

## Hospice Weekly Recap

June 18, 2026



**Weekly National Policy Pulse Calls.** Join more than 1000 of your LeadingAge peers for our National Policy Pulse calls where we keep members equipped to navigate the ever-evolving landscape of aging services national policy. The calls are on Mondays at 3:30 p.m. ET. If you're interested in signing up for these members-only calls, please sign up using [the link on our National Policy Pulse webpage](#).

**GAO Argues Hospices Be Paid Per Visit.** A new report from the Government Accountability Office (GAO) finds 20% of hospices were paid more for care than other hospices due to lower visits rates. The report also estimates potential savings in a per-visit payment rates for hospice routine home care. Read LeadingAge's full analysis of the report [here](#).

**CMS Issues Final Rule on Accrediting Organizations.** On June 12, Centers for Medicare & Medicaid Services (CMS) [released](#) a final rule intended to improve healthcare quality and patient safety through enhanced oversight of Accrediting Organizations (AO). The Strengthening Oversight of AO and Preventing AO Conflicts of Interest Final Rule ensures that the organizations responsible for the oversight of more than 9,000 healthcare providers and suppliers use Medicare standards, and creates greater consistency between State Survey Agencies (SAs) and AOs in their respective survey processes. Home health and hospice agencies can be accredited by these organizations, however skilled nursing facilities may not. In 2024, LeadingAge [submitted](#) comments on the proposed rule, supporting a number of proposals but stressing that some proposals may restrict AOs from providing beneficial education and support to improve long-term compliance. Overall, the rule seeks to prevent conflicts of interest, ensure alignment between AOs and other surveyors, improve AO performance, and ensure AOs remain independent reviewers. LeadingAge will have further analysis on the rule and the impacts to home health and hospice agencies in the coming week.

**MedPAC Releases Report on Alternative Hospice Payments for High-Cost Palliative Care.** On June 15, the Medicare Payment Advisory Commission (MedPAC) released its yearly research report to Congress, which includes a [chapter](#), *Access to hospice and certain complex palliative services for beneficiaries with end-stage renal disease or cancer*. Unlike its March 2026 report, this report focuses on long-term research projects of the Commission as well as some Congressionally mandated reports. In Chapter 5 of the report, MedPAC describes potential approaches to improve the accuracy of Medicare's hospice payments and addresses potential concerns about access to certain complex palliative services for hospice beneficiaries. LeadingAge has [reported](#) on this research throughout the last year. The report highlights three potential approaches to modify hospice payment policy to account for the high cost of some palliative care services including high-cost outlier payments, add-on payment for complex palliative services, and a voluntary transitional program for Medicare payments. The report goes into additional detail on a high-cost outlier payment describing the Medicare precedents and potential approaches for hospice. During the [March 2026 MedPAC meeting](#), which reviewed the draft chapter before publication, most commissioners favored the outlier payment approach. LeadingAge will provide a detailed analysis of this chapter and others in the [full report](#) in the days ahead.

**HHS OIG Focus: Duplicate VA and Medicaid Payments.** On June 10, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) announced a new workplan project focusing on the potential for duplicative payment by Medicaid for covered services in the Veteran's Administration (VA) Community Care Benefit. Because Medicaid is the payer of last resort, VA should be billed for services where a veteran is dually eligible for VA and Medicaid benefits. While it is unlikely that provider members receive

reimbursement from both programs, it is foreseeable that a provider would select to bill Medicaid instead of VA because of challenges with service authorizations and the VA's third-party administrators. This creates a challenge for the VA and state Medicaid agencies, though could also have provider-level implications. We will watch for more from the OIG on this [work-plan item](#).

**New National Council on Aging Reports Explore AI's Impact on Direct Care.** A series of three reports, A New Era of Care, from the National Council On Aging (NCOA) addresses topics including the importance of artificial intelligence (AI) for home and community-based services; how AI is already reducing administrative and operational burden in direct care; and perspectives from stakeholders about how AI affects the responsibilities of home care workers today and what guardrails are needed for the future. Notes the Center for Aging Services Technologies' (CAST) Scott Code, a report contributor: "Generative AI probably has the most immediate potential for the home care workforce—especially in leveling the playing field." [Read the findings](#).

**LTSS Center: Honoring Older Adults' Care Preferences Improves Health Outcomes.** Listening to older adults about their care preferences—or failing to—can have important impacts on health outcomes and costs, say LeadingAge LTSS Center @UMass Boston researchers. When preferences are overlooked, especially among people of color and those with limited incomes and/or complex health needs, it is more likely for health outcomes to suffer and costs to increase. Learn more about the LTSS Center's work done in partnership with The SCAN Foundation and Community Catalyst—[including key findings, research reports, and actionable insights](#).

**Cybersecurity Step One: Take a HIPAA Security Risk Analysis.** Cyber threats remain a constant concern for healthcare settings—especially aging services providers—and LeadingAge members know that defending against attacks, protecting data, and maintaining cybersecurity resiliency is essential. A key tool is the Health Insurance Portability and Accountability Act (HIPAA) Security Rule risk analysis. Far from a one-time checklist, it's an ongoing process of cataloging systems, pinpointing vulnerabilities, and implementing safeguards. [Get an overview of the tool here](#).

**Last Week's Recap Update.** Here is the June 12, 2026 [Hospice Update](#).