

The Hospice Leadership Exposure Check

15 checks for hospices preparing for the leadership and disclosure provisions proposed in CMS-1844-P (expected effective ~January 1, 2027).

CMS-1844-P contains provisions written specifically for hospice: a medical director or administrator who serves multiple facilities, or lacks an active state license, would become grounds for enrollment denial — and "managing employee" disclosures would expand to clinical directors and department heads. These 15 checks surface that exposure before CMS asks. Anything you cannot check is a gap worth closing now.

Domain 1 · Leadership licensure & roles (checks 1–5)

- 1. Verify your medical director's state license is active and unencumbered in every state where they practice.
- 2. Document every facility or agency where your medical director serves in any capacity — the multi-facility pattern the proposed rule makes a denial ground.
- 3. Run the same check for your administrator: current credentials, and every other organization where they hold a role.
- 4. Confirm associate or backup medical directors would pass the same two tests.
- 5. Verify employment and contract arrangements for leadership match what is disclosed to CMS.

Domain 2 · Managing-employee inventory (checks 6–10)

- 6. List the managing employees in PECOS today, then add who becomes reportable under the proposed expansion — clinical directors, department heads, IDG leadership.
- 7. Gather the disclosure data you would need for each newly reportable person before the rule requires it.
- 8. Screen all leadership monthly against the OIG exclusion list (LEIE) and SAM.gov.
- 9. Check leadership history for prior denials, revocations, or exclusions at other providers — reapplication bars of up to 10 years attach to the record.
- 10. Document delegation of authority: who actually directs clinical operations, on paper.

Domain 3 · Enrollment & affiliation readiness (checks 11–15)

- 11. Reconcile your PECOS record — locations, inpatient units, licenses — against actual operations.
- 12. Confirm your revalidation due date and calendar it at least 120 days out.

- **13.** Inventory affiliations with any provider carrying uncollected debt, a payment suspension, an exclusion, or a revoked or denied enrollment — the five-year limit is proposed to be removed.
- **14.** Review ownership and management arrangements against the tightened 36-month provisions — hospice transactions draw the same scrutiny.
- **15.** Assemble an enrollment binder — current 855A, org chart, disclosures, leadership records — so any CMS request is answerable in days.

What to do with your gaps. Anything unchecked above is exposure under the proposed rule — and most of it is fixable before the effective date. Precisian Group offers a free evaluation: your PECOS record, disclosures, and where you stand today, with an honest answer about whether you need help at all. Call Tiffany Kovar directly at **512.549.7445** or visit **precisiangroup.com**.

Sources: CMS-1844-P (proposed rule, published July 6, 2026; comments close August 31, 2026; final rule expected fall 2026). This document summarizes proposed provisions — requirements may change in the final rule. General information, not legal advice. © 2026 Precisian Group · precisiangroup.com