
HOSPICE NEWS NETWORK

Reports on recent media to inform hospice, palliative care, and policy leaders

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A Service of State Hospice Organizations

HOSPICE NOTES

~ **The American Academy of Hospice and Palliative Medicine (AAHPM) has issued a statement reaffirming its commitment to high-quality hospice care amidst concerns about hospice fraud.** The statement highlights the importance of targeting fraudulent hospices that exploit Medicare without providing appropriate care, which undermines public trust and misdirects funds. AAHPM urges the Centers for Medicare and Medicaid Services (CMS) to implement precise enforcement actions to avoid penalizing legitimate hospices. The Academy emphasizes its dedication to equitable access to hospice care and plans to provide detailed comments on CMS's new scoring system to distinguish fraudulent actors from legitimate providers. (*AAHPM News*, 04/17, <https://amc-aaahpm.informz.net/informzdataservice/onlineversion/ind/bWFpbGluZ2luc3RhbmNlaWQ9OTU3OTEzNiZzdWJzY3JpYmVyaWQ9ODE5MzEyOTky>)

~ **The article “U.S. Hospice Market Size To Reach \$45.3 Billion By 2033” highlights the projected growth of the U.S. hospice market, driven by an aging population and increasing chronic disorders.** The market is expected to grow at a CAGR of 4.8% from 2026 to 2033, reaching USD 45.3 billion. The demand for end-of-life care for conditions like cancer and dementia is a significant growth factor. The adoption of technologies such as telemedicine and AI is transforming care delivery, especially post-COVID-19, as patients prefer remote consultations. The report also notes a decline in Medicare decedents receiving hospice care during the pandemic. (*Grand View Research*, 04/2026, <https://www.grandviewresearch.com/press-release/us-hospice-market-analysis>)

~ **“Improving Quality for Gender-Diverse Hospice Patients” highlights the challenges faced by transgender and gender-diverse individuals in receiving appropriate end-of-life care.** The article discusses issues such as privacy violations, lack of standardized non-gender discriminatory policies, and insufficient staff training. Amanda Monteiro from Mount Sinai Hospital emphasizes the need for improved electronic medical records and billing systems to respect patients' affirmed identities. Dr. Noelle Marie Javier advocates for trauma-informed, gender-inclusive care and early goals-of-care conversations. Dr. Alexis Drutchas points out the late referrals and inadequate advance care planning for LGBTQIA+ patients. Dr. Ramón Rodríguez stresses the importance of inclusive bereavement support to address complicated grief among partners and families. (*Hospice News*, 4/8, hospicenews.com/2026/04/08/improving-quality-for-gender-diverse-hospice-patients)

~ **“State Associations Urge CMS to Forgo Potential National Hospice Enrollment Moratorium” highlights concerns from state hospice associations about a proposed national moratorium on new hospice provider enrollments.** The Florida Hospice & Palliative Care Association, among others, argues that such a moratorium could hinder access to quality care amid rising demand, suggesting instead that CMS target enforcement in fraud hotspots. They warn that a blanket moratorium could have “significant unintended consequences for Medicare beneficiaries’ access to needed end-of-life care.” (*Hospice News*, 4/10, hospicenews.com/2026/04/10/state-associations-urge-cms-to-forgo-potential-national-hospice-enrollment-moratorium)

~ **“Earlier Hospice Election Could Save Medicare \$1.5B Yearly” explores the financial benefits of earlier hospice enrollment for Medicare beneficiaries.** According to a study by ATI Advisory for the Research Institute for Home Care, enrolling in hospice five days earlier could save Medicare between \$1.19 billion and \$1.5 billion annually. The analysis highlights that earlier hospice election reduces intensive medical interventions, leading to fewer hospitalizations and emergency visits. Public education and benefit reforms, such as concurrent curative services, are suggested to enhance early access to hospice care. (*Hospice News*, 4/24, hospicenews.com/2026/04/24/earlier-hospice-election-could-save-medicare-1-5b-yearly)

~ **“NPHI Execs: Quality Is Hospices’ Differentiator” highlights the importance of quality care in shaping the future of hospice services.** According to Tom Koutsoumpas and Carole Fisher of the National Partnership for Healthcare & Hospice Innovation (NPHI), true quality care goes beyond regulatory metrics, emphasizing patient and family satisfaction and trust. They stress the need for hospices to adapt to value-based care models and leverage quality dashboards to demonstrate performance. This focus on quality can help counter negative perceptions related to fraud in the hospice industry. (*Hospice News*, 4/28, hospicenews.com/2026/04/28/nphi-execs-quality-is-hospices-differentiator)

~ **“SOS: Part 7 — What is the SSVI?” explores the proposed Service and Spending Variation Index (SSVI) by CMS, aimed at assessing variations in hospice service use and Medicare spending.** The SSVI combines nine indicators to identify patterns that may require further scrutiny, with thresholds set at the 25th percentile. Concerns include the reliability of measures for small hospices, the potential for gaming the system, and the negative framing of scores that could limit access for complex patients. The article emphasizes the need for careful interpretation and consideration of rural hospices’ unique challenges. (*Joan Teno - SOS Hospice-STATs*, 04/07, <https://joanteno.substack.com/p/sos-part-7-what-is-the-ssvi>)

~ **A *Teleios* two-part podcast series on future-proofing hospice care examines the growing pressures facing hospice and palliative care organizations and argues that leaders must prepare now for major industry disruption and transformation.** Chris Comeaux and Cordt Kassner describe eight core challenges shaping the future of care, including hypercompetition, reimbursement strain, workforce shortages, demographic changes, regulation, technology, organizational culture shifts, and the expanding mental health crisis. The discussion emphasizes that hospice providers are operating in an increasingly crowded and fragmented healthcare environment where referral patterns, staffing models, and patient expectations are rapidly changing. Financial pressures and stagnant reimbursement systems are forcing organizations to rethink traditional models while still protecting compassionate, high-quality care. The hosts also explore how the aging baby boomer population will bring more complex care needs, fewer caregivers, and greater diversity in expectations and resources. Artificial intelligence and

emerging technologies are presented as both promising and disruptive, with the speakers stressing that technology should support rather than replace human relationships and empathy in care delivery. The podcasts highlight concerns about regulation lagging behind innovation, creating uncertainty but also opportunities for proactive leadership and policy influence. Throughout the series, the speakers encourage healthcare leaders to become more adaptable, strategic, and “future-ready” by balancing operational excellence with innovation and long-term planning. They argue that organizational culture and leadership mindset will ultimately determine whether hospice and palliative care programs merely survive or successfully evolve in the coming decade. **The overall message is that the field can remain mission-driven and deeply relevant, but only if leaders are willing to confront difficult realities, embrace change thoughtfully, and intentionally design care models for the future.** (*Teleios Collaborative Network*, 4/22, <https://www.teleioscn.org/tcntalkspodcast/future-proofing-care-the-challenges-we-face-in-hospice-and-palliative-care-part-one>; 4/24, <https://www.teleioscn.org/tcntalkspodcast/future-proofing-care-the-challenges-we-face-in-hospice-and-palliative-care-part-two>)

~ **The Centers for Medicare & Medicaid Services (CMS) has issued termination notices for several healthcare providers, including AFI Hospice and AR Hospice Care, Inc.** These terminations, effective in May 2026, highlight the regulatory actions CMS takes to ensure compliance with Medicare standards. AFI Hospice in Utah and AR Hospice Care, Inc in California are among the facilities affected. Such notices are part of CMS’s ongoing efforts to maintain quality care standards across healthcare providers. (*CMS Public Notices*, 04/14, <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/public-notice>)

~ **“Carve-In or Carve-Out? The Future of Hospice Under Medicare Advantage,” parts one and two, explore the evolving dynamics of hospice care within Medicare Advantage, focusing on private equity, AI, and end-of-life care.** Chris Comeaux and Robin Heffernan discuss whether hospice should remain ‘carved out’ or be integrated into payer responsibility, emphasizing the need for financial accountability across the patient journey to improve outcomes and reduce fragmentation. The conversation highlights the tension between maintaining hospice’s compassionate ethos and adapting to economic realities and AI advancements. The podcast encourages critical thinking about preserving essential elements of end-of-life care amid these shifts. (*Teleios Collaborative Network*, 4/15, <https://www.teleioscn.org/tcntalkspodcast/carve-in-or-carve-out-the-future-of-hospice-under-medicare-advantage-part-one>; 4/17, <https://www.teleioscn.org/tcntalkspodcast/carve-in-or-carve-out-the-future-of-hospice-under-medicare-advantage-part-two>)

~ **“Hospices to ‘Optimize’ Telehealth Amid Regulatory Uncertainties” discusses the need for permanent regulatory frameworks to sustain telehealth in hospice care.** As pandemic-related telehealth waivers are set to expire on September 30, hospice leaders emphasize the importance of extending these flexibilities to develop sustainable virtual care models. Dr. Julia Frydman highlights the necessity of a regulatory framework to address patient eligibility and care guidelines. Telehealth has shown potential in improving care transitions and addressing health disparities, but further integration is needed to meet growing demand and patient preferences for home-based services. (*Hospice News*, 4/25, hospicenews.com/2025/04/25/hospice-to-optimize-telehealth-amid-regulatory-uncertainties)

~ **“Wearable Technology Impacts Hospice Staff Safety, Satisfaction” explores how wearable devices can enhance safety and communication for home-based hospice workers.**

Kenny Kelley, CEO of Silent Beacon, emphasizes that these technologies, featuring panic buttons and emergency communication systems, are crucial for staff retention and safety. Recent studies highlight that home-based workers face significant risks, including verbal abuse and violence. Dr. Jill Schwartz-Chevlin of Vynca stresses the importance of human oversight and measuring staff satisfaction to ensure technology effectively supports clinical challenges. (*Hospice News*, 05/04, hospicenews.com)

~ **“Moving the Mindset’ of Equitable Hospice Access” explores the barriers and potential solutions for improving diversity and inclusion in hospice care.** Dr. Kimberly Curseen highlights that workforce shortages, economic challenges, and inefficient reimbursement hinder health equity efforts. She emphasizes the need for structured community outreach and dedicated resources to address unmet needs. Brittany Chambers advocates for policy reforms, suggesting that changes to the Medicare Hospice Benefit could enhance access for diverse populations. She notes that allowing concurrent curative and hospice care for adults could reduce disparities. (*Hospice News*, 5/7, hospicenews.com/2026/05/07/moving-the-mindset-of-equitable-hospice-access).

~ **“Home Health & Hospice M&A in 2026: Why the Market Has Reset and What Buyers Want Now” explores the evolving landscape of mergers and acquisitions in the hospice sector.** The article highlights a shift towards more disciplined valuation practices, focusing on cash flow durability, compliance, and operational performance. Buyers are increasingly selective, emphasizing verifiable performance over adjusted EBITDA narratives. The market is seeing renewed transaction activity, but only for platforms demonstrating consistent documentation and sustainable growth. This recalibration reflects long-term trends in demographic demand and payor preferences. (*JD Supra*, 5/1, <https://www.jdsupra.com/post/documentViewerExternal.aspx?fid=b2ed023e-4870-4812-9fe2-3a8504267277>)

PALLIATIVE CARE NOTES

~ **“How a \$64 Million NIH Grant Will Transform Palliative Care Across Lifespan,” part 1 discusses a significant NIH investment aimed at reshaping palliative care for serious illnesses.** The \$64 million grant supports the ASCENT Consortium, which seeks to dismantle traditional silos across disease states and research disciplines, fostering a unified strategy that connects researchers, clinicians, policymakers, and patients. Dr. Jean Kutner highlights the initiative’s focus on integrating research into real-world care, emphasizing areas like care delivery models and improving access for underserved populations. In part 2, Kutner highlights the importance of diverse research collaboration and stronger mentorship pipelines to translate evidence into clinical practice effectively. The article emphasizes the need for a seamless care continuum that begins earlier in the disease trajectory and extends across all life stages. It also underscores the urgency of aligning evidence, reimbursement models, and care delivery to improve outcomes for patients with serious illness. (*Teleios Collaborative Network*, 4/8, 4/10, teleioscn.org; <https://www.teleioscn.org/tcntalkspodcast/how-a-64-million-nih-grant-will-transform-palliative-care-across-lifespan-part-two>)

~ **The National Partnership for Healthcare and Hospice Innovation and Coalition to Transform Advanced Care (C-TAC) announced a new effort to create a federal**

community-based palliative care model designed to help seriously ill patients receive supportive care earlier and remain in their homes longer. The initiative focuses on expanding access to in-home palliative care before patients reach the point of needing hospice, addressing longstanding gaps in reimbursement and nationwide availability. Leaders from both organizations emphasized that many patients currently receive supportive services too late in the course of illness, despite evidence that earlier care can improve quality of life, reduce hospitalizations, and better support caregivers. The proposed model would work within traditional fee-for-service Medicare and aims to identify which patients would benefit most from community-based palliative services. NPHI and C-TAC also plan to collaborate with federal agencies, including the Centers for Medicare & Medicaid Services, along with private-sector stakeholders to develop sustainable payment and delivery structures. The announcement reflects a broader national movement toward home-based and person-centered healthcare models that prioritize preventive support and patient preferences. (NPHI, 5/7, <https://www.nphihealth.org/nphi-and-c-tac-launch-work-on-a-federal-community-based-model-to-expand-earlier-in-home-support-for-patients-nationwide/>)

~ **“Virtual Reality for Serious Illness: Connecting, Healing, and Inducing Awe” explores how VR is transforming hospice and palliative care by enhancing patient experiences.** Kathleen Benton and Teri Yarbrow discuss how VR helps patients reconnect with meaning and identity, offering experiences like skydiving or space exploration to those unable to travel. The podcast highlights VR’s impact through presence, embodiment, and agency, reducing pain and anxiety while restoring control. VR is not just a distraction but a form of care, providing awe and spiritual grounding at the bedside. In part two of the podcast, the discussion includes how VR, once seen as a novelty, is now backed by research showing its effectiveness in reducing pain, anxiety, and distress. Beyond clinical benefits, VR offers patients profound experiences of meaning and spirituality, often described as moments of awe, which can shift perspectives on illness and mortality. The article also highlights VR’s role in supporting clinicians and families, suggesting a future where VR is integrated into care models as a “VR pharmacy.” (*Teleios Collaborative Network*, 4/29, teleioscn.org; *Teleios Collaborative Network*, 5/1, teleioscn.org)

~ **Health plans are increasingly partnering with palliative care providers as part of a broader move toward value-based care that emphasizes better outcomes and cost control.** These collaborations expand access to services like symptom management, care coordination, and support for complex medical decision-making among people with serious illness. Insurers are recognizing that introducing palliative care earlier, rather than limiting it to end-of-life stages, can improve quality of life and reduce hospitalizations and high-cost interventions. Many plans are working with specialized providers to deliver more care in patients’ homes, aligning with patient preferences while lowering overall utilization. The trend reflects growing evidence that coordinated, home-based palliative care can both enhance patient and caregiver experiences and generate savings for health plans. (*McKnight’s Home Care*, 4/29, <https://www.mcknightshomecare.com/news/why-health-plans-are-partnering-with-palliative-care-providers/>)

END-OF-LIFE NOTES

~ **A *New York Times* opinion piece by Ross Douthat on Ben Sasse, reflects on how Ben Sasse is confronting his terminal pancreatic cancer diagnosis with unusual clarity about life and**

death. Sasse describes the illness as a “death sentence,” but argues that in a broader sense everyone already lives under that same reality, just without a known timeline. The column emphasizes how this awareness has sharpened his priorities, shifting focus away from ambition and toward faith, family, and meaningful relationships. It presents his perspective as a challenge to modern habits of distraction and avoidance of mortality, suggesting that acknowledging death can lead to a more intentional life. The piece also highlights Sasse’s religious conviction, portraying his outlook as rooted in Christian beliefs about suffering, hope, and eternity. Ultimately, the essay uses his experience to explore how people might live differently if they truly faced the limits of their time. (*New York Times*, 4/9, <https://www.nytimes.com/2026/04/09/opinion/ben-sasse-death-pancreatic-cancer.html>)

~ **“Managing Clinical Uncertainty” explores the ethical and legal challenges faced by critical care physicians when state laws conflict with family wishes in end-of-life care.** The article highlights the moral distress experienced by clinicians when legal mandates, such as fetal personhood statutes, force them to act against their ethical training, potentially leading to moral injury. This distress is compounded by systemic issues like legal ambiguity and institutional policies that undermine clinical judgment. The authors emphasize the importance of transparent communication and empathy to maintain trust under restrictive laws. (*Baylor College of Medicine Blog Network*, 04/10, blogs.bcm.edu/2026/04/10/managing-clinical-uncertainty/)

~ **“8 years later, Ohio takes another look at ‘medical aid in dying.’ Will this time be different?” discusses the reintroduction of legislation in Ohio to legalize medical aid in dying for terminally ill patients.** The bill, introduced by Rep. Eric Synenberg (D), aims to allow mentally competent adults with a terminal diagnosis to end their lives with prescribed medication. Despite previous legislative failures, public support has grown, with 71% of Ohioans favoring the option. However, strong opposition remains, particularly from religious groups. The bill awaits a number and committee assignment. (*cleveland.com*, 04/26, [cleveland.com](https://www.cleveland.com))

~ **“Where do unhoused people go to die?” explores the challenges faced by terminally ill unhoused individuals in Denver, highlighting the critical role of Rocky Mountain Refuge in providing end-of-life care.** The documentary “Refuge,” showcased by *9News*, follows the stories of four individuals who turned to the refuge due to the lack of appropriate care elsewhere. The refuge, founded by James Patrick Hall, offers free home-style hospice care, yet its long waitlist underscores the pressing need for such services. Dr. Kelly Ferraro emphasizes the barriers to Medicaid access for the unhoused, complicating their ability to secure peaceful end-of-life care. (*The Denver Clarion*, 05/04, [duclarion.com/2026/05/where-do-unhoused-people-go-to-die](https://www.duclarion.com/2026/05/where-do-unhoused-people-go-to-die))

~ **The article “Kelly, DelBene introduce Concurrent Care for Comfort Act” discusses new legislation aimed at improving care for Medicare patients with end-stage renal disease (ESRD).** The Concurrent Care for Comfort Act, introduced by U.S. Representatives Mike Kelly (R-PA) and Suzan DelBene (D-WA), seeks to amend Medicare policy to allow ESRD patients to continue dialysis while receiving hospice care. This change aims to provide patients with greater choice and comfort at the end of life, addressing the current dilemma where patients must choose between hospice care and continuing dialysis. The bill is supported by various healthcare leaders who emphasize its potential to enhance patient dignity and comfort. (*Congressman Mike Kelly*, 4/20, kelly.house.gov/media/press-releases/kelly-delbene-introduce-concurrent-care-comfort-act)

~ **“Oregon Governor Signs Bill To Allow Medical Marijuana Use In Hospices And Other Health Facilities”** highlights a new law enabling medical marijuana use in hospices and similar facilities. Signed by Gov. Tina Kotek, the bill allows patients with debilitating conditions to use cannabis as an alternative or addition to opioids in end-of-life care. Rep. Farrah Chaichi emphasized its importance for maintaining quality family interactions during final days. The law, effective January 1, 2027, also protects nurses discussing cannabis use with patients from disciplinary action. (*Marijuana Moment*, 4/10, marijuanamoment.net)

~ **“50 Years After Quinlan: The Woman Who Changed American Medicine”** reflects on the landmark case of Karen Ann Quinlan, which transformed end-of-life care and patient rights in the U.S. The New Jersey Supreme Court’s decision in 1976 allowed Quinlan’s parents to remove her from a ventilator, establishing the legal right for patients and surrogates to refuse life support. This case introduced hospital ethics committees and paved the way for future legal standards, including the Patient Self-Determination Act and advance directives. (*The Hastings Center*, 5/8, thehastingscenter.org)

~ **“When Shared Decision-Making Becomes Medical Paternalism”** explores the tension between family autonomy and medical authority in end-of-life care decisions. The article highlights how shared decision-making can sometimes devolve into medical paternalism, where physicians override patient and family wishes under the guise of knowing what is best. This can lead to conflicts, as families feel pressured to accept medical decisions that may not align with their values. The author emphasizes the importance of mutual respect and open dialogue, noting that trust is crucial in the physician-patient relationship. (*MedPage Today*, 04/01, medpagetoday.com/opinion/second-opinions/120599)

~ **CBS Mornings** features an interview with Dr. Sarah Brabant who taught a class on **“Death and Dying”** at University of Louisiana Lafayette. At 93, Brabant shares her own story as she now lives with a terminal illness. (*CBS Mornings*, 4/27, <https://www.youtube.com/watch?v=LiKmwF5XcW4>)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ **“He wrote about their daughter’s sudden death. Then his wife did the same”** explores how journalists Danielle Crittenden and David Frum processed the grief of losing their daughter, Miranda, through writing. The article highlights how both parents turned to storytelling as a means to cope with the tragedy, with Frum writing an essay and Crittenden authoring a memoir. Their shared mantra, “That’s not on the table,” reflects their journey through unimaginable loss. This narrative underscores the therapeutic potential of writing in navigating grief. (*The Washington Post*, 5/6, [washingtonpost.com/style/2026/05/06/dispatches-from-grief-danielle-crittenden-memoir](https://www.washingtonpost.com/style/2026/05/06/dispatches-from-grief-danielle-crittenden-memoir/))

~ **“CMS Trains Its Program Integrity Sights on Texas Hospices”** highlights the Centers for Medicare & Medicaid Services’ (CMS) increased focus on hospice fraud in Texas. Following extensive enforcement in California, CMS Administrator Dr. Mehmet Oz suggests that fraudulent activities may shift to Texas, prompting heightened scrutiny. Recent Texas Senate testimony on high live discharge rates underscores the urgency. CMS employs tools like Medicare payment suspensions and audits to combat fraud, though concerns about due process

and operational impacts persist. Texas hospices should prepare for intensified oversight. (*Morgan Lewis*, 5/04, morganlewis.com)

~ **“AI Grief Bots Present ‘New Complexities’ in Bereavement Care”** explores the emerging role of AI-generated grief bots in bereavement support, highlighting both their potential benefits and challenges. These bots, created from digital footprints like audio clips and social media posts, offer virtual interactions with deceased loved ones, potentially providing comfort and reducing isolation. However, experts like Keely Rhiannon and Rebecca Feinglos caution that these tools may complicate grief by blurring lines between memory and presence, raising ethical concerns about consent and data privacy. As AI grief tools become more prevalent, hospices are urged to guide families thoughtfully through their use. (*Hospice News*, 4/9, hospicenews.com/2026/04/09/ai-grief-bots-present-new-complexities-in-bereavement-care)

~ **A press release from the Association for Death Education and Counseling marks the organization’s 50th anniversary, highlighting five decades of leadership in the field of death education, grief counseling, and thanatology.** It emphasizes ADEC’s role in advancing professional standards, research, and education related to dying, death, and bereavement, as well as fostering a global, multidisciplinary community of practitioners. The news underscores ADEC’s commitment to diversity, ethical practice, and improving how society understands and responds to end-of-life issues. The release reflects on the organization’s history while looking ahead to continued innovation and impact in supporting individuals, families, and communities facing death and loss. Overall, it presents the anniversary as both a celebration and a call to continue strengthening compassionate care and education in this field. (ADEC, <https://www.adec.org/page/ADEC50pressrelease>)

FRAUD NOTES

~ **“SOS – Part 10: What can we learn from hospice quality measures when a Hospice provider is charged with fraud?”** explores the potential of publicly reported hospice quality measures to identify patterns in fraud cases. The article highlights that more than half of the hospices charged with fraud applied for an APU exclusion, and those with available data showed patterns of small ADC, high per patient spending, and high live discharge rates. The proposed Service and Spending Variation Index (SSVI) in the 2027 Hospice rule is seen as a step forward, though concerns remain about fraudulent data from small hospices in urban areas. The article suggests that expanding the analysis to a larger dataset could improve program integrity monitoring. (*Joan Teno - SOS Hospice- STATs*, 04/27, substack.com/home/post/p-195523866)

~ **The article “Justice Department recovers \$500 million, targets fraudulent hospice claims across US”** highlights a significant crackdown on fraudulent hospice claims by the Justice Department. The department has recovered over \$500 million and launched a new national fraud enforcement division to address scams, including those related to hospice care. Acting Attorney General Todd Blanche emphasized the department’s commitment to investigating and charging fraudsters. The Centers for Medicare and Medicaid Services, led by Dr. Mehmet Oz, criticized California’s oversight of hospice fraud, noting that other states bear the financial burden due to inadequate policing. (*The National News Desk*, 4/9, <https://foxbaltimore.com/news/nation-world/justice-department-recovers-500-million-targets->

fraudulent-hospice-claims-across-us-todd-blanche-acting-attorney-general-dr-oz-medicare-medicaid-california-nevada-florida-arrests-crime)

~ **“Families Face Identity Theft Following a Death” highlights the growing risk of identity theft targeting deceased individuals, emphasizing the importance of managing digital accounts post-mortem.** Annually, 2.5 million deceased Americans experience identity theft, with 800,000 cases specifically targeting the deceased, according to the State of California Department of Justice. Eazewell, a tech startup, has developed an AI platform to assist families in closing digital accounts, thereby reducing fraud risks. CEO Donnell Beverly, Jr. stresses the importance of managing digital estates to prevent identity theft and financial burdens on next of kin. (*Hospice News*, 4/8, hospicenews.com/2026/04/08/families-face-identity-theft-following-a-death)

~ **“Hospice Fraud a ‘Terrifying’ Beneficiary Protection Issue” highlights the widespread hospice and home health fraud in the U.S., which stakeholders describe as a failure to protect beneficiaries.** Sheila Clark, president of the California Hospice & Palliative Care Association, testified before the U.S. House Ways & Means Committee, emphasizing that fraud is not just a billing issue but a threat to vulnerable individuals. Fraudulent activities, such as enrolling patients without their knowledge, undermine trust in Medicare and distort federal oversight. Clark recommended several federal actions to combat this issue, including enhanced provider screening and improved fraud detection analytics. (*Hospice News*, 4/21, hospicenews.com/2026/04/21/hospice-fraud-a-terrifying-beneficiary-protection-issue)

~ **The “Full Committee Hearing on Protecting Patients and Taxpayers: Cracking Down on Medicare Fraud” addresses the ongoing issue of Medicare fraud and its impact on patients and taxpayers.** The hearing, held on April 21, 2026, featured testimonies from various experts, including Dr. Lynn Ianni, a Medicare fraud victim, and Ms. Sheila Clark, President and CEO of the California Hospice and Palliative Care Association. The discussion focused on strategies to combat fraud and protect the integrity of Medicare services. (*Ways and Means*, 4/21, <https://waysandmeans.house.gov/event/full-committee-hearing-on-protecting-patients-and-taxpayers-cracking-down-on-medicare-fraud/>)

~ **“Not just California: A national hospice ‘Blue Book’ is needed to fight fraud” argues for a comprehensive national system to prevent hospice fraud.** The article highlights that hospice fraud is not limited to California, with federal officials identifying similar patterns nationwide. The current system, designed for simplicity and speed, allows bad actors to exploit it, leading to significant financial losses and substandard care. A proposed solution is a ‘Blue Book’—a continuously updated reference of hospice providers’ quality performance to ensure informed patient choices and prevent fraud. (*The Hill*, 04/22, thehill.com/opinion/healthcare/5840751-preventing-hospice-fraud-system)

~ **“Empower Oversight Widens State Fraud Queries to New York Hospice Regulator” highlights a new public records request aimed at uncovering potential systemic failures in hospice oversight in New York.** Empower Oversight is investigating fraud involving federal taxpayer funds, focusing on complaints, investigations, and enforcement actions against hospice providers. The inquiry targets fraud schemes such as ghost patients and improper billing, and seeks inter-agency communications and billing audits. This is part of a broader, multi-state investigation into the misuse of federal funds. (*Empower Oversight*, 5/1,

<https://empowr.us/empower-oversight-widens-state-fraud-queries-to-new-york-hospice-regulator/>)

~ **The article “Hospice Fraud Enforcement in America” provides a comprehensive overview of federal and state actions against hospice fraud from April 2025 to April 2026.** It tracks 20 cases involving over 66 defendants across five states, with California being the epicenter of activity. The largest case, Operation Skip Trace, involved \$267 million in fraudulent Medi-Cal billing. Notably, the report highlights that non-terminal patient enrollment is a common tactic in these fraud schemes. The DOJ Health Care Fraud Data Fusion Center, established in June 2025, has been pivotal in detecting such frauds using AI and CMS billing data. (*LundPerson and Associates*, 04/15, [hospice-fraud-dashboard-lpa-1-1.html](https://empowr.us/empower-oversight-widens-state-fraud-queries-to-new-york-hospice-regulator/))

~ **“Dr Oz names 5 states in fraud crackdown as Trump administration targets Medicaid abuse” highlights the CMS’s intensified efforts to combat Medicaid and hospice fraud.** Dr. Mehmet Oz, CMS Administrator, has identified Minnesota, California, Florida, New York, and Maine as focal points in a nationwide crackdown on fraud, waste, and abuse. The initiative, led by Vice President JD Vance, aims to address issues such as durable medical equipment fraud and foreign influence in fraudulent schemes. Oz emphasizes the importance of state compliance, noting, “This is an important issue for Americans to recognize because the states run Medicaid, but the federal taxpayer foots the bill.” (*Fox News*, 05/02, [foxnews.com/politics/dr-oz-names-5-states-fraud-crackdown-trump-admin-targets-medicaid-abuse](https://www.foxnews.com/politics/dr-oz-names-5-states-fraud-crackdown-trump-admin-targets-medicaid-abuse))

~ **“DOJ Launches West Coast Strike Force to Target Healthcare Fraud Across Arizona, Nevada, and Northern California” highlights a significant expansion in federal enforcement against healthcare fraud.** The newly established West Coast Health Care Fraud Strike Force will focus on fraud in Medicare, Medicaid, and the hospice industry, among others. This initiative follows the DOJ’s 2025 National Health Care Fraud Takedown, which involved \$14.6 billion in intended loss. The Strike Force will utilize data analytics to identify fraud patterns and will operate in San Francisco, Las Vegas, and Phoenix. Providers, especially in hospice care, should prepare for increased scrutiny and potential audits. (*Morrison Foerster*, 05/05, <https://www.mofo.com/resources/insights/260505-doj-launches-west-coast-strike-force-target-healthcare-fraud-arizona-nevada-northern-california>)

~ **The Medicare hospice benefit has been widely valuable, but growing fraud is undermining trust and draining resources meant for end-of-life care.** Some providers exploit the system by enrolling patients who are not actually terminally ill or billing for services that are unnecessary or never delivered. This abuse can harm patients by limiting access to appropriate medical treatment once they are incorrectly placed in hospice. Efforts to crack down on fraud are increasing, but overly aggressive enforcement risks disrupting legitimate providers and access to care. The article argues that reforms should focus on better oversight and accountability without weakening a program that many patients and families rely on. (*The Hill*, 4/28, <https://thehill.com/opinion/healthcare/5852117-hospice-care-medicare-fraud/>)

~ **An article in *Becker’s Hospital Review* says CMS is increasing oversight of hospice providers through new policies aimed at improving transparency, quality, and protection against misuse of Medicare benefits.** A new scoring system will flag providers based on indicators like unusual utilization patterns, discharge behavior, and care metrics, helping identify hospices that may require closer scrutiny. CMS is also expanding targeted oversight efforts in high-risk states, including unannounced site visits and stronger enforcement actions against

fraudulent providers. Additional states have been identified as having elevated fraud risk, joining others where hundreds of hospice enrollments have already been revoked for noncompliance. The agency plans to make quality concerns more visible to consumers through updates to its Care Compare tool. Finally, hospices will now be required to proactively provide clearer explanations to patients about what services and items are not covered under the hospice benefit, rather than only upon request. (*Becker's Hospital Review*, 4/3, <https://www.beckershospitalreview.com/post-acute/cms-ups-hospice-oversight-5-things-to-know/>)

OTHER NOTES

~ **“How to Navigate a Multigenerational Team in Health Care” explores the dynamics of having five generations working together in healthcare settings.** The article emphasizes that understanding generational differences is a strategic competency essential for quality, compliance, and patient experience. Each generation, from Traditionalists to Generation Z, brings unique values and communication styles that influence workplace culture and care delivery. Effective management involves fostering intergenerational collaboration, adapting communication strategies, and addressing generational stereotypes proactively. This approach helps organizations retain talent, preserve knowledge, and deliver patient-centered care. (*HomeCare Magazine*, 04/02, homecaremag.com/aging-place-home-health-operations-management-marketing-providers/april-2026/how-navigate)

~ **The American Geriatrics Society’s position statement, “Making Medical Treatment Decisions for Unrepresented Older Adults,” addresses the complexities of decision-making for older adults lacking decisional capacity and surrogate representation.** The statement updates the 2017 guidelines, replacing ‘unbefriended’ with ‘unrepresented’ to better reflect the situation of these individuals. It emphasizes the need for procedural fairness, capacity assessments, and team-based efforts to determine patient values. The statement also calls for national efforts to standardize legal approaches across states. (*Journal of the American Geriatrics Society*, 11/30, <https://pubmed.ncbi.nlm.nih.gov/39614758/>)

~ **“Liberty Partners Group Adds Home Health Policy Veteran Bill Dombi as Principal” highlights the strategic appointment of Bill Dombi to enhance the firm’s expertise in home health and hospice policy.** With over 40 years of experience, Dombi is recognized for his influential role in shaping U.S. home care and hospice policy. His addition comes as home-based care models gain attention from policymakers and providers aiming to manage costs and expand access to long-term care services. Dombi’s extensive background includes leadership roles and advocacy in federal policy issues affecting reimbursement and regulatory compliance. (*citybiz*, 05/05, citybiz.co)

~ **Help.Guide.Thrive (HGT HUB) has launched in Illinois as a new nonprofit Community Operations Care HUB created by The HAP Foundation, Illinois Public Health Association, and Illinois Primary Health Care Association.** The organization aims to support healthcare providers and community-based organizations by coordinating services and resources that address health-related social needs. Its launch aligns with recent Illinois Medicaid policy changes that expand reimbursement opportunities for services provided by professions such as doulas, lactation counselors, and potentially Community Health Workers. Leaders from the founding

organizations said the HUB was created to help community organizations overcome barriers related to billing systems, documentation requirements, and healthcare reimbursement processes. The HGT HUB plans to develop shared infrastructure for care coordination, standardized workflows, and sustainable collaboration between healthcare systems and community providers. Organizers say these efforts are intended to improve community health outcomes while helping community-based organizations achieve long-term financial sustainability. (Press Release, The HAP Foundation, 5/7, <https://www.helpguidethrive.org/>)

~ **“The Help That Many Older Americans Need Most” highlights the crucial role of community health workers in supporting older adults, particularly in rural and low-income areas.** These workers, like Sandy Guzman in Oregon, address non-medical issues such as social isolation, housing, and transportation, which significantly impact health outcomes. The article notes that community health workers help reduce emergency department visits and hospitalizations, offering substantial cost savings. However, their expansion is hindered by unstable funding, despite some Medicare and Medicaid coverage. (*KFF Health News*, 4/27, kffhealthnews.org/aging/new-old-age-community-health-workers-promotes-home-visits-senior-support)

NOTE: Some URL links require subscription, membership and/or registration.

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