

Hospice Weekly Recap

October 17, 2025



Weekly National Policy Pulse Calls. Join more than 1000 of your LeadingAge peers for our National Policy Pulse calls where we keep members equipped to navigate the ever-evolving landscape of aging services national policy. The calls are on Mondays at 3:30 p.m. ET. If you're interested in signing up for these members-only calls, please sign up using [the link on our National Policy Pulse webpage](#).

[LeadingAge Policy Pulse Joint Reception | 5:45 – 7:00 p.m.](#) Westin Seaport Hotel

Be sure to attend this joint network reception for LeadingAge's policy umbrella, encompassing Nursing Home, Affordable Housing, CCAH, HCBS, Home Health, Hospice, Managed Care, Assisted Living and Workforce. Look out for an invitation soon within your LeadingAge member network or [RSVP here](#).

HOPE Submission Issues. LeadingAge is aware that multiple electronic medical records (EMRs) are experiencing issues with submitting data for the Hospice Outcomes and Patient Evaluation (HOPE) tool which launched October 1, 2025. LeadingAge is advising members to continue to submit data even if EMR vendors have recommended holding until change can be made to their systems. These issues include inconsistent coding between the HOPE manual and EMR expectations, issues with demographic information pulling correctly, and errors with insurance A1400 Payer Information. Despite these issues, Centers for Medicare and Medicaid Services (CMS) has not delayed implementation or changed their expectation of 90 percent compliance with documentation submission within 30 days of assessment. If you have specific issues you have encountered during the first two weeks of HOPE implementation please reach out to [Katy Barnett](#) who is tracking the issues to share with CMS.

Update on HOPE Coding for Payer Information. There have been some issues with hospice provider submitting Hospice Outcomes and Patient Evaluation (HOPE) assessments when the A1400 Payer Information lists both A (Medicare FFS) and B (Medicare Managed Care). While this is correct according to the [HOPE guidance manual](#), the data specification provided electronic medical record (EMR) vendors allows only one selection. CMS clarified via email that they are working to correct the issue and at this time is advising providers to only select A (Medicare FFS) in order to timely submit their documentation.

Read more about federal government operations at HHS and HUD during a shutdown in this [serial post](#).

Updates on CMS' Claims Hold. On October 15, the Centers for Medicare & Medicaid Services (CMS) announced, via the Medicare Learning Network (MLN), an update regarding the claims hold. And, in a separate posting on its All Fee-For-Service Providers Spotlight Page, CMS provided additional information on the claims hold.

CMS announced in an October 15 Medicare Learning Network (MLN) post that it has instructed the Medicare Administrative Contractors (MACs) to continue to temporarily hold claims dated for October 1, 2025, and later, "for services impacted by the expired Medicare legislative payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025."

According to the October 15 MLN update, the hold "includes claims paid under the Medicare Physician Fee Schedule, ground ambulance transport claims, and all Federally Qualified Health Center claims. Providers may continue to submit these claims, but payment will not be released until the hold is lifted."

CMS also posted on its All Fee-For-Service Providers Spotlight Page that “In light of the continuing government shutdown, CMS will continue to process and pay held claims in a timely manner *with the exception of select claims for services impacted by the expired provisions [emphasis added]*. To date, no payments have been delayed as statute already requires all claims to be held for a minimum of fourteen days, and this recent hold is consistent with that statutory requirement. Providers may continue to submit claims accordingly.”

As explained in an October 10 LeadingAge [update](#), the hold was put in place to avoid the reprocessing of claims for services that had been temporarily extended but expired on October 1, such as telehealth, in the event that such services can resume.

CMS warns, on the All Fee-For-Service Providers Spotlight Page, “Absent Congressional action, beginning October 1, 2025, many of the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 Public Health Emergency took effect again for services that are not behavioral health services. These include prohibition of many services provided to beneficiaries in their homes and outside of rural areas, and hospice recertifications that require a face-to-face encounter. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage (ABN).” The spotlight points providers to further information on use of the ABN, including ABN forms and form instructions, [here](#).

CMS recommends practitioners monitor Congressional action and says practitioners may choose to hold claims associated with telehealth services that are not payable by Medicare in the absence of Congressional action and points to additional information [here](#).

Further, on its Spotlight page, CMS notes that the Bipartisan Budget Act of 2018 allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restriction and in the beneficiary’s home. There is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers. Clinicians in applicable ACOs can furnish and receive payment for covered telehealth services under these special telehealth flexibilities.

For more information, see this [CMS ACO telehealth factsheet](#).

For further information see CMS’ [telehealth coverage](#) site.

Providers can review the full list of health provisions that have expired or are scheduled to expire in 2025 or 2026 [here](#).

Read the CMS October 15 MLN Connects Newsletter [here](#).

Read the CMS All Fee-For-Service Providers Spotlight Page [here](#).

Government Shutdown Disrupts Bureau of Labor Statistics Jobs Reporting. The ongoing federal government shutdown has disrupted the [Bureau of Labor Statistics](#)’ (BLS) ability to deliver its monthly jobs report. The September report, originally scheduled for release on Friday, October 3, was not published due to the shutdown. More concerning, the development of the October report is now in jeopardy, as the critical data collection period—typically the week including the 12th of the month—is currently underway without the necessary staffing. While the Department of Labor (DOL) has recalled staff to produce the Consumer Price Index (CPI), it has not yet done so for the jobs report. This raises questions about prioritization and the feasibility of restoring BLS operations in time to gather October’s data. The BLS monthly jobs report is a cornerstone of economic insight, informing decisions by policymakers, industry leaders, and employers and

shaping market expectations about overall economic health. In the absence of the September BLS report, consumers of this data have turned to alternative sources such as the ADP [National Employment Report](#). According to ADP, private employers shed 32,000 jobs in September. However, the health care sector stood out as a bright spot, adding 33,000 positions and underscoring the resilience of demand for care amid broader employment declines across many industries.

LeadingAge Advocates for Revisions to Enforcement. LeadingAge sent a letter to the Centers for Medicare & Medicaid Services (CMS) on October 15 advocating for a change to enforcement policies enacted during the government shutdown. With survey and certification activities severely limited for all provider types, LeadingAge has heard concerns from members related to the suspension of revisit surveys and the impact on enforcement remedies. LeadingAge has recommended that CMS temporarily revise policies related to denials of payment for new admissions to prevent access issues to post-acute and long-term care services during this period. [Read the letter here](#).

NASHP Releases Toolkit for Providers to Support Family Caregivers. On October 8, the National Academy for State Health Policy released a practical resource for community partners, providers, and advocates who support family caregivers. The toolkit includes materials to raise awareness and connect caregivers to services via sample messaging, and ready to use templates. Materials are able to be customized to your organizations branding and unique needs. Explore the resources and toolkit [here](#).

USAgings Seeks Submissions to Caregiver Services and Supports Innovations Hub. Submissions to USAgings' innovation hub will be accepted through October 31. Programs that have been included in prior years include programs that support caregivers through novel respite programs, use of assistive technology, training, and caregiver support and counseling programs. The hub is an online clearinghouse that facilitates the exchange of ideas and innovative programs to support caregivers. Organizations interested in composing a submission or browsing existing programs can access the hub [here](#).

ADvancing States to Assume LTQA. On October 7, ADvancing States announced that it will assume stewardship of the Long-Term Quality Alliance (LTQA) on October 31, 2025. Under the agreement, ADvancing States will own LTQA's intellectual property, and all prior LTQA publications and reports will be housed and maintained by ADvancing States to ensure continuity, accessibility, and ongoing impact. Effective upon effectuating ownership, LTQA will become an initiative of ADvancing States, continuing the Alliance's mission to improve the quality of care and quality of life for older adults, people with disabilities, and family caregivers across long-term services and supports (LTSS). [Click here](#) to read the full press release.

Last Week's Recap Update. Here is the October 10, 2025 [Hospice Update](#).