

Becoming a Hospice of Excellence in an Era of Heightened Scrutiny

Lindsay Doak, Vice President Data and Research
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POLL:

What is your greatest hospice concern going into 2026?



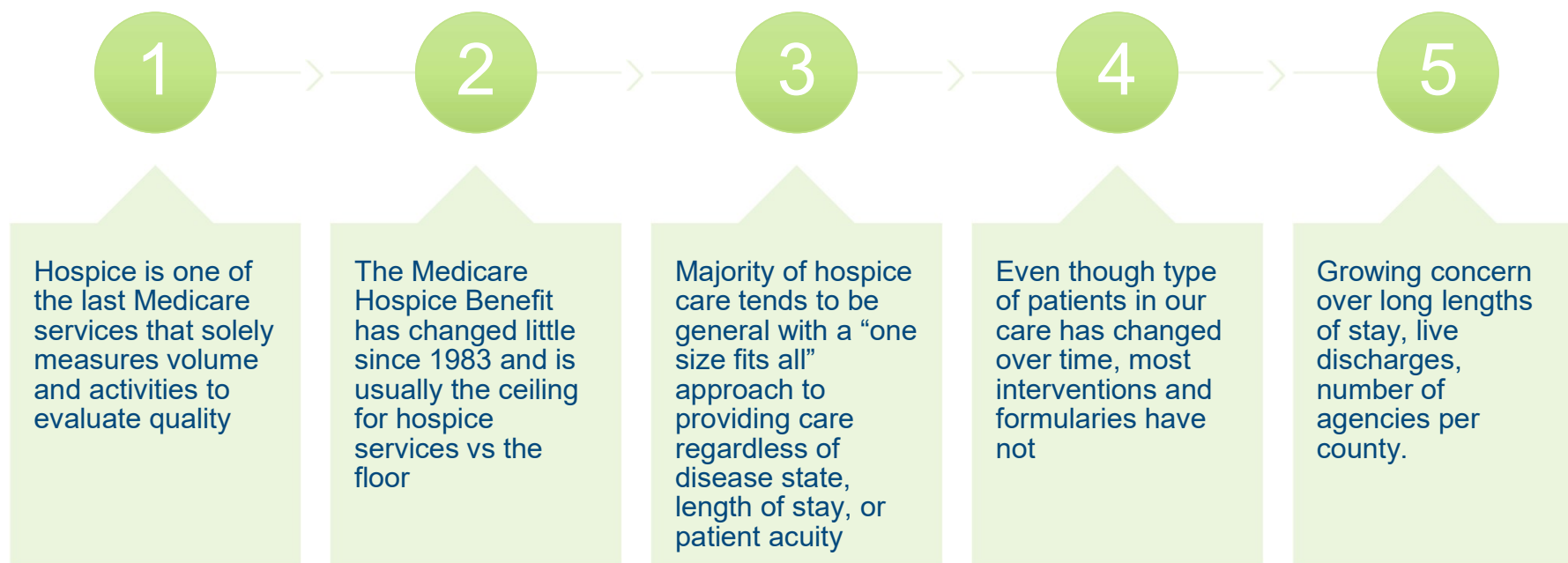
Today's Speakers



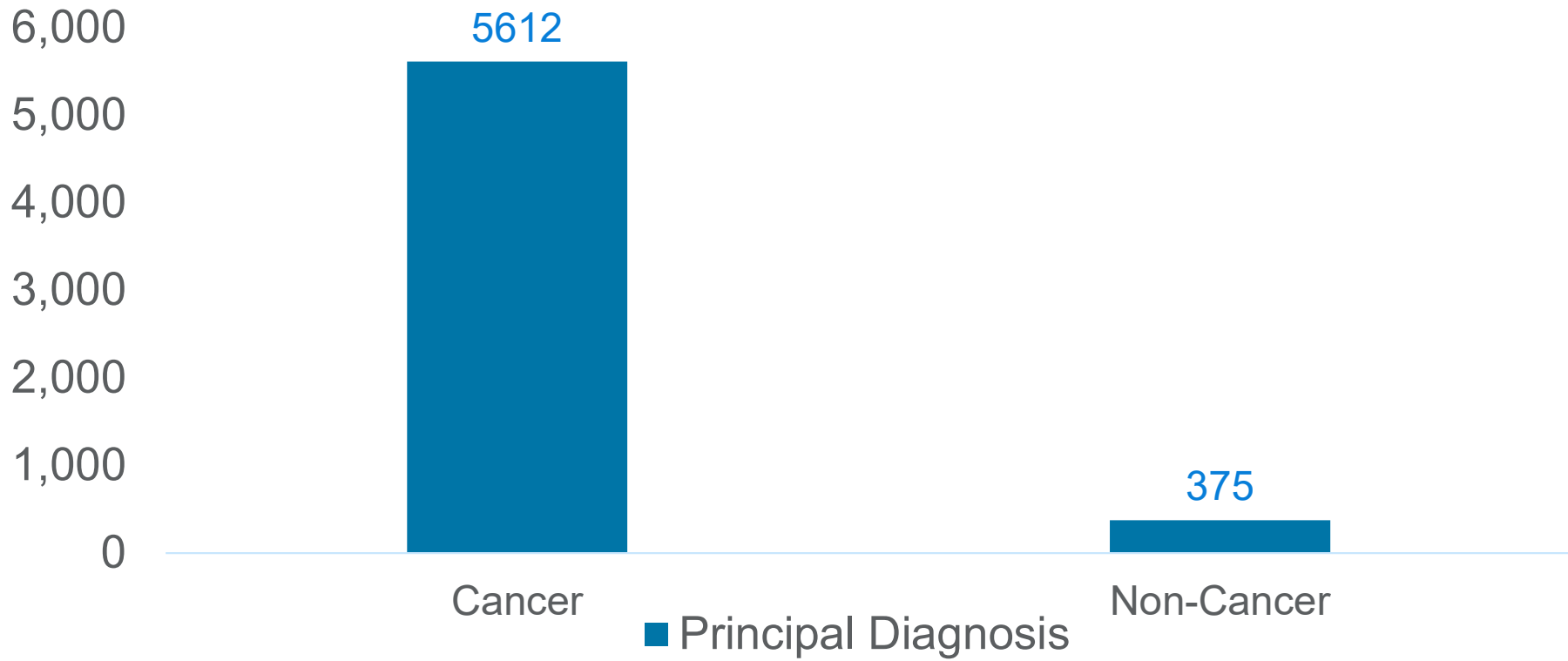
Lindsay Doak

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HealthPivots/NetSmart

Hospice Patients Are Changing But the Benefit is the Same



Medicare Decedents Using Hospice - 1985



Medicare Decedents Using Hospice - 2023

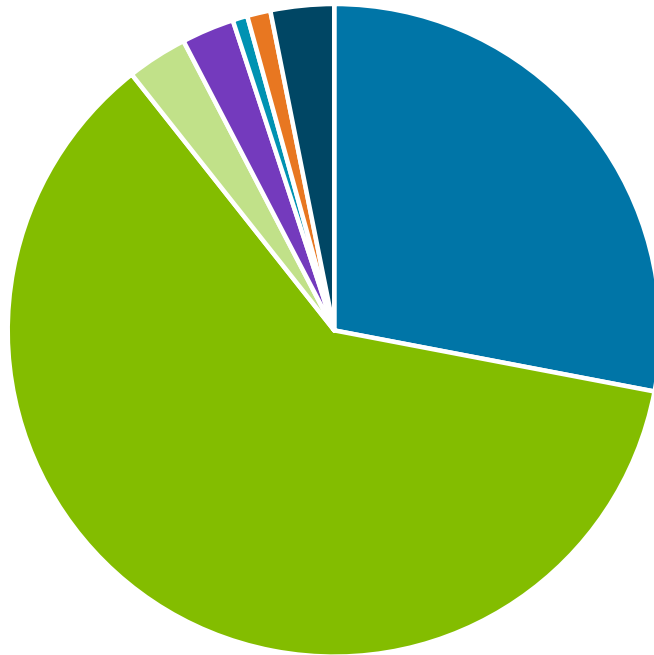
Table 2 FY 2023 Top 20 Principal Hospice Diagnoses

Rank	"International Classification of Disease, Tenth Revision (ICD-10)/Reported Principal Diagnosis"	Number of Beneficiaries	Percentage of all Reported Principal Diagnoses
1	G30.9-Alzheimer disease, unspecified	135,910	7.4%
2	G31.1-Senile degeneration of brain, not elsewhere classified	124,365	6.8%
3	J44.9-Chronic obstructive pulmonary disease, unspecified	78,630	4.3%
4	G30.1-Alzheimer disease with late onset	63,980	3.5%
5	I50.9-Heart failure, unspecified	52,375	2.8%
6	G20-Parkinson disease	52,155	2.8%
7	"I25.10-Atherosclerotic heart disease of native coronary artery without angina pectoris"	47,117	2.6%
8	"C34.90-Malignant neoplasm of unspecified part of unspecified bronchus or lung"	44,093	2.4%
9	U07.1-Emergency use of U07.1	43,505	2.4%
10	I67.2-Cerebral atherosclerosis	38,543	2.1%
11	I11.0-Hypertensive heart disease with (congestive) heart failure	36,860	2.0%
12	I67.9-Cerebrovascular disease, unspecified	35,120	1.9%
13	E43-Unspecified severe protein-energy malnutrition	33,111	1.8%
14	I63.9-Cerebral infarction, unspecified	29,291	1.6%
15	"I13.0-Hypertensive heart and renal disease with (congestive) heart failure"	27,455	1.5%
16	C61-Malignant neoplasm of prostate	24,806	1.3%
17	N18.6-End stage renal disease	24,565	1.3%
18	J96.01-Acute respiratory failure with hypoxia	23,329	1.3%
19	C25.9-Malignant neoplasm: Pancreas, unspecified	22,128	1.2%
20	"J44.1-Chronic obstructive pulmonary disease with acute exacerbation, unspecified"	20,928	1.1%

Source: FY 2024 Hospice Wage Index and Quality Reporting Proposed Rule, Table 2

Primary Caregivers are Shifting

Characteristics of Hospice Patients with a Primary Diagnosis of Dementia and Their Caregivers



- Spouse/Partner
- Children
- Niece/Nephew
- Brother/Sister
- Parent
- Friend

Hospice Growth and Utilization Trends Are Growing

Illinois Hospice Utilization Trend

NOTE: 2025 data are for Oct 2024 to Sep 2025

Year	Medicare Enrollment	Death Rate per 1,000	Resident Deaths	Death Service Ratio	Hospice Deaths	Hospice Penetration	Patients Served	Days per Patient (ALOS)	Patient Days
2011	1,973,965	40.7	80,302	0.43	34,205	0.60	47,835	57	2,713,529
2012	2,032,748	39.9	81,119	0.45	36,152	0.61	49,082	59	2,875,558
2013	2,080,466	39.9	83,078	0.45	37,314	0.61	50,362	59	2,947,528
2014	2,123,711	39.9	84,805	0.46	38,615	0.61	51,535	55	2,818,779
2015	2,163,444	39.6	85,746	0.47	40,438	0.63	53,665	55	2,930,658
2016	2,211,943	38.4	84,959	0.49	41,292	0.64	54,605	56	3,049,352
2017	2,252,289	38.9	87,571	0.50	43,543	0.66	57,961	57	3,291,474
2018	2,300,011	38.1	87,633	0.50	44,121	0.68	59,246	59	3,479,323
2019	2,341,872	37.4	87,556	0.51	44,961	0.70	61,086	61	3,695,740
2020	2,377,502	44.5	105,742	0.47	49,791	0.62	65,089	57	3,680,558
2021	2,397,397	40.8	97,847	0.48	46,517	0.63	62,055	58	3,595,834
2022	2,433,310	40.0	97,291	0.48	46,707	0.65	63,003	60	3,749,154
2023	2,469,105	36.7	90,603	0.51	46,280	0.70	63,637	62	3,928,137
2024	2,515,756	35.9	90,418	0.52	47,223	0.72	65,002	64	4,131,192
2025	2,545,448	36.4	92,670	0.52	48,502	0.73	67,412	64	4,308,235

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With That is a Growing Number of Hospices

Increase in total number of hospices

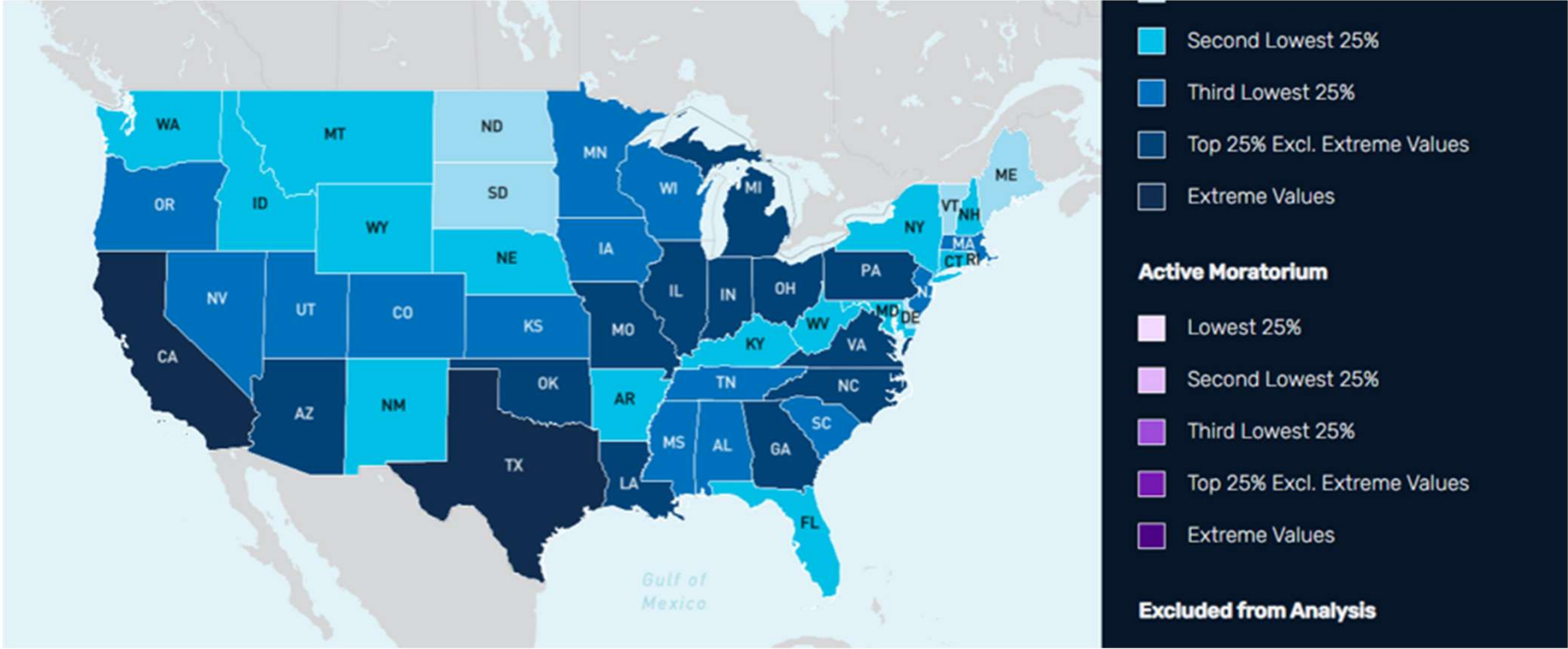
Category	2019	2020	2021	2022	2023	2024	Average annual percent change 2019–2023	Percent change 2023–2024
All hospices	4,840	5,058	5,358	5,899	6,535	6,706	7.8%	2.6%
For profit	3,435	3,694	4,024	4,581	5,243	5,497	11.2	4.8
Nonprofit	1,254	1,217	1,190	1,172	1,155	1,070	-2.0	-7.4
Government	149	145	141	138	136	130	-2.3	-4.4
Freestanding	3,942	4,190	4,515	5,074	5,695	5,740	9.6	0.8
Hospital based	430	413	394	383	365	350	-4.0	-4.1
Home health based	449	436	432	421	415	415	-1.9	0.0
SNF based	19	19	17	17	17	16	-2.7	-5.9
Urban	3,973	4,193	4,501	5,051	5,701	5,877	9.4	3.1
Rural	861	856	849	834	833	829	-0.8	-0.5

Slide 10

- 1 [@Joseph Carvalho] would we know how many hospices there are in 2023 or 2024 based on the cost report.
 , 2024-06-15T12:14:49.115
- 1 0 [@Lindsay Doak] I think the Hospice Compare would catch the most agencies. Cost reports would only be stand-alone so we would need other cost reports to get anything HH or Hospital based. I pulled the May 2024 release and there were 7,110 and the May 2023 release had 6,091.
 , 2024-06-17T13:02:38.326
- 1 1 Any chance we are able to break this down by status? For profit, nonprofit?
 , 2024-06-23T15:05:35.398
- 1 2 [@Lindsay Doak] Sent totals in teams. Table didn't format in comment here.

 , 2024-06-25T20:40:53.075
- 1 3 [@Joseph Carvalho] When you have a minute, if you can send me those totals I can add them to the table I made. It's editable now.
 , 2024-06-26T13:31:26.444
- 1 4 [@Joseph Carvalho] can you change the % for the 2018 - 2024 number and 2023-2024. I updated this from 2022.
 , 2024-06-26T20:13:18.600
- 1 5 [@Lindsay Doak] Last two columns updated to match values in the table.
 , 2024-06-26T20:31:47.954

Saturation Rates by Number of Hospice Agencies

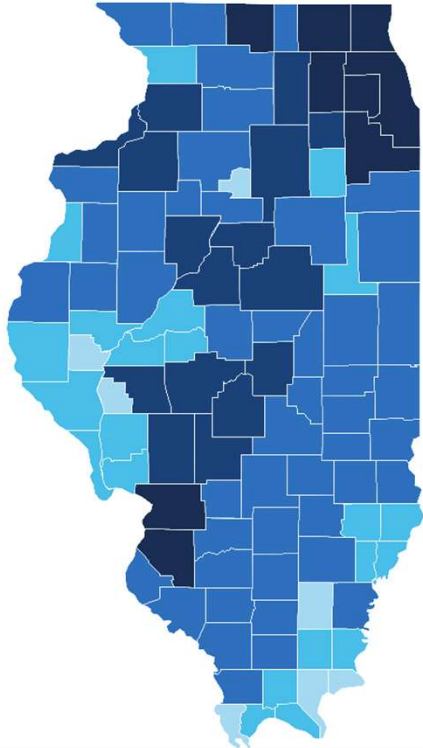


Source: DATA.CMS.GOV

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Saturation Rates by Number of Hospice Agencies

Illinois



Source: DATA.CMS.GOV

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There's a Shift to Hospice ADC in Senior Housing

State	Nursing Home	ALF	Combined	State	Nursing Home	ALF	Combined
Minnesota	26%	43%	69%	Arizona	5%	37%	42%
Nebraska	40%	27%	67%	Maryland	17%	23%	40%
Iowa	51%	15%	66%	New Mexico	10%	30%	40%
Wisconsin	19%	47%	66%	Virginia	14%	26%	40%
North Dakota	45%	20%	65%	Washington	8%	32%	40%
South Dakota	50%	14%	64%	Florida	14%	25%	39%
Kansas	31%	27%	58%	Georgia	14%	25%	39%
Ohio	32%	25%	57%	Tennessee	22%	17%	39%
Illinois	34%	20%	54%	Texas	19%	20%	39%
Missouri	37%	14%	55%	Alaska	4%	35%	39%
Colorado	19%	33%	52%	South Carolina	17%	21%	38%
Maine	30%	22%	52%	Louisiana	25%	11%	36%
Indiana	33%	18%	51%	North Carolina	18%	18%	36%
New Hampshire	27%	24%	51%	Vermont	16%	18%	34%
Massachusetts	32%	18%	50%	Arkansas	26%	7%	33%
Michigan	17%	33%	50%	Mississippi	19%	14%	33%
Pennsylvania	27%	23%	50%	Delaware	16%	15%	31%
Rhode Island	43%	7%	50%	West Virginia	20%	11%	31%
Connecticut	29%	20%	49%	Kentucky	22%	8%	30%
Idaho	4%	45%	49%	California	6%	21%	27%
Oklahoma	28%	19%	47%	Nevada	4%	22%	26%
Montana	10%	37%	47%	Wyoming	13%	11%	24%
Utah	8%	38%	46%	Alabama	20%	3%	23%
New Jersey	24%	22%	46%	New York	16%	6%	22%
Oregon	8%	36%	44%	Hawaii	16%	4%	20%

Illinois
54%

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Hospice Spending by Length of Stay is Being

TABLE 9-4

	Medicare hospice spending, 2024 (in billions)
All hospice users in 2024	\$28.3
Beneficiaries with LOS > 180 days	\$17.5
1 – 180 Days	\$5.6
181 – 365 Days	\$5.3
366+ Days	\$6.6
Beneficiaries with LOS ≤ 180 days	\$10.9

Nearly 60% of Medicare hospice spending was for patients with stays exceeding 180 days, 2024

Note: LOS (length of stay). "LOS" reflects the beneficiary's lifetime days with hospice as of the end of 2022 (or at the time of discharge in 2022). All spending reflected in the table occurred only in 2022. Breakout groups do not sum to totals because of rounding.

Average Length of Stay by Diagnosis is Shifting



Neurogenerative Diseases (Alzheimer's, Parkinson's Dementia):
143 days



Cancer: 50 days



National Average: 91

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With Growth Comes Significant Scrutiny

“CMS is placing newly enrolling hospices located in Arizona, California, Nevada, Texas, Georgia, and Ohio in a provisional period of enhanced oversight. We received numerous reports of hospice fraud, waste, and abuse. The number of enrolled hospices has increased significantly in these states, raising serious concerns about market oversaturation.”

Hospice in the News

Medicare Hospice - Exploding in Size But Riddled with Quality Concerns

**Preying on the Dying:
Private Equity Gets Rich
in Hospice Care**

**Hospices have become big business for
private equity firms, raising concerns
about end-of-life care**

HealthPivots

Measures that Matter

HealthPivots Measures that Matter: Premise & Goals



Identify Bad Apples



Identify Top Performers

~~**Differentiate the middle core**~~

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Quality Initiatives for Hospice

Hospice Quality Reporting Program (HQRP)

Gaps in Nursing Visits which measures the proportion of beneficiaries who are not seen by nursing staff at least once a week.

Nurse Care Minutes per RHC Day measures the average number of skilled nursing minutes per day during RHC days.

Skilled Nursing Minutes on Weekends measures the average number of skilled nursing minutes on weekends during RHC days.

Hospice Visits in the Last Days of Life (HVLDL) measures the proportion of beneficiaries who have received in person visits from a registered nurse or medical social worker on at least two out of the final three days of the beneficiary's life.

Visits Near Death is an HCI measure that is very similar to HVLDL. HVLDL is preferred by our expert panel as it better differentiates performance across hospice providers. This indicator captures any staff visits during the three days prior to the beneficiary's death.

Visits per Week is not a CMS endorsed measure but is a straightforward and valuable measure that calculates the visit count per 7 days of care under RHC and CHC patients only

Measures that Matter

Measures that Matter Metrics

Measures that Matter Metrics								
Hospice	Medicare Average Daily Census (ADC)	% CHC + GIP Days	% Definitely Recommend this Hospice	% w/ Visit in 2 of 3 Last Days of Life	Gaps in Nursing Visits (% of Stays)	% Live Discharges	Burdensome Transitions, Type 1	Burdensome Transitions, Type 2

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Components To Consider to Achieve High Quality Hospice Care



Transition Process



Admission Process



**Care Planning
and Delivery**



Bereavement

Transition Process: Measures of Excellence for Better Outcomes



Transition Process:
How was the
transition to hospice
care?

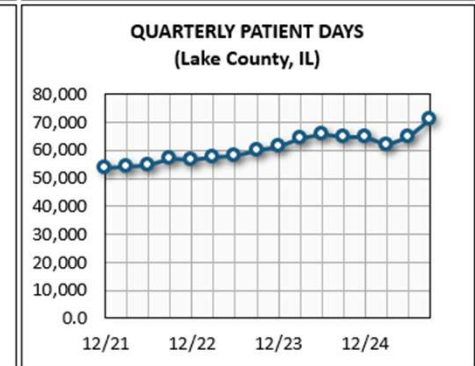
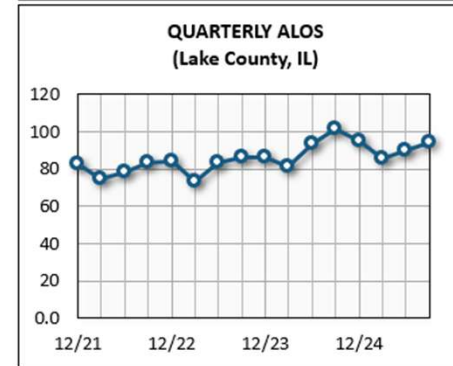
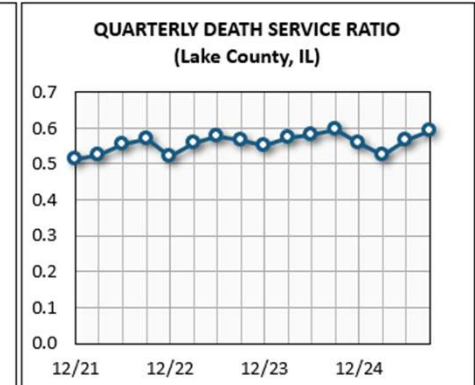
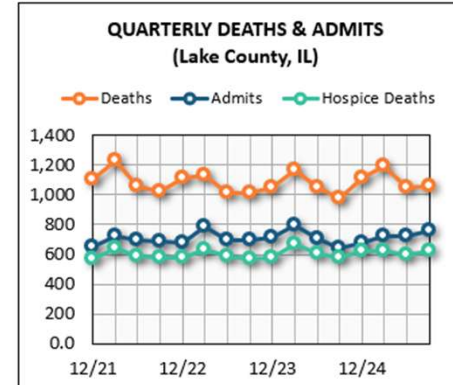
- Hospice utilization in your service area. What is the utilization in your area? Have you budgeted for growth?
- What % of hospital discharges die in 6-month without hospice? Is there unlocked opportunity?
- What is your referral conversion rate?
- What is your time from referral to admission?

Measuring Growth in Service Area

Lake County, IL

QUARTERLY PERFORMANCE

Quarter	County Deaths	Death Service Ratio	Hospice Deaths	Admissions	Days per Admission (ALOS)	Patient Days
Q4-2021	1,102	0.51	566	647	83	53,616
Q1-2022	1,232	0.52	644	724	74	53,874
Q2-2022	1,056	0.56	587	695	78	54,495
Q3-2022	1,018	0.57	580	682	83	56,751
Q4-2022	1,113	0.52	579	675	84	56,532
Q1-2023	1,130	0.56	629	787	73	57,387
Q2-2023	1,016	0.58	586	699	83	58,032
Q3-2023	1,010	0.57	572	693	86	59,723
Q4-2023	1,048	0.55	577	711	86	61,147
Q1-2024	1,171	0.57	672	795	81	64,380
Q2-2024	1,046	0.58	609	703	94	65,831
Q3-2024	973	0.59	578	639	102	64,894
Q4-2024	1,111	0.56	622	680	95	64,498
Q1-2025	1,190	0.52	622	721	86	61,653
Q2-2025	1,049	0.56	592	720	90	64,663
Q3-2025	1,061	0.59	627	755	94	70,986



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Hospital Referrals Discharges: Example

ILLINOIS HOSPITAL AVERAGE

DISCHARGE STATUS	INITIAL HOSPITALIZATIONS IN 2025				
	% SHARE OF INITIAL DISCHARGES	INPATIENT DAYS PER PATIENT	% DIED WITHIN 6 MONTHS OF DISCH	% READM IN ≤ 30 DAYS	% READM WITHIN 6 MONTHS
EXPIRED	2.2%	7.5			
HOME	47.8%	3.0	6%	13%	31%
SNF	16.7%	6.8	22%	19%	45%
HOME HEALTH	12.7%	4.9	11%	15%	38%
HOSPICE	2.9%	7.1	92%	1%	2%
LTCH	0.3%	22.5	43%	19%	56%
REHAB	4.0%	7.2	11%	16%	41%
OTHER	13.4%	4.6	19%	31%	51%
ALL	100.0%	4.5	14%	16%	37%

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Hospital Referral Discharges

HOSPICE ADMISSIONS OF FFS PATIENTS DISCHARGED IN 2025 (OCT 2024 TO SEP 2025)

HOSPICE NAME	HOSPITAL DIRECT HOSPICE ADMISSIONS			HOSPITAL LINKED HOSPICE ADMISSIONS (90-DAYS)			
	DIRECT ADMISSIONS	SHARE OF HOSPITAL'S TOTAL	% OF HOSPICE'S TOTAL	LINKED ADMISSIONS	AVG DAYS TO HOSPICE	SHARE OF HOSPITAL'S TOTAL	% OF HOSPICE'S TOTAL
ALL HOSPICES	320	100%	--	536	12.0	100%	--
HOSPICE A	220	69%	67%	313	9.9	58%	64%
HOSPICE B	17	5%	7%	24	7.4	4%	7%
HOSPICE C	16	5%	23%	42	18.5	8%	26%
HOSPICE D	13	4%	13%	35	17.9	7%	14%
HOSPICE E				36	19.9	7%	14%
HOSPICE F				19	16.2	4%	7%
HOSPICE G				11	5.5	2%	8%
OTHER HOSPICES	54	17%	--	56	--	10%	--

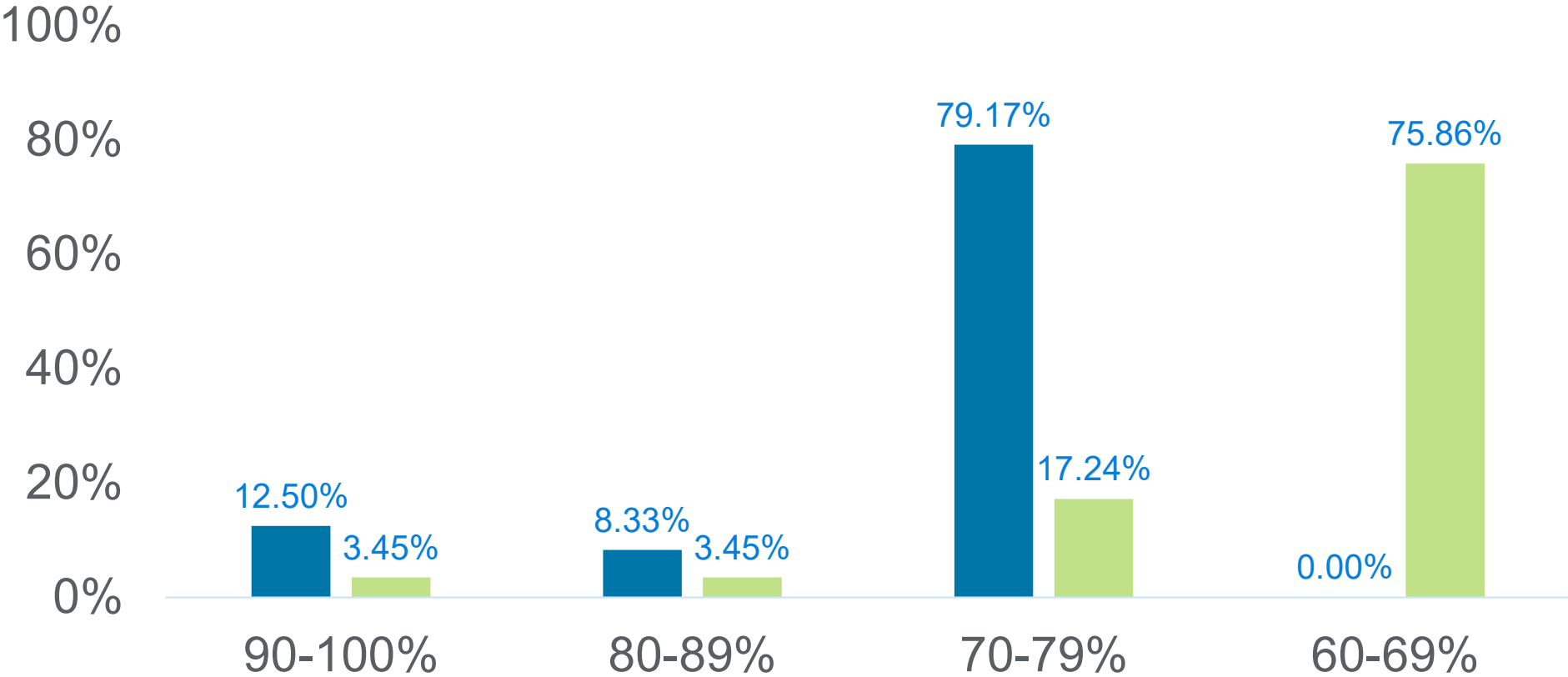
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How does your agency define a referral?

Answer	Center of Excellence	Bottom 20%	Median LOS
Any referral that comes to us	84%	21%	31
Minimally qualified referral	8%	76%	23
Only fully qualified referrals	8%	3%	20

What is your referral to admission conversion rate?

■ Centers of Excellence



Components of Hospice Quality: Admission Process

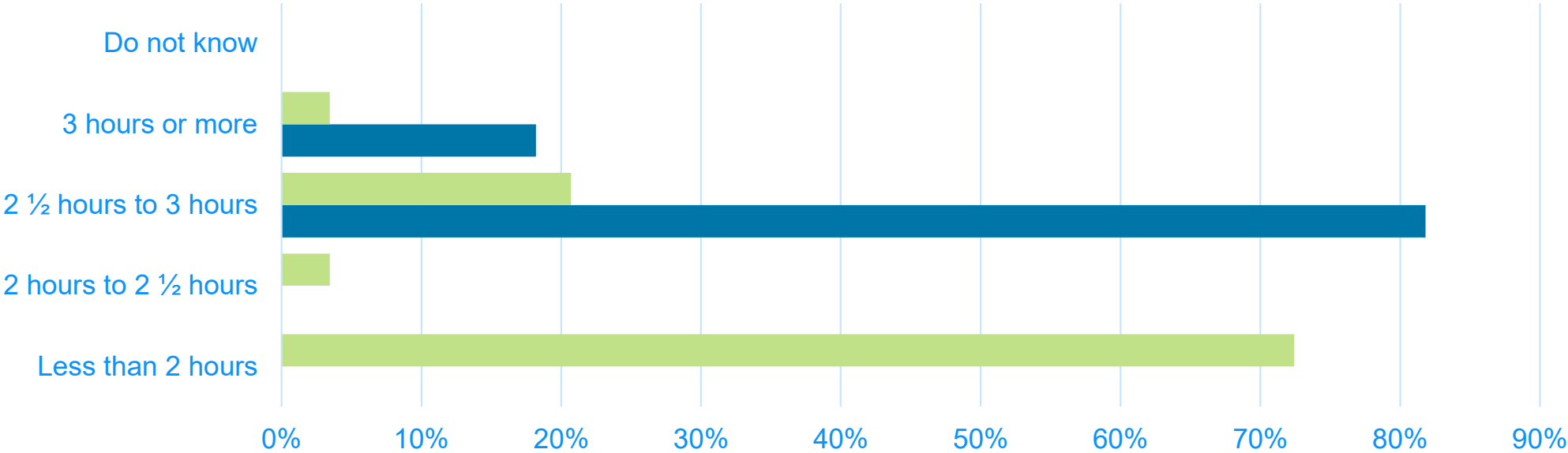


Admission Process:
Quality and
Satisfaction of
Admission Process

- Length of Admission Visit
- Number of Visits to Complete Admission
- % Point of Care Documentation
- Time of day for Admissions

Admission Process: How long on average does it take a clinician to complete a start of care using your POC system including visit and time for documentation?

■ Bottom 20%



Admission Process: How long on average does it take a clinician to complete a start of care using your POC system including visit and time for documentation?

Answer	Profitability Ratio
Less than 2 hours	0.24
2 hours to 2 ½ hours	0.20
2 ½ hours to 3 hours	0.21
3 hours or more	0.14

Admission Visits Less than 2 Hours

- Lower caregiver satisfaction scores
- Higher live discharge rates
- Larger % average length of stay over 180 days
- Lower HCI

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Components of Hospice Quality: Care Planning and Delivery



Care Planning and Delivery:

How was the overall planning and delivery of care?

- Do you offer all levels of care (CHC, GIP, RHC). What % of each do you anticipate to meet your patient needs?
- Balancing Productivity and High Quality Outcomes:
Number of Visits per Week
- Diagnosis Breakdown and Utilization
- Utilization Gaps and Quality

Care Delivery: Measure of Excellence in Providing all Levels of Care

Levels of Care are Reported on the Hospice Care Index

In 2024:

- *over 2600 (49%) of hospices provided no amount of GIP care*
- *over 3600 (69%) of hospices provided no amount of CHC care*
- *over 2300 (44%) of hospices provided no amount of GIP or CHC care*

*By comparison, in 2012, only twenty-one (21%) of hospices provided no GIP care**

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Illinois: Measure of Excellence in Providing all Levels of Care

GIP/CHC care days: .95%
Agencies provided 0% GIP/CHC: 43% (N=60)

Do you collect data on requests for CHC or other levels of care that you cannot fill or can only partially fill?

Are you staffing and budgeting for this?

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Caseload Expectations for Quality Outcomes - Examples

Hospice Homecare							
		Computed Caseload/FTE		Productivity (Days per visit)		Weekly Visits	
	Category	Acceptable	Excellent	Acceptable	Excellent	Acceptable	Excellent
a.	Nursing	12-13	14-16	4	4.5	20	25
b.	Aide	10-11	12-14	4	4.5	22	28
c.	SW	28-30	25-27	3	3.5	15	20
d.	Spiritual	75-85	86-95	3	3.5	25	30
e.							

Nursing Home and ALFs							
		Computed Caseload/FTE		Visit Duration		Weekly Visits	
	Category	Acceptable	Excellent	Acceptable	Excellent	Acceptable	Excellent
a.	Nursing	16	18	55	45	26	28
b.	Aide	12	14	55	45	25	27
c.	SW	32	34	55	45	24	26
d.	Spiritual	100	120	45	30	20	20
e.							

Illinois Median Visits Per Week

Visit Type	Illinois Median
TOTAL	3.9
SN	1.9
HHA	1.6
MSS	0.3
OTHER	0
Range	6.9 - 1.5

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Gaps in Nursing Visits (Lower is Better)

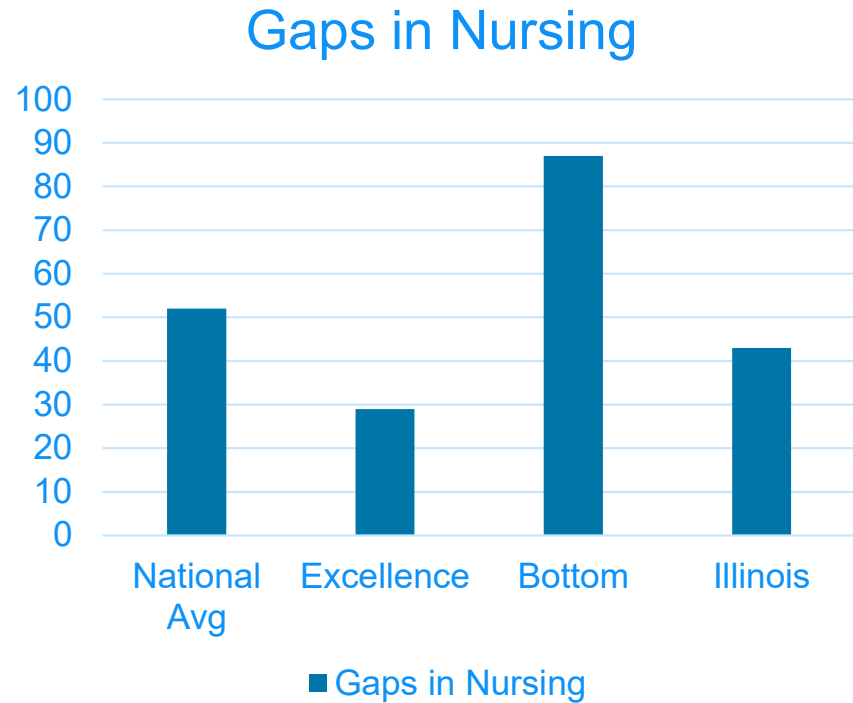
National Average: 52%

Hospice of Excellence: 29%

Bottom 10%: 87%

Illinois Average: 43%

Illinois Agencies in Top: 29



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Visits Last 2-3 Days of Life (Higher is Better)

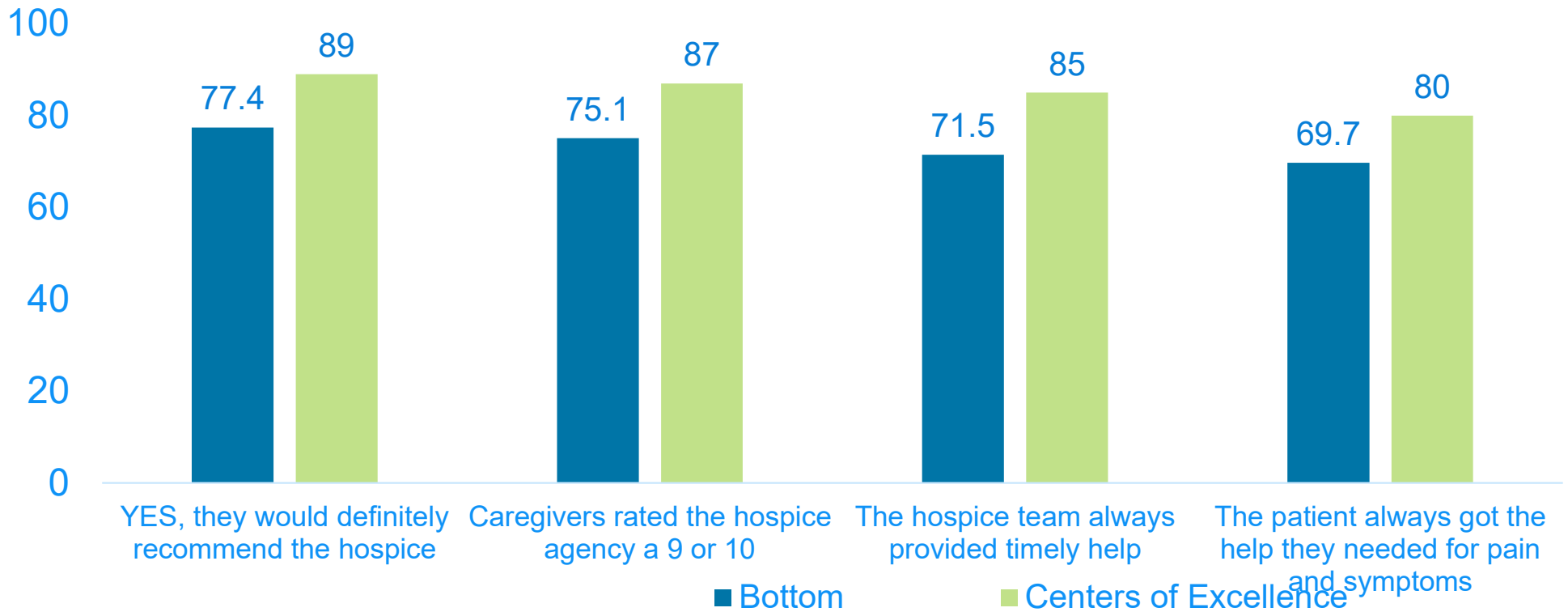


- National Average: 48%
- Hospice of Excellence: 73%
- Bottom 10%: 21%
- Illinois Average: 57%
- Illinois Agencies in Top: 27%

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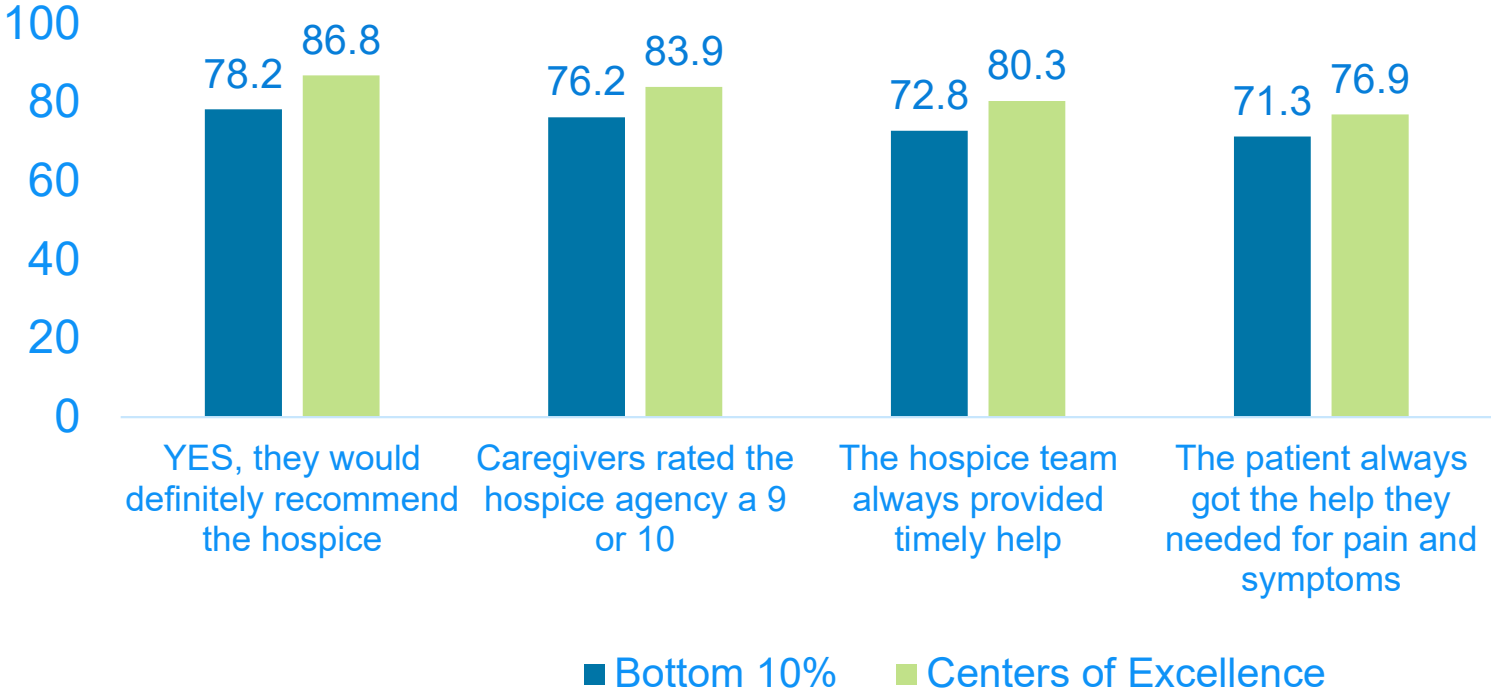
Correlation: Gaps in Nursing Visits and CAHPS Outcomes



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Correlation: Visit Last Days of Life and CAHPS Outcomes



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Willingness to Recommend

National Average: 84%

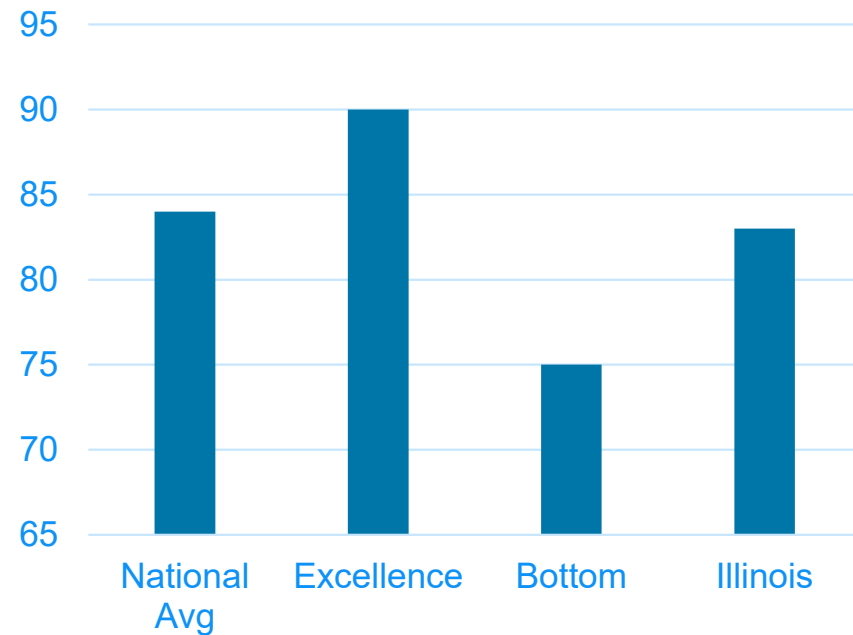
Centers of Excellence: 90%

Bottom 10%: 75%

Illinois Average: 83%

Illinois Agencies in Top: 90

Willingness to Recommend



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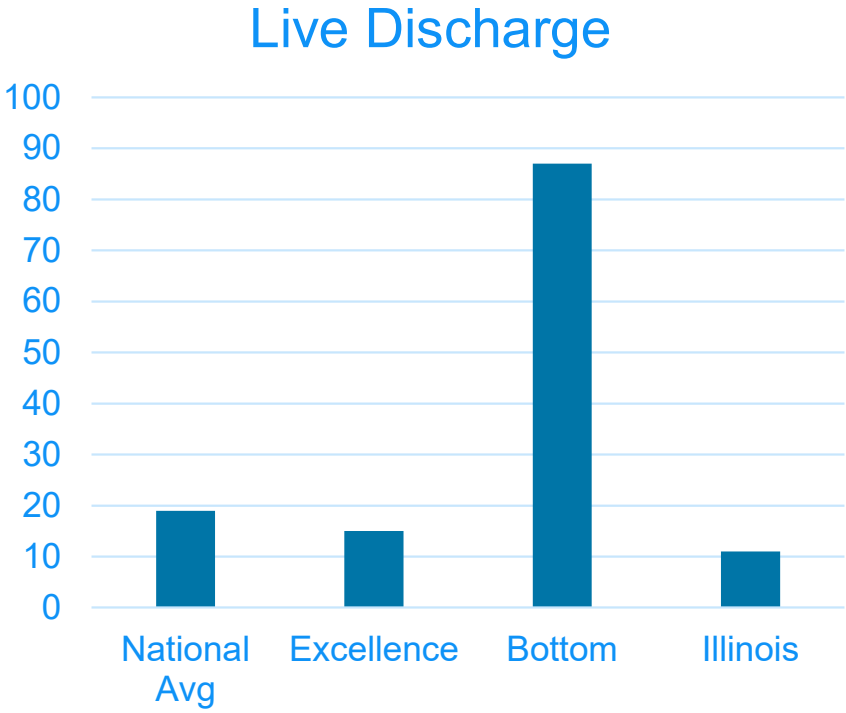
Components of Hospice Quality: Transitions and Bereavement



Bereavement:
What Bereavement
Services do you
offer?

- What is your agency's live discharge rate?
- What % Burdensome transition (Type 1 and 2)
- What bereavement services do you offer? E.g. In person meetings, support groups, newsletters, attend funerals.
- How is this being budgeted?

Live Discharge %



National Average: 19%

Centers of Excellence: 15%

Bottom 10%: 87% (recommendation is less than 30%)

Illinois Average: 11%

Illinois Agencies in Top: 67

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Illinois Hospice Live Discharges: Red Flag

- 7% of Illinois hospices have live discharge rates of 30% or higher (national live discharge average is 19%). Total payments to these agencies was \$18M
- 2% of Illinois hospices have live discharge rates of 50% or higher. Total payments to these agencies was \$10.5M.



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Burdensom Transition Type 2



(LIVE DISCHARGES ADMITTED TO HOSPITAL W/IN 2 DAYS WHO DIED IN HOSPITAL STAY) / (TOTAL LIVE DISCHARGES)



AN INDICATOR OF HOSPICES LIVE DISCHARGING UNSTABLE PATIENTS VERY CLOSE TO END OF LIFE

National Average: 2.1
Centers of Excellence: 0
Bottom 10%: 5.4
Illinois Average: 1.9
Illinois Agencies in Top: 46

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Burdensom Transition Type 1



(LIVE DISCHARGES ADM HOSPITAL
WITHIN 2 DAYS AND BACK TO
HOSPICE WITHIN 2 DAYS) / (TOTAL
LIVE DISCHARGES)



AN INDICATOR OF HOSPICES
DISCHARGING PATIENTS SOLELY
FOR A HOSPITAL STAY TO AVOID
RESPONSIBILITY FOR THE
INPATIENT COSTS

National Average: 8.5

Centers of Excellence:
2.9

Bottom 10%: 18.3

Illinois Average: 7.6

Illinois Agencies in Top:
43

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What does your bereavement look like?



- Do you offer virtual live calls?
- Do you offer in person visits?
- What other services do you provide?

What Truly Matters



Reducing Fraud: Program Integrity Recommendations



- Strengthen Enrollment Controls to Mitigate Fraud and Integrity Risks
- With Industry Input, Develop and Deploy Risk-Based Algorithms to Guide Targeted Medical Review, Surveys, and Oversight
- Better Leverage Regulatory and Enforcement Tools to Prevent Problematic Providers from Persisting in the Medicare Program
- Enhance Public Reporting to Improve Systemwide Accountability
- Increase Oversight and Standardization of CMS Contractor Activities and Reduce Burden for Compliant Providers
- Evaluate payment models to determine if there is a need for payment adjustments in hospice.

What Will it Take to Become a Center of Excellence?

HealthPivots Measures that Matter

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Questions?