

CMS Moratorium Talking Points

FIELD TALKING POINTS FOR HOSPICE LIAISONS AND INTAKE TEAMS TO USE IN LIGHT OF THE CMS MORATORIUM

The situation. On May 13, [The Centers for Medicare and Medicaid Services announced a six-month nationwide moratorium on new Medicare hospice and home health enrollments](#), citing systemic fraud. Existing providers such as ours are not affected operationally. But every referral source and family conversation you have this week is happening against the backdrop of national headlines.

Our team needs to be prepared to answer questions and provide context on what this means – patients, families and referral sources will need our support and education. Hospice matters too much to let confusion and bad actors delay care.

For Hospice Liaisons: Referral Source Conversations

Six points your business development team should carry into every referral source conversation this week and for the duration of the moratorium.

1. Lead with continuity

Say: “You may have seen the CMS announcement. The moratorium only applies to new agencies trying to enter Medicare. We’re an established provider, fully accredited, and operating exactly as we were last week. Your patients will see no disruption.”

2. Acknowledge the broader concern directly

Say: “The fraud problem CMS is responding to is real and frankly we’re glad they’re taking it seriously even if a moratorium is less targeted than we’d hope. The activity in Los Angeles and a handful of other markets has been damaging to the entire community, including agencies like ours that are doing the work the right way.”

3. Offer specifics, not slogans

Be ready to name at least three concrete proof points:

- Years in operation in your community
- Accreditation status
- Current CAHPS or HIS performance
- Your active compliance program

4. Position the moratorium as well-intended, not punitive

Say: “What CMS is doing is trying to root out the truly fraudulent actors, even if a moratorium is overly-broad. These fraudsters have made every hospice conversation harder. Targeted fraud crackdowns will get them out and that’s good for your patients and good for referral partners who want confidence in their hospice.”

5. Never disparage a specific competitor

The temptation will be there. The risk is not worth it. Speak to category-level dynamics and your own agency’s performance, and let the data and the regulators sort the rest.

6. Don’t allow this moratorium to be a barrier to care

Continue being a proactive advocate for hospice care. Work hard to educate referral sources on the critical role hospice plays in easing symptoms. Offer to be an ongoing resource if they have questions about what the moratorium means.

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For Intake Teams: Family and Patient Conversations

Families are not parsing Medicare enrollment policy. They are asking, often without saying it, whether they can trust you with their loved one.

1. If a family raises the news, address it directly and without defensiveness

Say: “I’m glad you asked. The news is about new agencies trying to enter Medicare, not about longstanding providers like us. We’ve been serving families in this area for many years, and we’re fully compliant with everything CMS asks of us. Your loved one’s care will not be affected by any of this.”

2. Weave integrity into admission even when they don’t raise it

The phrasing should sound natural, not rehearsed. Then move forward into the clinical conversation.

Say: “One of the reasons families choose us is that we’ve been doing this for a long time and we’re in good standing with the Medicare program. That matters more in hospice than almost anywhere else in healthcare.”

3. If asked whether you’re being investigated, answer calmly and add context

A simple “no, we’re not, and here’s how you can verify that” lands better than a defensive explanation. Direct families to [Care Compare](#) to see your quality scores, or to [The Alliance’s CaringInfo](#) for resources to help them make an informed decision.

4. Translate compliance into care continuity

Families don’t care about enrollment regulations in the abstract. They care that their mother will get the visits and care she’s supposed to get, from the people she’s supposed to see, with the medications she actually needs. Make that connection explicit.

Your leadership, compliance, and quality teams are your best resources if you are getting specific questions from the community. If someone has a question and you’re not sure of the answer, bring it back to leadership and tell the caller or referral source you’ll get back to them ASAP with the right answer.

Mission-driven hospices were made for this moment. We cannot let fraudulent actors delay needed access to high-quality end of life care.