



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

Ethical Marketing in Hospice
Building Trust, Compliance & Sustainable Growth

June 24, 2026

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1

Objectives

- Recognize regulatory and ethical risks associated with hospice marketing and referral development.
- Implement trust-based marketing strategies that strengthen relationships with referral sources and community partners.
- Create a sustainable growth framework that aligns organizational goals with compliance and patient-centered care.

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2

Poll Question

Which area creates the greatest compliance risk for your hospice marketing team?

- A. Patient Choice Requirements
- B. Referral Source Relationships
- C. Gifts & Incentives
- D. Eligibility Discussions
- E. Social Media & Advertising

3

The Lunch & Learn

Poll Question #1:

Scenario
A hospice marketer hosts a monthly lunch for hospital case managers. The hospice provides lunch for 15 attendees and presents education on hospice eligibility and symptom management. No referrals are requested during the presentation.

Poll
Is this okay?
•A. Okay
•B. Not Okay
•C. Need More Information
Correct Answer
C. Need More Information

Rationale
Providing educational programs can be appropriate and beneficial. However, compliance depends on:
 Educational content is legitimate
 Food is modest and reasonable
 No expectation of referrals
 Attendance is not limited to high-referring individuals
Potential concerns:
 Expensive meals
 Frequent entertainment
 Discussions implying referrals are expected
Teaching Point
The issue isn't the lunch—it's whether something of value is being provided to influence referrals.

4

The "Free Nurse"

Poll Question #2

Scenario
A skilled nursing facility is experiencing staffing shortages. A hospice offers to provide a nurse at no charge for four hours every day to assist with wound care and patient assessments. Several residents referred to hospice come from this facility.

Poll
Is this okay?
•A. Okay
•B. Not Okay
•C. Need More Information
Correct Answer
B. Not Okay

Rationale
Providing free staff to a referral source is one of the most commonly cited hospice marketing compliance risks.

The SNF receives something of significant value:
 Labor
 Staffing relief
 Financial benefit

The arrangement could be viewed as remuneration intended to induce referrals under the Anti-Kickback Statute.

Ask yourself: "Would the facility have to pay for this if we weren't providing it?" If the answer is yes, significant AKS risk exists.

5

The Family Gift Card

Poll Question #3

Scenario
A hospice marketer attends a community event and announces:
"Any family that schedules a hospice consultation this month will receive a \$50 grocery gift card."

Poll
Is this okay?
•A. Okay
•B. Not Okay
•C. Need More Information
Correct Answer
B. Not Okay

Rationale
The gift card has monetary value and could influence a beneficiary's selection of a hospice provider.

Potential concerns:
 Beneficiary Inducement Rules
 Patient choice concerns
 Appearance of purchasing admissions

Even if the consultation is free, the incentive may improperly influence provider selection.

Teaching Point
Patients should choose a hospice because of quality, trust, and services—not because of financial incentives.

6

Bonus "Room Divider"

Poll Question #4

Scenario
A hospital asks your hospice to sponsor coffee and donuts every Friday morning in the case management office. The total cost is approximately \$100 per week. The hospice logo is displayed on the coffee station.

Poll
Is this okay?
•A. Okay
•B. Not Okay
•C. Need More Information

Correct Answer
C. Need More Information

Rationale
Some attendees will immediately say "No." Others will say "Everyone does it."

The real answer is that facts matter:
•Who receives the benefit?
•How often?
•Is it tied to referrals?
•Is it modest?
•Is there a legitimate business purpose?
•Would it look appropriate on the front page of the newspaper?

Teaching Point
Most hospice marketing compliance issues live in the gray area where intent, value, frequency, and referral influence must all be evaluated.

7

**"There Is No Hospice Marketing CoP—
But Marketing Is Governed by Patient Choice, Fraud & Abuse Laws, and OIG Oversight"**

8


Hospice COP's

42 CFR §418.52 – Patient Rights (Most Relevant CoP)

This is the CoP most often cited when discussing hospice marketing and referral practices because it protects the patient's right to make informed decisions and choose providers. Patients have the right to receive information about hospice services and exercise their rights without coercion.

Marketing Implication:

- No steering patients to a specific hospice.
- No interference with patient choice.
- No misleading information about services.
- Marketing messages must support informed decision-making.

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9

Hospice COP's

42 CFR §418.100 – Organization and Administration

Hospices must operate in compliance with all applicable federal, state, and local laws and regulations. This means marketing programs must comply with fraud and abuse laws even though marketing itself is not specifically addressed in the CoPs.



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10

Anti-Kickback Statute (42 U.S.C. §1320a-7b)

While not a CoP, this is often the **biggest regulatory risk** for hospice marketers.

Examples:

- Paying referral sources for admissions
- Providing free staff to referral sources
- Giving gifts or benefits intended to influence referrals
- Compensation arrangements tied to referral volume



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11

OIG Guidance and Beneficiary Inducement Rules

The Office of Inspector General frequently scrutinizes:

- Referral relationships
- Free services
- Marketing contracts
- Community outreach activities
- Patient incentives



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12

Hospice Marketing Compliance Framework

Ethical Marketing Starts with Understanding the Rules

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13

Regulatory Area	Marketing Focus
42 CFR §418.52	Patient Choice & Patient Rights
42 CFR §418.100	Compliance with Federal & State Laws
Anti-Kickback Statute	Referral Relationships & Compensation
Beneficiary Inducement CMP	Gifts & Benefits to Patients
False Claims Act	Misrepresentation & Improper Admissions
OIG Guidance	High-Risk Marketing Activities

14

42 CFR §418.52 – Patient Rights & Choice

Patients Have the Right to Choose Their Hospice Provider

Hospices must support informed decision-making and avoid practices that interfere with patient choice.

Compliant Example

A hospital discharge planner provides a list of all Medicare-certified hospice providers serving the patient's area and discusses available options.

✔ Patient selects a hospice after reviewing all choices.

Non-Compliant Example

A hospice marketer pressures the discharge planner to only present their hospice to patients.

- ✘ Limits patient choice.
- ✘ Potential survey deficiency.
- ✘ Creates reputational risk.

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15

42 CFR §418.100 – Organization & Administration

Compliance Must Extend to Marketing Activities

Hospices must comply with all applicable federal, state, and local laws.

Compliant Example

The hospice compliance officer reviews marketing materials annually to ensure claims are accurate and current.

- Accurate information.
- Consistent oversight.

Non-Compliant Example

Marketing materials claim "the best hospice in town" without evidence and advertise services not currently available.

- Potential misleading statements.
- Regulatory and reputational risk.

Best Practice: Marketing should undergo the same review process as clinical and operational communications.

16

Anti-Kickback Statute (AKS)

Referrals Cannot Be Purchased

The AKS prohibits offering or receiving remuneration in exchange for referrals involving federal healthcare programs.

Compliant Example

A hospice provides free educational training on hospice eligibility to hospital case managers.

- Educational value.
- No referral requirement.

Non-Compliant Example

A hospice pays a physician \$500 per patient referred.

- Direct referral payment.
- Potential criminal penalties.
- OIG enforcement risk.

Remember: If compensation is tied to referrals, stop and seek legal review.

17

Beneficiary Inducement Rules

Patients Cannot Be Offered Improper Incentives

Hospices may not offer items of value intended to influence a patient's selection of a provider.

Compliant Example

Providing educational brochures about hospice services and advance care planning.

- Educational.
- Minimal value.

Non-Compliant Example

Offering free grocery gift cards to patients who elect hospice.

- Improper inducement.
- Potential Civil Monetary Penalties.

Test: Would the gift influence a patient's decision to choose your hospice?

18

False Claims Act (FCA)

Marketing Must Not Lead to Inappropriate Admissions

Hospices can face FCA liability when marketing practices contribute to admissions of patients who are not hospice eligible.

Compliant Example

A marketer refers a questionable case to the medical director for eligibility review before admission.

- Supports clinical integrity.
- Protects reimbursement.

Non-Compliant Example

A marketer promises a referral source that all patients will be admitted regardless of eligibility.

- False claims risk.
- Potential repayment and penalties.

Key Principle: Census goals never override eligibility requirements.



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19

OIG Guidance & Enforcement Trends

Focus on High-Risk Marketing Practices

The OIG continues to scrutinize referral relationships and arrangements that may improperly influence patient selection.

Compliant Example

A hospice meets with referral partners to discuss quality outcomes, care coordination, and patient needs.

- Value-based relationship.
- Educational focus.

Non-Compliant Example

A hospice places free staff in a facility primarily to generate referrals.

- Potential remuneration.
- Frequent OIG enforcement concern.

Question for the Audience: If the referrals stopped tomorrow, would we still provide this service?



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20

What is the Mindset or Vision?

Beehive Example

- *Industrial Beehives*
- *Natural Beehives*

Agency is an Entity

- *How will we take care of it?*



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21

The Current Hospice Audit & Enforcement Environment

CMS, OIG, UPICs, and DOJ Are Increasing Oversight of Hospice Providers

22

Recent Enforcement Activity

668 hospices were placed under CMS' Provisional Period of Enhanced Oversight (PPEO) program as of June 2025.

122 hospice providers had Medicare enrollment revoked under PPEO reviews in Arizona, California, Nevada, and Texas.

CMS reports that approximately **4,780 Medicare providers and suppliers** had billing privileges revoked due to inappropriate behavior, including hospice providers.

CMS has reversed **358 fraudulent hospice elections** through its Rapid Response Team process.

CMS has reported revocation or deactivation of **hundreds of hospice providers** as part of ongoing fraud enforcement efforts.

23

Most Common Hospice Audit Types

Audit Type	Focus
UPIC	Fraud, waste, abuse, billing patterns
TPE (Targeted Probe & Educate)	Documentation and eligibility issues
CERT	Medicare payment accuracy
SMRC	National issue-specific reviews
MAC Medical Review	Eligibility and claim support
PPEO	New hospices and ownership changes
OIG Investigations	Fraud and abuse allegations
DOJ Actions	Civil and criminal enforcement

24

Top Reasons Hospices Are Being Denied or Revoked

- ✗ Documentation does not support a prognosis of six months or less
- ✗ Failure to provide requested medical records
- ✗ Inadequate physician certification documentation
- ✗ Questionable ownership or management structures
- ✗ Beneficiaries enrolled without proper understanding or consent
- ✗ Billing for services not supported by documentation
- ✗ General Inpatient (GIP) level-of-care billing concerns



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25

Hospice Marketing vs Sales

Understanding the distinction



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26

Understanding the Distinction: Marketing vs. Sales in Hospice

MARKETING

Creating awareness, educating, and building trust

Marketing focuses on informing patients, families, and referral partners about hospice services, eligibility, benefits, and quality outcomes.

Goal: Generate interest and understanding.

Examples:

- Community education events
- CEU programs for healthcare professionals
- Educational newsletters
- Website and social media content
- Caregiver support groups
- Hospice awareness campaigns



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27

Understanding the Distinction: Marketing vs. Sales in Hospice

SALES (Business Development)

Building relationships that result in referrals

Sales focuses on developing referral relationships, identifying opportunities, and converting awareness into patient admissions.

Goal: Generate referrals and census growth.

Examples:

- Physician office visits
- Hospital case manager meetings
- Referral follow-up activities
- Account management
- Referral source development
- Census growth initiatives

28

Understanding the Distinction: Marketing vs. Sales in Hospice

Activity

Marketing or Sales?

Hosting a community seminar on advance care planning	<input checked="" type="checkbox"/> Marketing
Meeting with a hospital discharge planner to discuss recent referral numbers	<input checked="" type="checkbox"/> Sales
Publishing a blog about hospice myths and facts	<input checked="" type="checkbox"/> Marketing
Asking a physician office for opportunities to serve more patients	<input checked="" type="checkbox"/> Sales
Sponsoring a caregiver support group	<input checked="" type="checkbox"/> Marketing
Following up on a decline in referrals from a provider	<input checked="" type="checkbox"/> Sales
Sending a monthly hospice education newsletter	<input checked="" type="checkbox"/> Marketing
Conducting account reviews with top referral sources	<input checked="" type="checkbox"/> Sales

29

Can an activity be both Marketing and Sales?

Answer: Absolutely.

Example:

- A hospice provides a lunch-and-learn on hospice eligibility.
- if the focus is education → Marketing
- if the focus becomes generating referrals → Sales


Key Takeaway:

Marketing creates awareness and trust. Sales transforms trust into relationships and referrals. Ethical hospice growth requires both working together while protecting patient choice and maintaining compliance.

30

Core Ethical Principles


Transparency
Honesty
Patient-centered communication
Respect for autonomy
Integrity

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31

Building Referral Relationships

Provide education
Deliver consistent service
Communicate outcomes
Focus on partnership, not incentives

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32

Community Outreach

Educational events
Caregiver support groups
Physician education
Faith and civic partnerships

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33

Digital Marketing Best Practices

Accurate website content
HIPAA-conscious communications
Authentic testimonials
Social media professionalism

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34

Measuring Success

Referral trends
Conversion rates
Length of stay patterns
Community engagement metrics

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35

Action Plan

Assess current practices
Review Policies and Procedures
Train marketing staff
Audit referral activities
Monitor compliance regularly

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36

Key Takeaways

Trust drives growth
Compliance protects organizations
Education creates value
Ethics differentiates providers

37

Questions

38

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39
