLIST

ESSENTIAL 3: INNOVATION & ARTIFICIAL INTELLIGENCE

High Impact AI Areas:

- [ ] Predictive analytics identify patients nearing end of life
- [ ] Visit frequency optimized in last 3–7 days of life
- [ ] Point-of-care documentation reduces after-hours charting
- [ ] Automated insights support SIA qualification

Key Return On Investment Measures:

- [ ] Increased HVLDL & HCI performance
- [ ] Longer, more meaningful visits
- [ ] Higher SIA revenue eligibility
- [ ] Reduced clinician burnout

▶ Download Innovation Insight: Hospice AI Prompting

ESSENTIAL 4: GROWTH THROUGH QUALITY

Define Quality For Every Audience

- [ ] CMS HQRP measures tracked and understood
- [ ] Referral-source expectations identified
- [ ] Payor definitions of quality documented
- [ ] Patient/family feedback captured in real time

Prove Your Value With Evidence

- [ ] CAHPS scores and trends
- [ ] Visit timeliness data
- [ ] Case studies and testimonials
- [ ] QAPI outcomes and dashboards

▶ Download Innovation Insight: Hospice Quality Reporting Program

90-DAY ACTION PLAN

Month 1

- Complete a compliance risk self-assessment
- Identify top 2 documentation vulnerabilities

Month 2

- Implement Standard workflows/checklists
- Begin routine audits with staff feedback loops

Month 3

- Integrate findings into QAPI
- Share quality outcomes with referral partners

AGILE EDGE 2026 CERTIFICATION
HOSPICE LEADERSHIP

OUR APPROACH

REGULATORY AND COMPLIANCE

PATIENT CENTERED CARE

INNOVATION AND TECHNOLOGY

GROWING HOSPICE THROUGH QUALITY

ESSENTIAL 1

REGULATORY & COMPLIANCE EXCELLENCE

WHY THIS MATTERS

Regulatory oversight is increasing. Expectations are clearer. The consequences of getting it wrong are serious. This section focuses on regulatory and compliance risks in hospice care. It is written for leaders who are responsible for their agency, their staff, and the care delivered to patients and families.

1. OIG WORK PLAN

The Office of Inspector General (OIG) which sits within the HHS reviews how Medicare dollars are used. Their work plan tells us where audits are focused.

2. HHS - DOJ: CRIMINAL FCA ENFORCEMENT

The Department of Health and Human Services (HHS) and the Department of Justice (DOJ) enforce laws that protect Medicare from fraud and abuse.

3. CMS PROGRAM INTEGRITY EFFORTS

CMS works to prevent fraud before it happens. This is called program integrity, which includes utilizing tools such as:

- Provisional Period of Enhanced Oversight (PPEO)
- Deactivation or Revocation
- Expanded prepayment reviews
- Targeted Probe and Educate (TPE) audits

"OIG reviews Medicare spending, CMS runs the program and works to prevent billing problems, and the DOJ enforces serious violations."

ESSENTIAL 1

REGULATORY & COMPLIANCE EXCELLENCE

REGULATORY CONSEQUENCES

Deactivation		Revocation
Remains in Effect	Medicare Provider Participation	Terminated
Stops/Suspended until Reactivation	Medicare Billing Privileges	End 30 days after date of revocation notice
Upon submission of updated information, but not retroactive	Billing Privileges Restoration	May be restored retroactively through reversal or appeal
Limited appeal opportunities	Appeal rights	Full Appeal rights
	Other Impacts	• Possible re-enrollment ban of 1-3 years • Included in exclusion list • May affect status in state Medicaid programs

KEY POINTS TO CONSIDER

Recent regulatory changes in regards to ownership and/or control:

- A new application submitted 36 months from a prior revocation may be denied
- PPEO higher-risk based targeting on states:
  - July 2023: CA, AZ, NV, TX
  - December 2025: GA, OH

ESSENTIAL 1

REGULATORY & COMPLIANCE EXCELLENCE

COMPLIANCE

CMS MEDICARE HOSPICE SURVEY TOP DEFICIENCIES

PLAN OF CARE (POC)

CMS confirms that the POC is truly an individualized clinical roadmap driven by clinician assessment and IDG decisions.

INTERDISCIPLINARY GROUP (IDG)

CMS confirms that the IDG is actively driving care with strong documentation of actionable items post meeting.

MEDICATION MANAGEMENT AND RECONCILIATION

CMS looks for evidence that meds are clinically justified, reviewed regularly, and actively managed.

HOSPICE AIDES

CMS looks for evidence that aides are properly directed, supervised and integrated into the care team.

ESSENTIAL 1

REGULATORY & COMPLIANCE EXCELLENCE

COMPLIANCE

ACTIONS THAT DRIVE COMPLIANCE

1. DOCUMENTATION ACCURACY AND TIMELINESS
2. CONTINUOUS STAFF EDUCATION AND COMPETENCY VALIDATION
3. INTERDISCIPLINARY COORDINATION ROOTED IN STRONG PROCESSES AND COMMUNICATION
4. ROUTINE MONITORING INCLUDING AUDITS, DATA TRACKING AND FEEDBACK LOOPS
5. STANDARDIZED PROCESSES USING WORKFLOWS, TEMPLATES, CHECKLISTS AND TRACKING SYSTEMS
6. EVERYTHING INTEGRATES BACK TO QAPI WITH SYSTEMATIC PIPs

GLOSSARY

QAPI = Quality Assurance and Performance Improvement
PIP = Performance Improvement Plan

ESSENTIAL 1

REGULATORY & COMPLIANCE EXCELLENCE

STATE HOSPICE ASSOCIATIONS

ROLE

State hospice associations support providers by advocating on regulatory and legislative issues, delivering education and training, and serving as a trusted resource hub. State hospices can even offer guidance through on-site visits, virtual meetings and other modes of delivery.

VALUE OF A MEMBERSHIP

Website with integrated learning platform

Quarterly Newsletters

Podcasts

Member Spotlight Program

In-Person Advocacy Day in Springfield

Advocacy Trips

Strong Social Media Presence

Advocating for legislation

GET INVOLVED

Learn more about your local state hospice association, get email updates, attend webinars or arrange for visit with their staff!

You can donate to support, join a committee, share your stories, learn about your representative and etc.

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

WHY THIS MATTERS

Patient-centered care puts patients and families first in every decision. It relies on strong systems that support staff to do the right thing at the right time. When those systems work, patients feel respected, families feel confident, and staff can focus on care.

AGE-FRIENDLY CARE

Age-Friendly Care addresses the unique needs, preferences, and goals of older adults through evidence-based care centered on the 4Ms framework. Age-Friendly Care is a fundamental shift in how care is delivered, focusing on consistency, person-centered practices, and improved outcomes for older adults.

KEY POINTS TO CONSIDER

TRADITIONAL CARE	AGE-FRIENDLY CARE
Illness-Focused	Person-Focused
Disease-Driven	What Matters Most-Driven
Inconsistent	Reliable and Repeatable

"Age-Friendly Care is about knowing your patients first before rushing into treatment"

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

AGE-FRIENDLY CARE

4M FRAMEWORK

Know and align care with specific health outcome goals and care preferences. Ask - What Matters Most To You?

Monitor for depression, dementia and delirium. Identify and manage factors contributing to depression and cognitive impairment.

Ensure that older adults can move safely every day to maintain function and do What Matters.

If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

AGE-FRIENDLY CARE

SCRIPTING THE PATIENT'S JOURNEY

Patient-centered care is built across the entire journey and every touchpoint patients and families experience.

INTAKE	• Ask/Use Patient-Preferred name • Identify key family contacts and CAHPS recipient
INITIAL ASSESSMENT	• Introduce yourself and your role • Assess the 4Ms • Inform them of the CAHPS survey • Bereavement Evaluation
HUV/ROUTINE VISITS	• Use Patient's Preferred Name • Identify your role • Visits tied to Plan of Care • Educate on medications, disease and progress
OFFICE CONTACT	• Ensure families have office contact number • Ensure you have timely touchpoints and responses with clients • Investigate every complaint and incident
VENDOR	• Vendors should introduce their name and role • Vendors should review the supplies/medication being provided
DISCHARGE	• Highlight the key services provided • Note bereavement contact • Brief reminder regarding CAHPS survey

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

HOW TOOL MASTERY IMPROVES OUTCOMES

A JOURNEY OF ENLIGHTENMENT AND IMPROVED EFFICIENCY WITH REDWOOD HOSPICE

"What if the problem is not your people or the EMR, but the intentional integration of both?"

May 2025		October 2025
35%	Timely Documentation	80%-85%
75%-80%	HHA/LVN Supplementary Visits	98% - 99%
Missed Target on: • Med Compliance	Other Signals	Improved RCM Management

PATIENT OUTCOMES - CAHPS SCORE

Measure	Redwood	National
G1- Training Family to care for patient	88 ↑	77
G2 Rating of this hospice	81 ↑	86
G3 – Willing to recommend this Hospice	86 ↑	87
S1 – Communication with Family	79 ↑	81
S2 – Getting timely help	62	78
S3 – Treating patient with respect	88 ↑	93
S4 – Emotional and Spiritual Support	97 ↑	97
S5 – Help for pain and Symptoms	93 ↑	83

↑ IMPROVED MEASURE

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

HOW TOOL MASTERY IMPROVES OUTCOMES

A JOURNEY OF ENLIGHTENMENT AND IMPROVED EFFICIENCY WITH REDWOOD HOSPICE

1. THE RESET

Utilizing frameworks such as QAPI and/or Plan-Do-Check-Act (PDCA). Take a step back to truly analyze your strength and gaps. In this scenario, a huge gap was identified regarding the understanding of how to maximize their EMR.

2. PARTNERSHIP FOR GROWTH

Having Axxess as a partner, we worked on a plan for a full training session with the agencies current leadership and all their key departments.

3. SUCCESSFUL TRAINING

To ensure a successful training program. Redwood identified key “Super Users”, implemented a strong train-the-trainer system and most importantly, they set the correct culture that prioritizes education by setting protected time for training and encouraging everyone to ask questions.

PAUSE AND REFLECT

Who are the Super Users in your organization?
How are new hires trained and onboarded?

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

HOW TOOL MASTERY IMPROVES OUTCOMES

A JOURNEY OF ENLIGHTENMENT AND IMPROVED EFFICIENCY WITH REDWOOD HOSPICE

4. DATA, DATA, DATA

After getting training, Redwood realize their enhanced understanding allowed them to have better data in their system which could then be used for stronger oversight.

Redwood was now able to use dashboards and reports to continuously monitor the health of their agency.

5. HOPE TRANSFORMATION

Redwood found an opportunity to align their staffing model with the HOPE Tool timelines.

SHIFTING TOWARD SYMPTOM IMPACT:

Educate - Redwood used Axxess Training and Certification HOPE courses to educate staff on HOPE documentation.

Practice - Utilize symptom impact as a guideline throughout the visit rather than an afterthought to “get the notes done”.

IDT - Incorporate discussion not only on level of pain and symptom needs but also symptom impact for all patients.

ESSENTIAL 2

DELIVERING PATIENT-CENTERED CARE

CONTINUOUS EDUCATION AND TRAINING

AXXESS
TRAINING AND CERTIFICATION

In today's competitive healthcare landscape, managing your workforce effectively is crucial for success. An LMS solution, like Axxess Training and Certification, is designed to build competencies, providing your employees with the confidence they need to execute their job with the highest level of quality. When employees feel empowered to perform at the top of their license or skill set, that positively impacts their attitude. Patients and families notice this attitude, which can impact outcomes. And improved outcomes are critical to scaling a business for growth.

- 55% of home health and hospice staff feel completely prepared to take care of a new client
- On average new hire receives five hours of orientation
- On average employees receive eight hours of ongoing training
- 40% of younger leaders described their organizations learning and development programs as excellent
- 39% of providers have an established training program to retain long-term employees
- 44% struggle with upskilling employees

ESSENTIAL 3

INNOVATION AND ARTIFICIAL INTELLIGENCE

WHY THIS MATTERS

Innovation and AI support—not replace—human care by helping clinicians spot risk sooner, think clearly, and spend more time with patients. When used well, technology reduces overload and supports better decisions when time matters most.

AI IN HOSPICE

PREDICTIVE ANALYTICS AND RISK STRATIFICATION

Utilizing AI to predict patient outcomes by identifying trends from large healthcare datasets to support clinical decisions.

CLINICAL DECISION SUPPORT

Provide real-time evidence-based recommendations to support clinican workflow.

WORKFLOW AUTOMATION

Streamlining administrative tasks, reducing manual workload and improving efficiency in healthcare settings.

AUTOMATED DOCUMENTATION

AI-powered tools automate note-taking to reduce nurses time spent on documentation.

ESSENTIAL 3

INNOVATION AND ARTIFICIAL INTELLIGENCE

AI IN HOSPICE

HOW AI CAN HELP

1. REDUCING BURNOUT

Burnout is driven by competing priorities. With workflow automation clinicians can reduce after-hour documentation, make proactive decisions and most important, put their focus back on patient care.

2. IMPROVE DETECTION OF AT-RISK PATIENTS

Predictive analytics can identify if patients are at risk of rapid decline, SIA eligibility gaps, potential missed visits near death and ensure timely interventions.

3. FINAL IMPACT

Improved CAHPS Score, HQRP Measures, SIA revenue integrity and most importantly, the improved patient and family experience.

GLOSSARY

SIA = Service Intensity Add-Ons
CAHPS = Consumer Assessment of Healthcare Providers and Systems
HQRP = Hospice Quality Reporting Program

ESSENTIAL 3

INNOVATION AND ARTIFICIAL INTELLIGENCE

AI IN HOSPICE

IMPACT ON SERVICE INTENSITY ADD-ON (SIA)- REVENUE EXAMPLE

Measure	AI & Predictive Analytics	Traditional
Visit Frequency (Last 3-7 days of life)	3 days per patients	1.5 days per patient
Visit Length	55 minutes (4 units)	35 minutes (2 units)
SIA Revenue (SIA Hours x Rate)	100 patients x 3 days x 4 units x $10 = $12,000	100 patients x 1.5 days x 2 units x $10 = $3,000
Potential Max SIA Revenue	100 patients x 7 days x 16 units x $ 10 = **$112,000**	

PAUSE AND THINK

Are your patients receiving the intensity of care they need in their final days?
Is your agency utilizing AI to fully support the process and documentation for SIA for end of life care?

"Delivering the right care at the right time with strong documentation leads to better end of life care and SIA reimbursement."

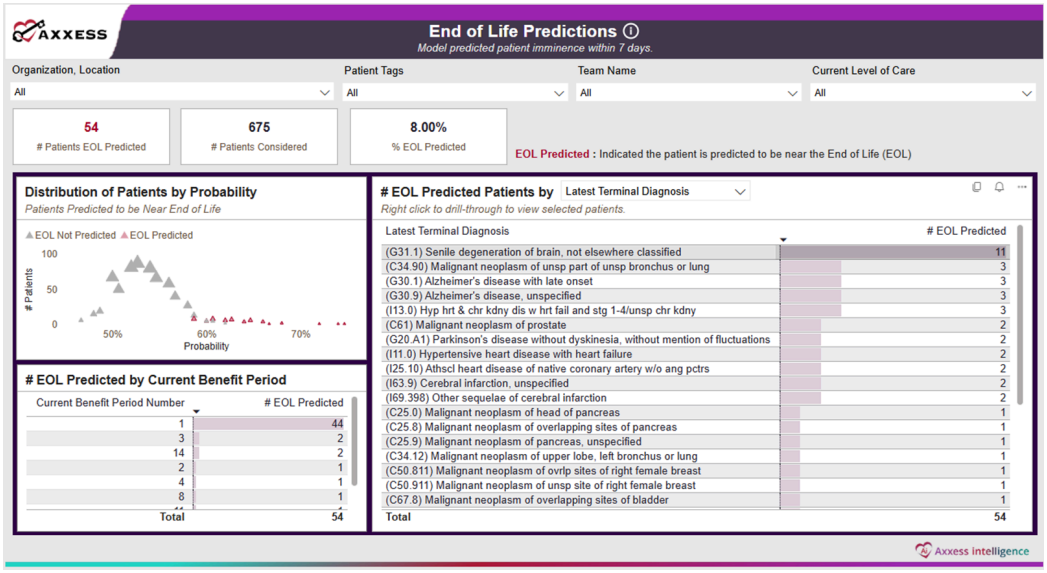
ESSENTIAL 3

INNOVATION AND ARTIFICIAL INTELLIGENCE

AI IN HOSPICE

AXXESS END OF LIFE PREDICTOR

"Clinicians understand the importance of the last week of life. The real challenge is recognizing it early enough to plan care intentionally. "



SUPPORTING BETTER DECISIONS

- Allows clinicians to focus their time where support is most likely needed
- Flags meaningful changes for clinicians review
- Performs consistently in real-word uses across complex diagnosis

DESIGNED FOR REAL-WORLD HOSPICE WORKFLOWS

- Utilizes most recent visit documentation ensuring timely insights
- Embedded directly in your EMR drives seamless workflow integration

MEASURABLE OUTCOMES

- Appropriate SIA Support
- Prepare families with greater clarity improving their involvement
- More efficient and effective workforce planning

ESSENTIAL 4

GROWING HOSPICE WITH QUALITY CARE

WHY THIS MATTERS

Hospice organizations are facing an increasingly competitive environment. This makes it even more crucial for agencies to understand how to connect different perspectives of quality care to consultative conversation and built trust-based relationships to drive continuous growth.

WHAT IS QUALITY CARE?

REFERRAL SOURCES

"Take care of my patients and give them timely care."

CMS

"Be compliant to the defined measures."

PAYERS

"Serve eligible patients and help reduce hospitalization."

PATIENT/FAMILY

"Listen to my needs, care for me and make me feel better."

KEY POINTS TO CONSIDER

Every one has their own definitions of quality care. You need to know your audience and craft your message for each individual. Don't focus on what you can do, think first about what matters most to your customers?

ESSENTIAL 4

GROWING HOSPICE WITH QUALITY CARE

CONSULTATIVE SALES APPROACH

1. ASK THEM WHAT MATTERS

Use open ended probing questions to understand your customer needs.

EXAMPLES

What challenges have you had with hospices/ healthcare sector that didn't meet your needs?

What does high quality hospice look like to you?

2. DO WHAT THEY SAY

Prioritize what matters to them. Ask them for the opportunity to serve them. Demonstrate how your service can truly meet their needs and/or connect them to a service that can.

3. FIND A WAY TO MEASURE WHAT YOU'VE DONE

Based on what matters to different customers, find data points that allows you to measure the value you bring.

EXAMPLES

CAHPS Survey
Third-Party Evidence - Time to Answer Calls
Referral to admission conversion rate
Family testimonials

ESSENTIAL 4

GROWING HOSPICE WITH QUALITY CARE

CONSULTATIVE SALES APPROACH

4. SELL THEM THE VALUE YOU'VE CREATED

Selling and/or Marketing is about how you differentiate yourself from other hospices.

Utilize learnings from Step 1 - Step 3 to identify your core value proposition. After that, utilize a variety of different sources for your different goals:

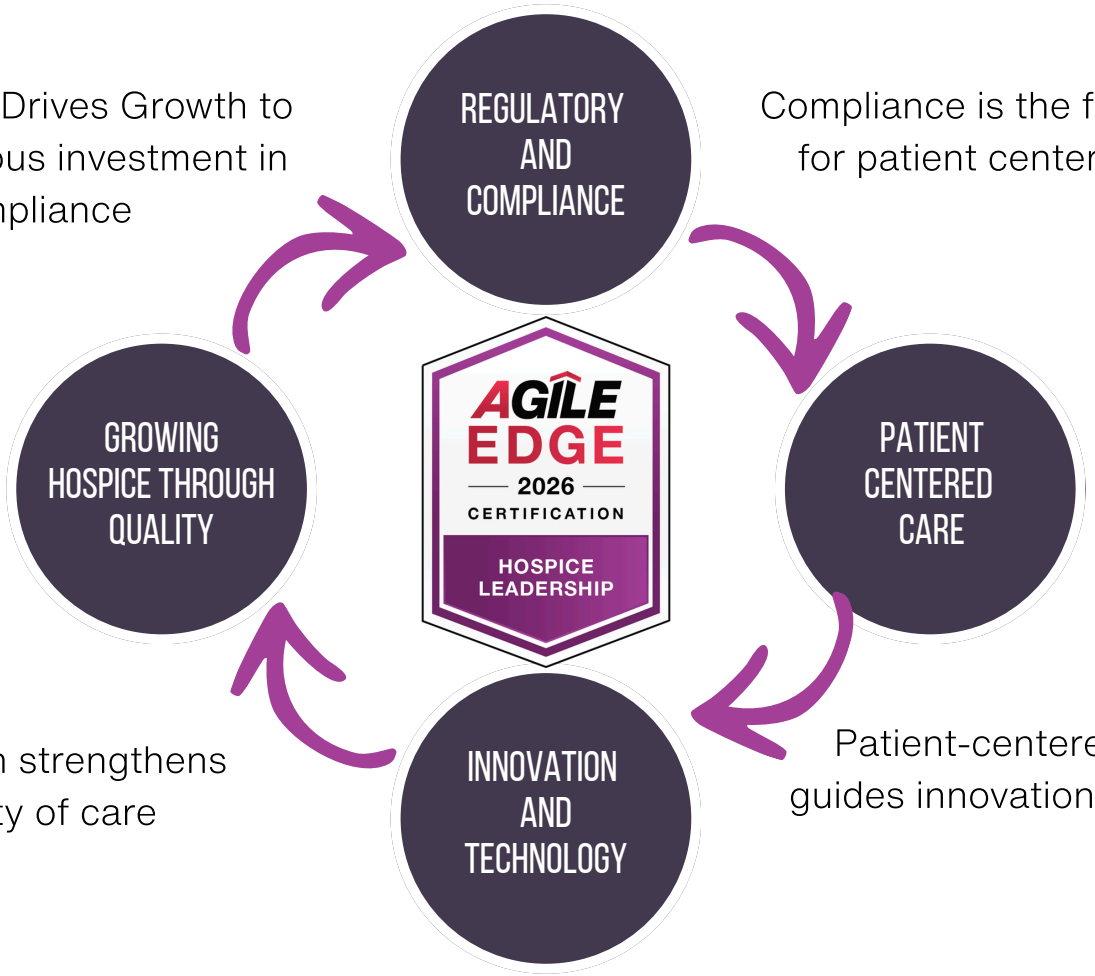
- Credibility - CMS Measures with benchmarking
- Social Credibility - Testimonials from Customers
- Emotional Impact - Patient or Family Stories
- Rational/Logical Proof - Operational Data and Statistics

"Delivering high quality hospice care is the right thing for our patients, families, referral sources and our communities. "

KEY POINTS TO CONSIDER

Ensure your messaging is always grounded in the truth. Show results where you have progressed and improved. Demonstrate that you care about improving and value transparency.

THE EDGE FLYWHEEL



WHERE TO USE EDGE?

QAPI → PIP → MEASURE → EDUCATE

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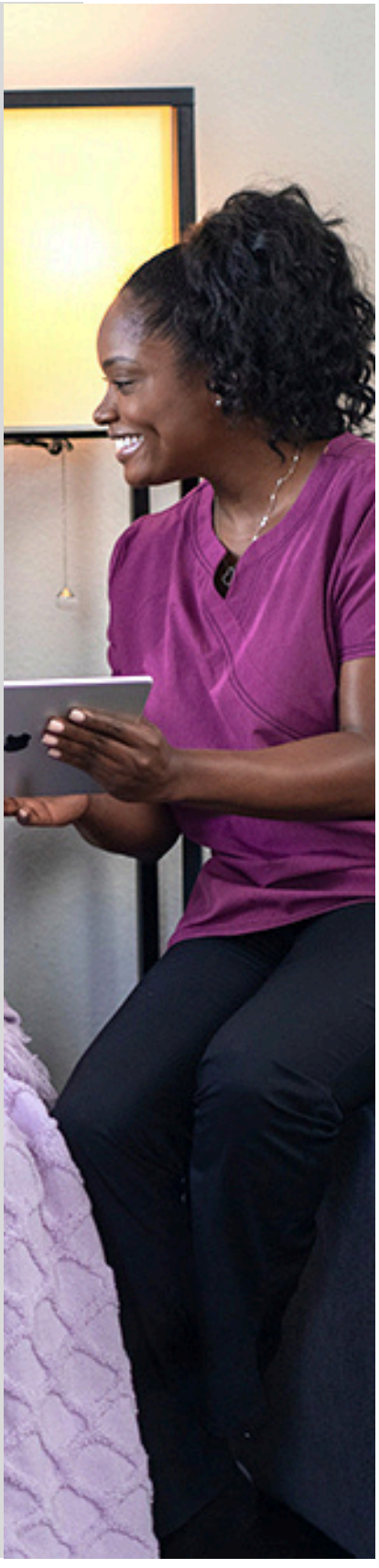
ACRONYMS AND DEFINITIONS

MLOS	Median Length of Stay
ND	Doctor of Naturopathic Medicine
NI-BC	Nursing Informatics Board Certified
OIG	Office of Inspector General
OTC	Over-the-Counter
PDCA	Plan-Do-Check-Act
PPEO	Provisional Period of Enhanced Oversight
PRN	Pro Re Nata - As Needed
QAPI	Quality Assurance and Performance Improvement
RAC	Recovery Audit Contractor
RC	Routine Care
RN	Registered Nurse
SFV	Skilled Follow-Up Visit
SIA	Service Intensity Add-on
SMRC	Supplemental Medical Review Contractor
TPE	Targeted Probe and Educate
UPIC	Unified Program Integrity Contractor



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