

Hospice Weekly Recap

September 18, 2026



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](#).

Take advantage of two opportunities to learn about building an apprenticeship program: On September 16, speakers from the Department of Labor's (DOL) Office of Apprenticeship will join the 3:00 p.m. ET Workforce Member Network to share strategies and tips for developing apprenticeship programs—[register now](#)! And on September 21, [sign up and join](#) the Moving Forward Coalition's 4 p.m. ET virtual event for details on its collaboration with Geriatric Workforce Enhancement Programs (GWEPs) and efforts to support CNA career opportunities, specifically through an apprenticeship program.

CMS Updates Model Example Election Statement and Addendum. On September 11, the Centers for Medicare and Medicaid Services (CMS) posted an updated [Model Example of Hospice Election Statement](#) and [Model Example of the Hospice Election Addendum](#). As a reminder, hospices will be required as of October 1, 2026, to provide an addendum to EVERY hospice enrollee. LeadingAge strongly advises members to download these new versions and make sure that your agency's election statement and addendum are consistent with CMS's new model examples. We know that not having consistent language on these documents can lead to denials of payments from MACs.

Technical Errors Delay Hospice Payment Updates for FY2027. On September 8, the Centers for Medicare and Medicaid Services (CMS) [released](#) notice that there was a technical error in the final FY 2027 hospice wage index. The error caused issues with FY 2027 hospice wage index values for all census-based statistical areas (CBSAs) and rural areas which requires updates to the wage index standardization factors and subsequently the national payment rates for each level of hospice care. CMS is in the process of releasing a correction notice to update the FY 2027 hospice wage index and payment rates in the Federal Register. The final rates for each CBSA and rural areas will be published [here](#).

New Hospice Reports Now Available in LeadingAge Report Portal. The Centers for Medicare and Medicaid Services (CMS) updated data on hospice providers on Care Compare. This quarterly update includes the bi-yearly updated of the hospice start ratings as well as updates on Hospice Item Set and CAHPS measures. The Hospice Outcomes and Patient Evaluation (HOPE) data has not been published yet as reporting requires four full quarters of data. LeadingAge members can access their reports on the [LeadingAge Report Portal](#). The next quarterly refresh of the Hospice Care Compare will occur in November and will include updates to the claims-based measures of Hospice Care Index and Hospice Visits in the Last Days of Life.

LeadingAge Submits Comments on the CY2027 Physician Fee Schedule. LeadingAge submitted [comments](#) on September 14, 2026, on a number of proposals and requests for information contained in the CY2027 proposed rule concerning payment policies under the physician fee schedule (PFS) and other changes to Part B payment and coverage policies. In our comments, we supported CMS' proposal to equalize the rate for nursing facility visits and CMS' proposed transition timeline for Fast Healthcare Interoperability Resources-based quality reporting that would account for variations across programs. However, we expressed concerns over CMS' proposal to only allow payment for remote patient monitoring services when they are furnished

by employees of the practice rather than third party contractors, as that could result in reduced access to care. Additionally, we provided a number of recommendations relating to how CMS could reconfigure care management codes for longitudinal care management of senior living residents, including not making it contingent upon physical employment of or primary care practitioner ownership of the workforce. With respect to palliative care, we emphasized the need for CMS to provide a sustainable billing pathway – in particular, the creation of a distinct code that identifies specialty palliative care and is paid for through a monthly bundle that sustains the non-billing members of the interdisciplinary team. Lastly, with respect to the Medicare Shared Savings Program Accountable Care Organizations (SSP ACOs), we provided recommendations that would help to expand partnerships between SSP ACOs and aging service providers including how residents could be aligned to the ACO and opportunities for aging services providers to receive financial incentives for participating in these ACOs.

CMS Releases Guidance to States on Medicaid Work Requirements and Medical Frailty. The Centers for Medicare and Medicaid Services (CMS) held a webinar for states, where CMS shared information on the application of medical frailty exemptions within the new work reporting requirements. Work reporting requirements are applicable to the Medicaid Expansion population, those between 19 and 64, with income slightly over legacy eligibility requirements. During the call, CMS outlined optional steps states can take to verify medical frailty for exemption from work requirements. The slides provided a three-tiered option as an available framework for establishing exemption. CMS shared potential data sources and medical codes for consideration, as well as examples in an effort to help states understand their options and obligations. Though more information was and remains necessary on how CMS intends to support states in implementing community engagement medical frailty exemptions, the slides provide little new information, with examples not addressing the harder-to-determine grey areas, but providing obvious examples of exemption eligibility within tiers. Additionally, the guidance provides no information to states about how claims data can actually demonstrate an individual's ability to work, as was required by the interim final rule. The [slides](#) and call come quite late in the timeline for states. With the January 1 compliance date, states are already communicating with enrollees to whom the new requirements apply. Pivoting to a new policy practice on medical frailty exemptions would add complexity to an already capacity-limited policy and timing challenge. States opting to accept self-declaration of exemption eligibility could find limited utility in the CMS presentation, with longer timelines to finalize exemption criteria.

House Subcommittee Reviews Medicare Payment, Cybersecurity Bills. On September 15, the House Energy and Commerce Health Subcommittee reviewed 17 bills addressing Medicare provider payment, cybersecurity, and access to care. Much of the hearing focused on efforts to stabilize the Medicare Physician Fee Schedule, including the bipartisan Patients First Act and Provider Reimbursement Stability Act. While these proposals are primarily aimed at clinicians rather than aging services providers, physician payment policy can affect older adults' access to primary and specialty care. The Patients First Act also includes changes related to alternative payment models and future measures of care efficiency that could intersect with post-acute care. The subcommittee also reviewed a broad health care cybersecurity discussion draft that would strengthen federal cybersecurity standards and create grants and other resources for certain health care organizations. Nursing homes and hospices are not separately identified among the grant-eligible providers in the current draft, although hearing testimony specifically highlighted skilled nursing facilities among resource-constrained providers facing cybersecurity workforce, technology, and funding challenges. Other proposals of interest to aging services include legislation expanding Medicare coverage of blood-based Alzheimer's and dementia screening tests, allowing Medicare payment for certain pharmacist-provided testing and treatment services, and reducing barriers to diabetic foot care and therapeutic footwear. The hearing was an initial step in the committee's consideration of these proposals. Unlike a markup, a hearing does not include votes on these proposals, but the timing of this hearing in one of the last

remaining legislative days before the pre-election recess suggests committee leaders are continuing to lay the groundwork for possible year-end action on health care legislation. An in-depth recap of the hearing and the bills under consideration is available on the LeadingAge website [here](#).

2027 Annual Meeting Session Proposals Due December 7. Do you have a strategy, solution, or lesson that could help other aging services providers? Consider sharing it at the 2027 LeadingAge Annual Meeting in Minneapolis. LeadingAge is seeking provider-centered proposals grounded in real-world experience and practical application. [Learn more and submit a proposal](#) by December 7.

Last Week's Recap Update. Here is the September 11, 2026 [Hospice Update](#).