

## Transcript: Pt 2 | AI, Hospice Fraud Crackdown & Medicare's Future: The Biggest Healthcare Stories of 2026

### Part Two Setup And Headlines

**Jeff Haffner** 0:00

Welcome to TCN Talks, an anatomy of leadership. We continue our part two conversation. AI, Hospice Fraud Crackdown, and Medicare's Future. The Biggest Healthcare Stories of 2026. And now, here's our hosts, Chris Comeaux and Cordt Kassner.

### CMS Moratorium On New Enrollments

**Chris Comeaux** 0:23

don't know if you'd agree with that, Cordt, but the moratorium is pretty fascinating. So breaking on May 13th, breaking news. CMS announces aggressive nationwide crackdown on fraud with six-month hospice and home health agency enrollment moratoria. So, you know, it's kind of fascinating. We taped the podcast with Kim Brandt, who's the chief operating officer of CMS. Um, and usually we'll tape it just like you and I are taping this. It's gonna air the first week of July. We're taping this one about a week before. Usually they're about a month before. I think in that case with Kim, it was about a month before. So we did not know her our podcast with her was gonna air the day that Kim Brandt is standing next to Vice President JD Vance. And I actually emailed Kim and said, Well, how cool is this? She goes, We planned it this way. I'm like, Well, cool. I wish you would kind of give me a little. She did say in that podcast, like, hey, there's some cool, there's gonna be some really interesting news coming out. Um, I thought it was what was happening in California at the time, just as far as their fraud crackdown, but the moratorium. So that was a huge announcement. Um never happened in my history of 30 years within hospice, it's happened in other places, home health, etc. Cordt, I'm curious your thoughts on this. And and do you think it's gonna be just six months?

**Cordt Kassner** 1:37

Not a chance. I think this moratorium's going to be extended. I I don't know for how long uh the the this kind of review or pause period will last, but I uh when I look back, I I think it it really took us about three years to get into this fraudulent mess. Like that it in some ways, three years is overnight, but but it wasn't overnight. It wasn't in a week or a month or a year. It took about three years to really get that ball rolling and to to figure out what

was going on. And I think it'll take about three years to get out of it. So the moratorium, the this focus on hospice fraud is going to be around for a couple more years. I and then I suspect we'll move on from it.

**Chris Comeaux** 2:25

And it's gonna be interesting because then you go back to my prediction in the segment, first segment, about I think there's some broader healthcare stuff that's gonna come to a head. So there's gonna be a boy, I hope I'm right on this one. It's gonna be interesting to see when you and I get to the end of the year. But I think because of that, like healthcare at the front and center, like one of the biggest national policy challenges to our country. And then that's kind of baked into that. That always makes me a little nervous, like you just don't know then which way that's gonna cut. Like, what's the interpretation? Well, well, one reason why healthcare is screwed up is because of hospice. No, no, no, no, no. It is because some people that are total outliers, they're not even playing the same game that we're actually playing. When I can't remember how it came up in the conversation with Kim Brandt, but there's an NBA player that apparently was a horrible player, but he would literally, he was betting, kind of almost like shorting the game, was basically throwing the game. And so, like, and then you got someone like LeBron James. I grew up with Michael Jordan, Larry Bird, or Magic Johnson. I mean, guys who are just like incredible, trying to be, you know, world-class athletes, top of the game. That dude that's trying to throw the game ain't even playing the same game. Well, that's the analogy of some of these horrible, fraudulent hospices. They're not playing the same game compared to the vast majority of people trying to do the right thing. So that is the one thing that makes me nervous. That um I still remember years ago, I think his name was Mike Bale. He was at Hospice of Florida Suncoast when the Terri Schiavo situation occurred. He had this great presentation. He said, I used to dream of days that CNN would be on our front porch wanting to talk about. Like, that is not the one. Yeah, not this one. Exactly. And I feel a little bit that this whole thing around the fraud.

## **Real Calls From Families In Crisis**

**Cordt Kassner** 4:06

You know, I get phone calls and emails from the general public through the National Hospice Locator, people trying to find a hospice regularly, you know, several a week. And uh in the last two weeks, I've I've had three phone calls from people who say, you know, I'm calling this hospice, nobody's picking up the phone. They they say my brother is on hospice, but but he isn't. I'm like, can I ask where you're calling from? Southern California. I and I I just stop. Like typically, I well, let's look up your location, let's look at quality scores, let's talk about, you know, call three hospices in your area and determine which

one will be. I just stop. I'm like, let me give you the let me give you the name Sheila Clark at the California Hospice and Palliative Care Association because she is doing a she is the Michael Jordan of hospice fraud in California. She is fighting the good fight. What you're describing sounds like a fraudulent provider. She can help sort that out and figure out what to do if it is fraudulent and what to do if it isn't fraudulent. But let's just stop this conversation right now. Here's her phone number, and I I wish you well. Like, and it's and I tell people like it it hurts my heart to have to have this conversation with you because you know, most of the time people are struggling with a dying loved one. Yeah. Finding a good hospice should not be the hard part. And it is in some parts of the country.

## Leadership Training And What Not To Cut

**Chris Comeaux** 5:40

Well, let me land the plane because I want to get to yours. And so now moving into my June, there's just two I want to point out because again, the moratorium took a whole bunch even into June, but only two that I haven't picked on yet. There's a New England, New England Journal of Medicine, rigorous assessment of leadership development programs in healthcare. And just talking about that the time we're going into leadership programs are a place that people well, we just need to cut that. But it's actually not what you should cut. And, you know, it is, we do a lot of leadership training. Our leadership immersion course gets world-class, um, literally just reviews. And so just caution people as we go into maybe challenging times. This New England Journal of Medicine really was good, well researched. Last article, and I hand it to you, Cordt.

## Medicare Trust Fund And Demographics

**Chris Comeaux** 6:25

Medicare's part A trust fund is projected to run short in 2033. And so this was in saving advice. But, you know, it does worry me that even with my prediction of the healthcare challenge, we also then have this kind of bridge out in 2033. But I think you have a slightly different take on that that um when you and I were kind of prepping each other what we're going to talk about. And so I've always thought 2030, 2033 a very interesting time, that it's really is the first time that the trust fund really will be upside down. Um, do you have a different opinion about that?

**Cordt Kassner** 7:00

I do. I and really is formed from one of my early meetings with Kim Newman at MedPAC, who I think is amazing. I think she does a great job and really appreciate the work that

MedPAC does is an overview of the entire Medicare benefit. But I I walked in, we were I was giving this presentation to her and the MedPAC team about, you know, if we don't increase hospice reimbursement, you know, 32% of hospices are going to close in the next seven years. And you know, I thought I had all this, you know, compelling data and an argument and you know descriptions. And she just kind of looked at me and she said, Cordt, we don't think about hospice in seven years. We we we go year to year and things get funded year to year. That's why MedPack looks at things year to year, not these far out uh projections of of what might happen. And I I've been in hospice over 25 years, and I think at the very beginning, the Medicare Trust Fund was projected to last about seven years. And that's because I think Congress kind of funds it for seven years. And and so I really don't get too excited about that particular projection because it gets funded year to year. And if there's a crisis and we need more, guess what? It gets more. If there's a crisis and it needs less, it gets funded less. But that seven-year mark seems to be, in my opinion, a comfort zone that that's about where they keep it.

**Chris Comeaux** 8:30

Interesting. Well, kind of counterpoint, but at the end of the day, we'll punt it because it'll this will become more important for you and I in future years of the conversation. The one difference though is the demographics, you know, demographics is destiny. And so my generation, the generation X compared to the actual baby boomer. So the number of people paying into the system, the people are paying out, that is an interesting uh math variable that we've not dealt with before. Now, the millennials are a huge segment of the population. And now we've got Gin Alpha, Gin Y, they're actually coming in, um, which we have a podcast uh dropping actually uh the week before you and I air this one, talking about some of that. So yeah, we we could do that'll get more interesting in future years. We don't need to burn time today on that. So now I want to hand it to you for your articles.

**Cordt Kassner** 9:14

Yeah,

## What Readers Clicked On This Quarter

**Cordt Kassner** 9:15

well, thank you. Well, so we've been covering stories from late March to late June uh on this podcast. During that time frame, Hospice and Palliative Care Today covered 741 articles that collectively garnered nearly 340,000 reads or click-throughs, a number that remains consistent with prior quarters. One of the metrics I track is how many articles surpassed a thousand clicks each. Because that, you know, that that's a that's a pretty

good marker that a lot of people were looking at this story. And in this quarter, we had a hundred stories that surpassed a thousand clicks each. So we we thought that was really cool. You mentioned earlier, and and I want to spotlight this at the beginning of my comments, that Dr. Joy Berger, our editor-in-chief, has been working on a 25-part series to celebrate the 250-year anniversary of the United States. She calls this a history of care, 250 years of need, service, and hope. And each uh each day for 25 days prior to July 4th, Dr. Berger's been uh highlighting the challenges and successes from each decade with uh particular applications for hospice and palliative care woven throughout. Uh, it's really a timely reminder of our roots and an enduring call uh to innovate with compassion. What's what's coming, just to give a heads up, which is probably when this podcast will be released, is she's going to pull together all 25 days into a short booklet and make those PDFs available uh to read, to look at. Uh, she's hoping to pull together presentations and uh really be able to discuss the history of America and uh within the context of healthcare and hospice.

**Chris Comeaux** 11:15

Yeah, so awesome. Just kudos to you guys. I hope you need to apply for some kind of award for that, because I think it's award-winning that you guys have done that. And what a great way to honor the 250th birthday of our country. And I look forward to it. I'm a history geek. And I think that, you know, while while history doesn't repeat itself, it does rhyme. And I've already noticed some things like that's so fascinating. I didn't know that actually was that decade. I think it's interesting to look back and because it does inform maybe where we need to be going in the future. So kudos to you guys for doing it.

**Cordt Kassner** 11:44

Thank you. Yeah, she's done a fantastic job with that. We've received

## **Fraud Focus And Alzheimer's Growth**

**Cordt Kassner** 11:48

some really positive feedback. So getting into the to IRA's framework, beginning with zero tolerance for waste, fraud, and abuse, this quarter we published about 40 fraud articles. And uh that's as you said in your comments, Chris, that's a lot. That's that makes the regulatory piece really an important part of the discussion in 2026. Our most read story of the quarter was one of those articles. It was the ways and means, approved policies, uh, fighting fraud in critical safety net programs. And it this one had about 9,000 clicks. And while this was a general, like we need to fight fraud article, there was a specific segment of it, protecting seniors and stopping fraudulent act, that really caught our readers' attention. Getting into IRA's four calls for action, clinical and programmatic standards. Uh,

one of our most read articles this year or this quarter was Alzheimer's Disease Facts and Figures. Their annual report came out, and it was our top clinical story this quarter. Alzheimer's and related dementia remain high engagement topics reflecting the growth, growing intersection with hospice needs. The report notes Alzheimer's affects over 7.4 million Americans age 65 plus, with cases projected to nearly double by 2060, which is a long way away. But the the piece that I'll add into this is I'm involved in a few research projects right now looking at Alzheimer's disease and related dementias. Sometimes that's focused in the nursing home setting, but I this is just becoming a growing segment of hospice care.

**Chris Comeaux** 13:39

Yeah, we had done some podcasts on Alzheimer's two years ago. No, last year actually, and then prior year actually. But I think in 27, we need to probably um maybe we could actually bring some people on the show to talk specifically about the guide model. Interestingly, the guide was just actually extended to eight total years, which I think is a good sign. And I think it's also related to this. I mean, it is probably going to become the leading cause of disease death in the United States. And the thing that makes me concerned, kind of slash nervous, is I'm not sure. Like I love the hospice model. I'll talk about that a little bit later. Alzheimer's is different. And it was Joan Teno, I think I can't remember. Yeah, it was my first podcast with her. And she said that, you know, it's a death by inches. And that makes it different than a lot of other diseases that we deal with. So I don't know what the best model is specifically for that. And when you look at some of the outlier stuff that is considered fraud, when people are where the audits get focused, is some of these long, long, long length of stay patients. Quite often it is usually in some type of Alzheimer's dementia. And I think it's hard. It's hard to, I know we have FAST 7 and different ways to say, well, this patient is now appropriate, but that death by interest does make it a little bit different.

**Cordt Kassner** 14:53

It does. And I think we need to figure out appropriate clinical care for these folks, but also from the reimbursement model perspective, what makes sense and what's possible. The other clinical issue, of course, we had Veterans Day this quarter, and Joy pulled us together a compilation of several articles from hospices in how they were honoring their veterans, which I thought was really cool. And that was also among our most read stories. IRA's second category, making meaningful data readily available. The

## **Research Momentum And PEPPER Reports**

**Cordt Kassner** 15:29

one that I want to highlight here, the one article I want to highlight here is the uh assent consortium to publish two requests for applications. And the uh assent consortium, uh, of course, led by Jean Kutner, Melissa Aldridge, Ab Brodie, Chris Gutner, and Kimberly Johnson, uh, an NIH-funded uh consortium to advance hospice and palliative care research. Uh, they're doing great, great work. And I just want to, this article was highlighting 10 recipients uh of some of these RFPs that are that they're putting out. So congratulations to them. Of course, we can't talk about making meaningful data readily available without talking about the pepper reports have come back. Uh they they were in place, they took a hiatus during COVID, now they're back. And so hospices are figuring out, you know, what does that mean? What are their scores? So we certainly want to encourage people to be participating and aware of their pepper reports because that's going to be an important publicly available data piece.

**Chris Comeaux** 16:37

Just one comment too, Core. We did we did a podcast with Gene on because this whole Assense Ascent consortium just feels like it feels like a pivotable moment because it's a lot of, you know, I feel like I grew up at Four Seasons, Dr. Janet Bull, Dr. John Morris, kind of grandfather, grandmother, a palative care, so many incredible um luminaries, Amy Abernathy and others. It feels like Gene is like carrying that torch into the next generation with amazing NIH funding and the fact that they got this grant and what they're gonna do with it. And so that'll be one we definitely want to watch. And I know you're a huge Gene fan. I am as well.

**Cordt Kassner** 17:13

I am, absolutely. She's amazing. Iris uh third point, uh driving competition based on quality.

## **Payment Reform And Advocacy Lessons**

**Cordt Kassner** 17:21

I I really appreciated NPHI's call for a thoughtful hospice payment form reform, which came out in June, which rewards high quality care. Uh, NPHI uh explores lowering the aggregate cap to deter bad actors, reallocating payments to better support providers caring for the sickest patients, and modernizing the benefit while questioning certain GAO recommendations. They incentive, they emphasize aligning incentives with patient needs over volume, and this could foster genuine competition and innovation.

**Chris Comeaux** 17:58

I love the article as well, and just also support this approach. Um, it's something that I learned from them because you were cited earlier the the fraud bill that was one of the most clicked on ones. The one the watch that could actually change reimbursement is the KIRAS Act. And so um Blumenauer, who retired, who did the first version of the KIRAS Act, and I remember going, well, he's retiring, and because of what was going on at the time, that's not gonna be passed. What I now realize is his history, this becomes a vehicle, and that vehicle could morph and change. But the it is a kind of the way remember as a kid, I'm just the bill sitting on Capitol Hill. Well, how that whole kind of process would work is that vehicle can morph, but the fact that that vehicle was created is like part of his legacy. So I'd never thought about that. I now understand that the CARES Act is the vehicle to watch. So their comments that eventually could get baked into the CARES Act is something that we do need to watch then and totally support lowering the cap. Some other interesting things I think you could do with how the reimbursement is actually shaped. And then, you know, what about upstream? Um, we didn't get to it. One of the ones that I was going to cite was an article about palliative care. There's some interesting codes that Dr. Um Jake Quentin at CMS is actually looking at that have been there for a long time that have no reimbursement related to them in palliative care. If that gets funded and some of these other things that NPHI is thinking about, it creates a really interesting then way to modernize the benefit, carrying it into the future without totally throwing the baby out with the bathwater in terms of what is this beautiful benefit that has been hospice, where millions upon millions of people have benefited. And we know that it actually has saved money, even despite the icky stuff with the fraud, et cetera.

**Cordt Kassner** 19:46

Well, and I think the nudge here is really for all of our listeners to be thinking about how they can participate in policy and advocacy work. Because who better to inform the development of hospice policy than hospice professionals? And often we think that's kind of outside of our scope, but it's so important to be at that table.

**Chris Comeaux** 20:09

Maybe one comment to that too, Cordt. I had a huge aha. I don't know if you went to the Gala at MPHI's annual summit. Um, they honored Jay Mahoney, which was pretty cool. Um, I grew up right during the time when Jay was switching over to Don Schumacher to be the head of what later became NHPCO, now the Alliance. And one of the things that struck me listening to Jay tell that story about the benefit coming to fruition, it was nothing short of a miracle to actually think of how you had Republicans and Democrats and then just the incredible advocacy and the right people, the right place at the right time to get this benefit. It was an absolute miracle, which then makes me concerned about like if we want something to happen, it ain't just gonna happen. If we've we've stood upon the shoulders of incredible giants before, that's why I love us highlighting Dr.

Byock because I feel like he's that bridge between, hey, I was there in the beginning and I'm concerned about where this thing is going, which is why his framework is so important. So I just want to highlight what you just said, because we do have to be at that table, because it took a miracle the first time. And if we just sit back and if the fraud becomes the the narrative of what this industry is about, um, we will have failed miserably. And and they will look back and go, what did you guys do when you were there in 2026? We know what they did in 1983 when it became a benefit.

**Cordt Kassner** 21:33

Yeah, it was great. I had a chance to talk with Jay in the hallway before the the Gala and meet some of his family that were there to honor him. What a rock star.

**Chris Comeaux** 21:42

Yeah, credible.

## Hospice Programs In Prisons

**Cordt Kassner** 21:44

Ira's final point uh is embracing and promoting our authentic brand. And one article that that jumped out to me and and to many of our readers was a special report, untapped potential, the power of pure support programs in prisons. And we've talked about hospice in corrections before, and it's just a recurring theme that I like to poke on because I really do think it's so important. What a vulnerable population and an opportunity for hospice and palliative care and the hospice philosophy of care to really integrate within corrections. I want to give a special shout-out to Matt Hanson, CEO of the Home Care and Hospice Association of Colorado and of the Home Care and Hospice Association of Utah. He has begun coordinating state hospice leaders with departments of corrections leaders to advance hospice programs across the country. It's in the early stages, but kudos to him. He's doing a great job pulling together these diverse groups of folks.

**Chris Comeaux** 22:51

Very cool. Maybe that could be a future show or something. Keep that in the back of your mind.

**Cordt Kassner** 22:55

That would be great. I'd be real interested in that. The last category is just sort of my favorite. You know, we have Chris's category, we have Cordt's category. And today, mine in it with all conflicts of interest.

## 1520 AI Partnership And Analytics Future

**Cordt Kassner** 23:08

These aren't potential, these are real conflicts of interest. We announced this strategic combination of 1520 AI and hospice analytics, my research company. And we're so excited to be advancing data-driven hospice care with AI innovation. It's an exciting evolution. We're combining these organizations and it's focusing on practical, responsible, hospice-specific analytics and AI for compliance and quality and outcomes. What an exciting time to bring together a team of incredible folks. So we just announced that uh the end of April, and we're unfolding what that looks like this year with more to come. So keep your ears open for that.

**Chris Comeaux** 23:56

Maybe to ask a couple questions on that, Cordt. Congratulations, first off. And so we had Ernesto on a podcast earlier this year to talk about AI. Um, he did mention 1520, but the point is he's he's an expert, a guy who grew up in hospice as a CEO, but then later got a degree in actual artificial intelligence. And so maybe people might wonder what what changes and maybe what's not going to change as we go forward.

**Cordt Kassner** 24:20

There really is an interesting opportunity. And at this point, from a Hospice Analytics perspective, uh it has been, you know, 90% run it the same way you always have been, you know, keep doing great work and helping hospice leaders understand the information and apply it and and uh make you know increase access to high-quality hospice care. That's that's really the goal there. The other 10% that is changing and has already begun to change are the AI integrations. How can we use AI to allow a user to ask ask a question and say, Core, you work with 85 billion Medicare claims. What what can be, you know, what would they say about this question? And and so we're beginning those kinds of integrations, both with the claims, the cost reports, care compare information, but also with the National Hospice Locator to help people find hospices uniquely, personally tailored to their needs, which is really an exciting development. So we're we're beginning to put those uh pieces in place and plan to roll them out later this year and next year both.

**Chris Comeaux** 25:34

I didn't tell you I was gonna ask you this, but you get to play in that sandbox that is hospice analytics. And the sandbox we play together on this podcast is Hospice and Palliative Care Today. Any spillover to Hospice and Palliative Care Today with that partnership?

**Cordt Kassner** 25:47

At this point, like today, there Hospice and Palliative Care Today is a bright line separate company, separate thing. Uh the joy and I run with with you know very much appreciative of our sponsors, Teleios and others. And uh that's a that's a separate company. We're talking, like maybe there's maybe there's maybe it makes sense to to fold it under 1520 AI or or some of the other umbrellas associated with that. Uh it's just a a conversation that that hasn't come to fruition yet.

**Chris Comeaux** 26:22

Gotcha. Well, cool.

## Thanks To Listeners And Brain Bookmark

**Chris Comeaux** 26:24

Um, the thing that occurs to me, so to our listeners, what a quarter. And what a first half of the year. Absolutely. Because when this airs, we'll have uh half of 2026 under our belt, which is kind of crazy. The other thing occurs to me though, Cordt, just the privilege to do this together. Like I work my tail off, and you work your tail off and joy. We do this for really all of our listeners, trying to stay on top of what's going on in this field and in this industry so that way they can do their jobs better. And I'm just it's just hitting me of how fun this is, the privilege that it is, the responsibility it is, and then to pay it forward to our listeners. And so I just want to give you kudos, give joy, kudos. Um, love that we keep doing this to serve our listeners. And man, it's gonna be interesting to see what July, August, September, and then our last quarter of this year. I think the second half of the year is gonna be even more fascinating than the first half.

**Cordt Kassner** 27:20

It's a great opportunity. Thanks for allowing us to participate with you, Chris. You're doing a great job with these.

**Chris Comeaux** 27:25

Yep. And to our listeners, we want to thank you. Make sure you hit that subscribe button, pay it forward to your coworkers. You know, we uh it's always interesting. You can be frustrated by the challenges you see in the world. Let's be the change that we wish to see in the world. And as we always do, we want to leave you with this Brain Bookmark. The idea is like a thought prod or a brain tattoo. It's always fun to kind of do these and we append them post-show. And so thank you for listening to our podcast. Thanks for being

an actual listener. Cordt, thank you for you and Joy. And now we'll leave you with the brain bookmark to close today's show.

**Jeff Haffner** 28:00

"AI is a game changer, the Internet Changed Everything. I think AI is too" by Cordt Kassner. "The only thing that's consistent is changed " by Cordt Kassner. Thank you USI for sponsoring this podcast.