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Insights from the FY 2026 Hospice Final Rule: Important Changes to Hospice Face-to-Face Attestation Requirements

In case you missed it, CMS's FY 2026 hospice wage index final rule brought notable changes to the face-to-face ("F2F") attestation requirements effective October 1, 2025. Overall, these changes, which we will highlight in this article, reduce administrative burdens for hospice providers.

F2F Attestation Requirement Has Existed Since 2011

Since 2011, hospice physicians or nurse practitioners have been required to complete a F2F encounter as part of the third and later benefit period recertification process. While practitioners have been required since 2011 to attest to having completed the F2F encounter, there was no explicit statutory or regulatory requirement for this F2F attestation to include a *signature* or *signature date*—even though Medicare contractors expected to see both.

What Has Been Changed (as of October 1, 2025) by the New Hospice Final Rule?

Signed and Dated Attestation Required: The Medicare Hospice Regulations now explicitly state that the F2F attestation must be signed and dated by the practitioner.

Clinical Note Can Serve as Attestation: Critically, the practitioner's signed and dated F2F clinical note (containing the name of the patient and date of the F2F visit) can now serve as the F2F attestation. If a hospice relies

on the F2F clinical note to serve as the F2F attestation, there does not need to be a *separate* F2F attestation on the certification of terminal illness form.

What Remains the Same?

Timing: The F2F encounter must still occur within the required timeframe—no more than 30 days prior to the start of the third or later benefit period recertification.

Statutory Authority: The underlying statutory requirement for the F2F encounter and attestation remains unchanged. CMS has simply updated its regulations to allow greater flexibility in how the requirement can be met.

Practical Compliance Tips

Pick a Lane: Decide whether your organization will use the clinical note as the attestation or continue with a separate attestation on the certification of terminal illness form. While either approach is permitted, consistency will aid compliance.

Organize Records Thoughtfully: When responding to ADRs or medical record requests, include the F2F clinical note in the section with other certification documentation to make compliance clear to reviewers.

Avoid Blanks: If you continue to use a separate attestation on the certification form, make sure it is always complete to avoid unnecessary claim denials.

Final Thoughts

The ability for the F2F clinical note to serve as the F2F attestation is a very welcome development and a win for efficiency. Indeed, it is a practical change that reflects what most hospice providers are doing already. While the change can help reduce some administrative burden, careful attention to compliance and clear documentation remain essential as always. If you have questions about the FY 2026 hospice wage index final rule or any other aspect of hospice compliance, please contact Andrew Brenton or your Husch Blackwell attorney. We are here to help!

This article is based on the “Hospice Insights: The Law and Beyond” podcast episode featuring Meg Pekarske and Andrew Brenton. To listen to the full episode or subscribe, visit <https://www.huschblackwell.com/newsandinsights/lets-face-to-face-it-important-changes-to-hospice-face-to-face-attestation-requirements-and-other-tidbits-from-the-2026-hospice-final-rule>.