

**2026 ANNUAL CONFERENCE & EXPO**  
Celebrating 60 Years  
Then. Now. Next.

**AI In Action: Reinventing Home Health & Hospice**  
*Brian Lebanon, CEO/Consultant, MBA, RNC, HCS-Q, HCS-D, PCP*

June 24, 2026

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Audience Poll

- “Who is already using AI?”
- “What worries you most about AI?”
- “What process consumes the most staff time?”

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**THE PERFECT STORM**  
Converging Pressures Facing Home Health & Hospice

- STAFFING SHORTAGES**  
Recruiting and retaining qualified staff
- MARGIN COMPRESSION**  
Rising costs and squeezed margins
- DOCUMENTATION BURDEN**  
Complex requirements and administrative load
- INCREASING MEDICARE SCRUTINY**  
More audits, probes and reimbursement reviews
- BURNOUT CRISIS**  
High stress, high turnover and compassion fatigue
- DEMAND FOR OPERATIONAL EFFICIENCY**  
Do more with less quality and outcomes
- UNPRECEDENTED PRESSURE. UNSUSTAINABLE WITHOUT CHANGE.**

**THE TIME TO ADAPT IS NOW.**  
AI-POWERED SOLUTIONS CAN HELP YOU NAVIGATE THE STORM.

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### AI Is Already Around Us

- Siri/Alexa
- ChatGPT
- Smart scheduling
- Predictive routing
- EHR prompts
- Revenue cycle automation
- “Healthcare agencies are already using AI — many just don’t realize it.”

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### What AI Actually Means

- Artificial Intelligence
- Machine Learning
- Generative AI
- NLP (Natural Language Processing)
- Predictive Analytics

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### UNDERSTANDING AI IN HOME HEALTH & HOSPICE

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### Types of AI Used in Post-Acute Care


AI Type	Example	Use Case
Generative AI	ChatGPT	Drafting narratives
NLP	Documentation review	Eligibility scanning
Predictive AI	Risk scoring	Hospitalization prediction
Automation AI	Workflow routing	Claims processing

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### The Hidden Cost of Poor Documentation



- Denials
- Delays
- Recoupments
- Staff turnover
- Compliance exposure
- Lost referrals

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### Hidden Cost of Poor Documentation

**DELAYS**

**67% of providers report increasing reimbursement delays**

- Documentation deficiencies remain a leading cause

**Additional Point:**

- ADRs and appeals significantly slow cash flow and increase administrative burden

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### Hidden Cost of Poor Documentation

**DENIALS**

**12% average medical claim denial rate nationally**

- Up from 9% in 2016
- 84% of denials considered potentially avoidable

**Hospice-Specific:**

- CMS reported improper payment rates of:
  - **6.8%** for non-hospital hospice
  - **10.8%** for hospital-based hospice

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### Hidden Cost of Poor Documentation

**RECOUPMENTS**

**\$1.6 billion in projected improper hospice payments**  
(CMS 2024 data)

- Majority tied to documentation deficiencies

**Key Detail:**

- "Insufficient documentation" accounted for:
  - **63%** of hospice payment errors
  - **82.8%** in hospital-based hospice

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**Hidden Cost of Poor Documentation**

**STAFF TURNOVER**

**Home Health & Hospice Nursing Turnover:**

- RN turnover rates near **20%**
- LVN turnover rates around **18.3%**
- Vacancy rates up to **22.2%**

**“Documentation burden contributes directly to burnout and workforce instability.”**

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**Hidden Cost of Poor Documentation**

**LOST REFERRALS**

**Home Health Referral Rejection Rates:**

- Reached **76% nationally**
- Up from 54% in 2019

**Messaging:**

- Staffing shortages
- Capacity challenges
- Administrative inefficiencies
- Delayed admissions

**All contribute to referral loss and damaged referral relationships.**

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**Hidden Cost of Poor Documentation**

**COMPLIANCE EXPOSURE**

**Top Hospice Denial Reasons:**

- Requested records not submitted → **31%**
- “Not hospice appropriate” → **30.1%**
- Invalid NOE → **10.4%**

**“Many denials are preventable with proactive documentation review.”**

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**“Documentation is no longer just a clinical responsibility — it is a financial survival strategy.”**


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**AI-Powered Clinical Documentation**

**Demonstrate:**

- Narrative enhancement
- Missing element detection
- Smart prompts
- Visit summarization
- Coding assistance




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**AI for Hospice Eligibility Support**

- Decline trajectory
- LCD alignment
- Comorbidity identification
- Narrative gaps
- CTI support




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**AI and OASIS Accuracy**

- GG item consistency
- Functional scoring
- Inconsistency alerts
- Risk pattern identification



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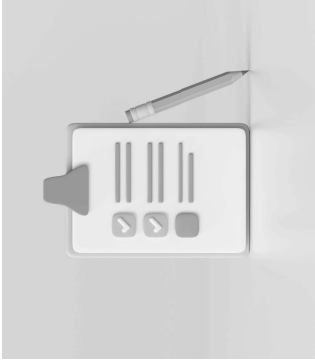
**COMPLIANCE, AUDITS & REVENUE CYCLE**

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### CMS Scrutiny Is Intensifying

- TPEs
- UPIC audits
- ADRs
- Hospice eligibility focus
- Increased data analytics by CMS
- CMS 6-Month Moratorium

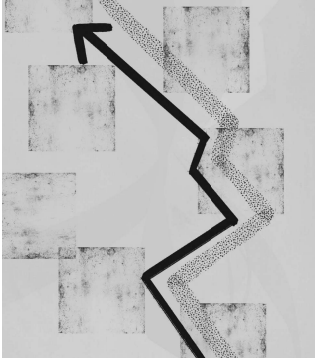


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### AI in Revenue Cycle Operations

- Claims scrubbing
- Prior authorization workflows
- Denial prediction
- AR prioritization
- Billing anomaly detection



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### Why AI Is Becoming Essential for Compliance

- Standardize review
- Identify risk early
- Reduce human oversight gaps
- Prioritize high-risk claims
- Prepare audit-ready documentation

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### Workflow: AI-Powered Audit Preparation


- Upload record
- AI review
- Risk scoring
- Compliance analysis
- Recommendation engine
- Staff correction
- Submission

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**Predictive Compliance Analytics**

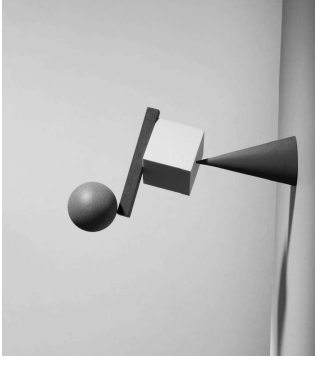
- **Future-looking section:**
  - Which patients are most likely to trigger review?
  - Which clinicians need support?
  - Which branches carry highest denial risk?


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**The Risks of AI**


- **Important balanced discussion**
- Hallucinations
- Bias
- Overreliance
- Data privacy
- Inaccurate recommendations
- Vendor transparency



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**RISKS, ETHICS & GOVERNANCE**

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**Regulatory Landscape**

- HIPAA
- HITECH
- AI governance
- OCR concerns
- State privacy laws
- Emerging federal AI policy




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**Legal Cases Shaping AI in Healthcare**

- Estate of Lokken v. UnitedHealth
- Cigna litigation
- Humana cases

**“AI cannot replace clinical oversight.”**



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**Questions Every Agency Should Ask Vendors**



- Where is data stored?
- Is PHI used to train models?
- Is the system explainable?
- How accurate is the tool?
- Who owns outputs?
- Is there audit logging?





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**AI Governance for Agencies**

**Suggested Governance Framework**

- AI committee
- Vendor review process
- Human oversight
- Documentation policy
- Staff education
- Audit validation

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**THE FUTURE OF HOME HEALTH & HOSPICE**



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### The Next 3–5 Years

Predictions:

- Government AI Adoption
- Ambient documentation
- AI-assisted coding
- Predictive hospitalization alerts
- Automated quality review
- Real-time compliance scoring
- AI-supported interdisciplinary planning



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### People Experience & AI

Potential:

- Faster response
- Better coordination
- Reduced admin burden

Risks:

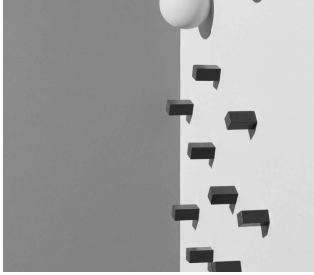
- Loss of human touch
- Trust concerns
- Technology fatigue



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### Workforce Transformation



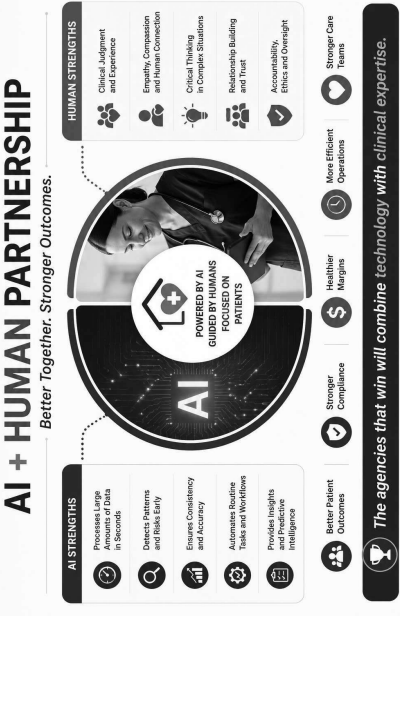
- Reduced burnout
- Different staffing models
- Upskilling teams
- AI literacy
- Operational redesign

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### AI + HUMAN PARTNERSHIP

Better Together. Stronger Outcomes.



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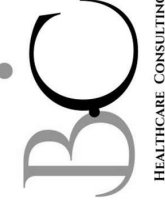
### TRANSFORMING COMPLIANCE. IMPROVING OUTCOMES.

Real Results from AHH


BEFORE AI	AFTER AI
<ul style="list-style-type: none"> <li><b>AHH from Health</b></li> <li><b>150+</b> ADRs per month (per report)</li> <li><b>3,000</b> cases</li> <li><b>HEAVY LABOR INTENSIVE PROCESS</b> Manual chart reviews and data collection consume significant time and resources</li> <li><b>STAFF BURNOUT</b> High workload and repetitive tasks lead to frustration and turnover</li> <li><b>DEDICATED STAFF</b> Required dedicated team members solely focused on ADR and compliance events</li> <li><b>LACKED TRACKING OF RESULTS</b> No clear visibility into trends, outcomes, or performance metrics</li> <li><b>DIFFICULT TO EDUCATE STAFF</b> Inconsistent feedback and resources made it hard to improve denial rate</li> </ul>	<ul style="list-style-type: none"> <li><b>AHH from Health</b></li> <li><b>150+</b> ADRs per month (per report)</li> <li><b>3,000</b> cases</li> <li><b>REDUCED PROCESSING TIME</b> AI-powered automation dramatically reduces review time and accelerates turnaround</li> <li><b>STREAMLINED PROCESS</b> AI-powered automation streamlines workflows and simplifies the entire ADR management process</li> <li><b>STANDARDIZED REVIEW</b> Consistent criteria and AI guidance ensure quality, efficiency, and accuracy</li> <li><b>IMPROVED DENIAL RATE</b> AI benchmarks &amp; documentation against a large national database to identify opportunities</li> <li><b>EDUCATION TAILORED FOR STAFF</b> AI-powered insights and targeted training improve knowledge and performance</li> <li><b>RESULTS TRACKING AVAILABLE</b> Real-time dashboards and reports provide visibility into trends, outcomes, and continuous improvement</li> </ul>

AI + Human Expertise – Smarter Compliance. Stronger Results.

- Better Reviews** - 90% reduction in processing time
- Increased Efficiency** - 50% reduction in staff time with the same workload
- Better Outcomes** - 10% reduction in denials and closed claims
- Empowered Team** - Focus on patient care



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Thank You!

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### Key Takeaways

- AI is already here
- Compliance risk is increasing
- AI can reduce operational burden
- Human oversight remains essential
- Agencies must prepare now

**“AI will not replace healthcare professionals. But healthcare professionals using AI may replace those who don’t.”**

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### Resources & References

- Industry Trends & Workforce Data**
  - **Healthcare Workforce 2026** - Deloitte
  - **Healthcare Industry Outlook 2026** - McKinsey & Company
  - **Healthcare Workforce Shortage** - AHA
- Medicare Compliance & Audit**
  - **Medicare Compliance Handbook** - CMS
  - **Medicare Audit Manual** - CMS
  - **Medicare Compliance Checklist** - AHA
- AI & Healthcare Technology**
  - **AI in Healthcare** - MIT Technology Review
  - **Healthcare AI: Opportunities and Challenges** - Deloitte
  - **AI-Powered Medical Devices** - FDA
- Claim Denials & Revenue Cycle Statistics**
  - **Claim Denial Trends** - AHA
  - **Revenue Cycle Performance** - AHA
  - **Denial Management Strategies** - AHA
- AI + Human Expertise – Smarter Compliance. Stronger Results.**