Top News Stories of the Month, July 2026

Article Summary			
	Category	**#**	**%**
A1	Mission Moments	2	4%
A2	Reimbursement Challenges, Warning Signs, and Implications	10	18%
A3	Competition to be Aware of	4	7%
A4	Workforce Challenges	5	9%
A5	Patient, Family, and Future Customer Demographics and Trends	2	4%
A6	Regulatory and Political	8	14%
A7	Technology and Innovations	5	9%
A8	Speed of Change, Resiliency, and Re-Culture	2	4%
A9	The Human Factor	1	2%
A10	Highlighted Articles of Interest	18	32%
	Totals	**57**	**100%**

A10 Highlighted Articles of Interest

40 **CMS creates new health tech office to lead interoperability efforts, digital products**

Fierce Healthcare; by Heather Landi; 6/15/26

The Centers for Medicare and Medicaid Services (CMS) aims to play a bigger role in health tech modernization efforts, including leading interoperability initiatives. The agency created a new Office of Health Technology and Products (OHTP) to provide "enterprise leadership and oversight for CMS healthcare technology modernization, digital products and transformation of platforms and services supporting Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and other CMS-administered programs," according to a notice in the Federal Register published on June 11. The new health tech-focused office will work in close coordination with the CMS Chief Information Officer (CIO) and will lead enterprise strategy for artificial intelligence, interoperability, digital product development, Medicare.gov, provider directories and claims system modernization, according to the notice. The office consists of eight divisions and the notice lists more than 90 responsibilities.

Editor's Note: Examine the detailed Federal Register's "Statement of Organization, Functions, and Delegations of Authority"

41 **Medicare Advantage insurers deny prior authorization requests for post acute care at substantially higher rates than the overall denial rate**

KFF; by Jeannie Fuglesten Biniek, Meredith Freed, and Juliette Cubanski; 7/6/26

The OIG recently published two reports finding that Medicare Advantage insurers deny more than half of all prior authorization requests for the most expensive types of post-acute care, including 65% of requests for stays in long-term care hospitals (LTCHs) and 54% of requests for stays in inpatient rehabilitation facilities (IRFs), as well as 12% of requests for stays in skilled nursing facilities (SNFs).

42 **False Claims Act insights - how hospice fraud impacts legitimate providers**

Hospice Insights Podcast; by Husch Blackwell LLP; 7/6/26

Host Jonathan Porter welcomes Bryan Nowicki, leader of Husch Blackwell's hospice practice group and host of the Hospice Insights podcast, to discuss the recent wave of hospice fraud enforcement. With hospice fraud dominating headlines in recent months,

Bryan shares insights on how massive fraud schemes are impacting the industry and why legitimate providers face collateral damage.

43 **Assisted Living Facilities: information on federal spending and Medicaid coverage**

U.S. Government Accountability Office (GAO); GAO-26-107884; published 6/2/26 and publicly released 7/2/26

Highlights - What GAO Found

... GAO's analysis of program data showed that federal Medicaid and Medicare spending for services provided in assisted living facilities totaled at least $12 billion in 2024. This amount is likely an undercount because of data limitations. For example, assisted living facilities are not a uniformly defined provider type and thus not consistently identified in the data.

- Federal Medicaid spending. GAO identified at least $3.5 billion in federal Medicaid spending for services provided in assisted living facilities in 2024. ...
- Medicare spending. GAO identified $8.5 billion in traditional Medicare spending for services provided in assisted living facilities in 2024. ...

44 **Hospitals confront nursing opposition to AI**

HFMA; by Rich Daly; 7/7/26

Health systems' adoption of artificial intelligence to improve productivity increasingly is meeting opposition from their nursing staff. Nurse opposition to AI has become most visible in nurse strikes, where limits and guardrails on AI deployment for clinical and administrative uses have emerged. Sixty-five percent of hospitals reported using AI or predictive models integrated with their electronic health records (EHRs) in 2023, according to a recent study. But nurse distrust of the technology was seen in a 2024 National Nurses United survey of 2,300 registered nurses, which found that 60% of

respondents did not trust their employers to prioritize patient safety when implementing AI.

45 **The meaning of TIME**

HSJ Online; by Todd Grimes; 7/8/26

I would argue that when it comes right down to it, all any of us have is TIME. What we choose to do with the TIME we are given is up to each of us as individuals. Some days we might wish for TIME to speed up - yet on others we might wish for TIME to slow down. Most of us have even had moments - here and there - that we wish could stand still. ... It was about 50 months ago - lying in my hospital bed - when I learned of my pancreatic cancer diagnosis. ... TIME has become more a state of being and less about where the hands on a clock might be positioned. ...

46 **Frazier Healthcare Partners announces definitive agreement to acquire MatrixCare**

WKOW-17 ABC | Businenss Wire; Press Release; 7/7/26

Frazier Healthcare Partners ("Frazier"), a private equity firm focused exclusively on the healthcare industry, today announced it has entered into a definitive agreement to acquire MatrixCare (the "Company") from Resmed (NYSE & ASX: RMD). MatrixCare is a leading provider of cloud-based EHR software purpose-built for out-of-hospital care settings, including skilled nursing, senior living, home health, hospice, and life plan communities. ... The transaction includes MatrixCare and related software offerings historically sold under the MatrixCare brand, including Healthcare First, Citus, and home health and hospice solutions.

47 **Survival variation and predictors of length of stay in US hospice patients**

International Perspectives and Future Directions for Practice, Research, and Policy; by Ian Duncan, Xiyue Liao, Terri Maxwell; 6/26

End-of-life (EOL) patients in the US Medicare program represent a large and growing population, as well as a disproportionate share of Medicare's costs. Survival of patients in hospice is, however, highly variable, implying an opportunity for improved management by enhancing the prediction of survival. Actuaries, health economists, policy analysts, and health services researchers have studied expenditures at the EOL for Medicare decedents for many years, finding that survival at EOL is highly variable. We discuss the utilization of hospice benefits for patients at the EOL in the United States.

48 **The corporatization of medicine, in salaries and beds**

MedPageToday's KevinMD.com; by Brian Hudes, MD; 7/11/26

In the 1970s, the American hospital was, in the industry's own language, an "open workshop." ... The doctor made the medical decisions; the administrator kept the lights on and the ledgers balanced. It was an arrangement with obvious flaws (fragmentation, duplication, uneven quality), but it rested on a clear premise: Medicine was practiced by physicians, and the institution existed to support that practice. That premise has quietly inverted. ... It is a corporation that employs them. The practice down the street has been acquired, rebranded, and folded into a system with a marketing department, a real-estate strategy, and a chief executive whose compensation would have been unimaginable to the physicians of the open-workshop era. The people who now set the direction of American medicine are, increasingly, not the people who see patients.

49 **Lessons from 70 triathlons about why enterprise software projects fail**

Forbes; by Alan Rencher for Forbes Technology Council; 7/13/26

In 2004, I weighed 280 pounds. ... I am not proud of how I got there. But I am genuinely grateful for what getting out of it taught me, not just about endurance training, but about the thing I have spent my career trying to get right: why enterprise software almost always fails. I have now completed 70-plus triathlons. I also have a long list of painful firsthand experiences with enterprise software that launched expensively and landed quietly in a drawer. Building it, selling it, buying it, implementing it. I have been

on every side of that table. The failure modes are the same. And the reason is not what most people think. ...

- It is not a discipline problem. ...
- The mismatch is almost always upstream. ...
- What does good implementation actually look like? ...
- Honesty is harder than discipline. ...

50 **Medicare's hospice bill doubled over the last decade**

U.S. Government Accountability Office (GAO); WatchBlog Post; 7/14/26

In recent years, Medicare's spending on hospice has nearly doubled. We looked at this spending and found that the way Medicare pays for hospice care could be costing taxpayers billions more than it should. Today's WatchBlog post looks at our new report about inefficiencies in Medicare's payments.

- What is causing increases in Medicare spending ...
- Medicare may have overspent by billions on hospice home care ...
  - Hypothetical Examples of Payment per Visit for Low- and High-Visit Hospices ...
  - Hospices received higher payments than under home health per visit rates. ...
  - Average Per-Visit Payment and Home Health Rates for Low- and High-Visit Hospices, 2024 ...
  - Large payments may attract fraudsters. ...

51 **What hospices can learn from Netflix**

Hospice News; by Jim Parker; 7/15/26

Netflix has infiltrated many of our homes, and hospices can learn a lesson or two from that company's history of innovation. Many commentators have held up the streaming and entertainment company as a pillar of innovation, repeatedly reinventing itself as

market conditions change. The company is adept at riding the "S-curve," which models growth and progress for a business over a period of time. To form the "S," a company must pass through three phases: slow initial growth (the base), rapid acceleration (the middle) and eventual leveling off (the maturity phase). Hospice businesses, for profit and nonprofit, must also ride this curve to succeed. This could require stepping outside their comfort zone, according to Agrace President and CEO Lynne Sexten.

52 **Why most healthcare brand strategies fail the first time leadership gets tested**

MedCityNews; by Erin Gregory; 7/10/26

If you are sitting on a brand strategy right now, the test is not whether your team likes it. The test is whether it can be defended by someone who did not build it, to a board that did not commission it, by a leader who did not hire you. A few years ago, I watched a regional nonprofit in community health and wellness come close to imploding. ...

53 **Crushing and flexing: CMS proposes to expand its discretion to deny and revoke Medicare enrollment**

The National Law Review; by Karen S. Lovitch, Jane Haviland, Mintz; 7/14/26

... Currently, CMS's revocation authority allows it to revoke enrollment prospectively following notice to the Provider. Following revocation, the Provider is no longer allowed to bill Medicare. CMS's proposal would not only make the revocation date retroactive to the date of alleged noncompliance (or other triggering event) but would also allow CMS to claw back payments to the retroactive revocation date. CMS estimates approximately $82 million in annual savings from this proposal, clearly indicating that CMS views it as a high-impact program integrity measure. CMS's proposal is also notable because, if finalized, it would give CMS greater flexibility to address suspected fraud without considering criteria that might otherwise constrain its actions. For example: ...

54 **National Health Expenditure Projections, 2025–34: Strong utilization growth initially, legislative impacts later**

Health Affairs; by Jacqueline A. Fiore, Andrea M. Sisko, John A. Poisal, Sheila D. Smith, Gigi A. Cuckler, Andrew J. Madison, Sean P. Keehan, Kathryn E. Rennie, and Nicholas J. Feehley; 6/26

By 2034, national health spending is projected to total nearly $9.0 trillion and to represent 20.6 percent of the economy, compared with $5.3 trillion and 18.0 percent in 2024. The rate of national health spending growth during this period is influenced by continued elevated use of medical services and goods through 2026; major legislative changes that affect insurance coverage and spending through 2028; and continued demographic shifts toward public programs, mainly Medicare. The insured share of the population is expected to be 90.5 percent in 2034, compared with 91.8 percent in 2024.

55 **700 rural hospitals at risk of closing, by state**

Becker's Hospital Review; by Madeline Scheetz; 7/22/26

Seven hundred rural hospitals across the U.S., or about one-third of all rural facilities in the country, are at risk of closing due to severe financial challenges, according to a July 21 Center for Healthcare Quality and Payment Reform analysis. The analysis comprises 264 hospitals that are at immediate risk of closure, according to the report. In almost every state, rural hospitals are at risk of closure. In most states, more than 25% of rural hospitals are at risk and in 11 states, 50% or more are at risk. ... More than 100 rural U.S. hospitals have closed in the past decade, with 110 closing since 2015, according to the report. Fifty-three hospitals have ended inpatient services since the beginning of 2023 to qualify for federal grants only available to rural emergency hospitals.

56 **Private equity's joint venture takeover of nonprofit healthcare**

Private Equity Stakeholder Project; Report; 7/6/26

Behind nonprofit partnerships, private equity firms are building a growing footprint across hospitals, hospice, rehabilitation, and outpatient care. Over the past decade, private equity has dramatically expanded its presence across the healthcare system. While much of the public attention has focused on traditional acquisitions of hospitals,

	physician practices, nursing homes, and other providers, private equity firms are increasingly pursuing another strategy: joint ventures with nonprofit health systems. PESP's new report examines how these partnerships have become an increasingly important avenue for private equity-backed healthcare companies to expand across hospitals, rehabilitation facilities, ambulatory surgery centers, hospice, home health, behavioral health, and other sectors.
57	**Viktor Frankl, Carl Jung, and Alan Watts All Discovered the Same 5 Rules for Living - Almost Nobody Lives by Them** *Substack; by Science & Soul; 6/29/26* A Holocaust survivor, a pioneering psychologist, and a Zen philosopher came from radically different worlds. Yet they all arrived at the same uncomfortable truths about what makes a life worth living. • Rule 1: Stop Searching for Happiness. Search for Meaning. • Rule 2: Everything You Refuse to Face Eventually Controls You • Rule 3: Your Identity Is More Flexible Than You Think • Rule 4: Life Begins to Change When You Stop Trying to Control Everything • Rule 5: The Greatest Prison Is the One You Can't See
	Total **18**