August 27, 2026

The Honorable Dr. Mehmet Oz
Administrator
The Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave SW,
Washington, D.C. 20201

Kim Brandt
Deputy Administrator & Chief Operating Officer
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Oz and Deputy Administrator Brandt:

On behalf of the National Partnership for Healthcare and Hospice Innovation (NPHI) and the nonprofit, community-based hospice and advanced illness care providers we represent nationwide, we want to express our appreciation for CMS's leadership and decisive action to protect the integrity of the Medicare hospice benefit.

NPHI strongly supports CMS's efforts to identify and eliminate fraud, waste, and abuse in hospice. NPHI was the first national hospice organization to publicly call for and support a six-month nationwide moratorium on new hospice enrollments, because we believed the extraordinary circumstances facing the hospice benefit warranted decisive action. We remain equally committed today to the objective that prompted our recommendation: protecting vulnerable beneficiaries, preserving the integrity of the Medicare hospice benefit, and ensuring taxpayer dollars support legitimate, high-quality care.

As CMS approaches the conclusion of that six-month period, NPHI believes the moratorium has accomplished its intended purpose and that now is the right time to build on that progress. At the same time, our members have been clear with us about the real-world cost of a blunt, one-size-fits-all enrollment freeze. A moratorium designed to stop bad actors from entering the market does not distinguish between those actors and the mission-driven, community-based nonprofits that make up the backbone of hospice care in this country. Over the past six months, we have heard directly from members who are ready and able to bring hospice services to communities that currently have little or no access but who have been categorically barred from doing so simply because the moratorium draws no line between expansion driven by fraud and expansion driven by genuine community need.

This is precisely why NPHI believes the moratorium's should not be extended in its current form. The absence of any mechanism to distinguish good actors from bad ones — no exception process, no expedited pathway for established nonprofit providers with strong compliance and quality track records, no accommodation for documented access gaps — has made the moratorium a far less precise tool than the moment now calls for. NPHI supports transitioning to a more targeted, sustainable approach: one that continues the program integrity progress

achieved over the last six months while allowing responsible, mission-driven organizations to expand their reach into the communities that need them most.

For that reason, we believe the next phase can build upon the important work CMS has already undertaken, using the agency's existing program integrity framework and increasingly targeted, data-driven strategies - approaches that can screen for risk without freezing out the trustworthy providers our sickest and most vulnerable patients depend on. NPHI wants to be an active partner with CMS in designing and implementing that next phase. We are prepared not only to offer recommendations but also to commit our own resources and expertise to helping CMS identify and address fraud and abuse within the Medicare hospice benefit.

A Hospice Program Integrity Task Force

To that end, NPHI proposes working with CMS to establish a Hospice Program Integrity Task Force focused specifically on identifying and addressing fraud and abuse within the Medicare hospice benefit in conjunction with the hospice provider community.

NPHI is prepared to commit our own organizational resources and bring together experienced hospice leaders, clinicians, compliance experts, data and analytics professionals, and other subject-matter experts from across our membership and the broader end-of-life care community. Working collaboratively with CMS and its program integrity leadership team, the Task Force could help identify emerging fraud patterns, evaluate vulnerabilities within the benefit, develop practical safeguards, and inform targeted interventions that protect beneficiaries without unnecessarily limiting access to legitimate hospice care.

We recognize and respect that responsibility for protecting the Medicare program rests with CMS. Our intent is not to supplant that authority, but to strengthen CMS's efforts by bringing the operational knowledge and real-world experience of providers who understand how legitimate hospice care is delivered—and who can often recognize practices and patterns that simply do not comport with responsible hospice operations.

We are prepared to invest our own resources in this effort because protecting the integrity of the hospice benefit is that important to our members and to the patients and families we serve.

Building on the Existing Program Integrity Framework

The nationwide enrollment moratorium provided CMS with an important opportunity to intervene at a critical moment, and NPHI appreciates the actions CMS has taken during this period. We believe the next phase provides an opportunity to build on that progress by leveraging the tools and authorities already available to CMS and increasingly focusing program integrity resources on the providers, markets, and practices presenting the greatest demonstrated risk.

NPHI continues to believe that fraudulent and abusive hospice operators must be identified, investigated, and removed from the Medicare program. There is no ambiguity in our support for strong action against providers that exploit vulnerable beneficiaries, fail to provide appropriate care, or manipulate the hospice benefit for financial gain.

At the same time, thousands of hospice providers are delivering high-quality, compassionate care every day. NPHI believes CMS's existing framework, combined with increasingly targeted use of data, oversight, and enforcement tools, offers a more precise path toward combating fraud — one that protects beneficiaries while allowing high-quality providers to expand access where additional hospice care is needed.

Effectively Leveraging Existing Program Integrity Tools

Builing on the halt in new hospice enrollements during the moratorium period, NPHI believes several elements of CMS's existing program integrity framework can be particularly effective as the agency moves into this next phase.

Risk-based audit and enforcement. Quality, utilization, claims, ownership, and program integrity information provide important indicators for identifying consistently poor-performing or high-risk hospices that may warrant additional scrutiny. Unusual patterns—including persistently high live-discharge rates, questionable utilization patterns, rapid changes in ownership or enrollment, and other significant outliers—can help focus program integrity resources where demonstrated risk is greatest.

PEPPER and other comparative data. PEPPER and other comparative data provide CMS with additional tools for identifying billing patterns associated with a high potential for improper payments. These data can help differentiate consistently elevated-risk patterns from sustained records of appropriate billing and high-quality care, allowing program integrity resources to be focused where they are most likely to identify meaningful concerns.

Enrollment and ongoing-provider qualifications. CMS's enrollment and oversight framework also provides opportunities to evaluate fundamental indicators of legitimate hospice operations, including whether a provider is genuinely accessible to patients and caregivers, maintains meaningful 24/7 availability, operates from a legitimate location, has appropriate ownership and business relationships, and demonstrates the capacity to provide all four levels of hospice care.

Quality and oversight participation. Quality reporting and other oversight activities offer additional indicators of provider performance and potential risk. Missing quality data, persistently poor performance, or other indications of limited engagement with Medicare oversight requirements can contribute to a more comprehensive picture of where additional review may be warranted.

Audit and enforcement infrastructure. Continued investment in hospice-specific auditor expertise, transparency regarding audit findings and denial rates, and tracking of audit determinations subsequently overturned on appeal can further strengthen the effectiveness and accuracy of the existing program integrity framework. Effective program integrity depends both on identifying bad actors and ensuring that compliant providers are evaluated accurately and consistently.

Hospice aggregate payment cap. NPHI also encourages CMS to revisit the hospice aggregate payment cap as an additional program integrity tool. The Medicare Payment Advisory Commission (MedPAC) has recommended wage-adjusting the cap and reducing it by 20 percent, noting that hospices exceeding the cap disproportionately have long lengths of stay and elevated margins. While the aggregate cap was originally intended to control spending within the benefit,

it now holds equal promise as a tool to curb profiteering. We would welcome the opportunity to work with CMS on how cap reform might complent the tools described above.

Moving Forward Together

NPHI believes the next phase of activity to address these challenges presents an opportunity to build on the progress CMS has already made.

Our position is not that CMS lessen its focus on hospice program integrity. Quite the opposite: we believe that focus must remain strong, sustained, and increasingly sophisticated. We believe the existing program integrity framework, coupled with targeted, evidence-based strategies and greater collaboration with experienced providers, can help CMS prevent unqualified hospices from gaining approval to bill Medicare to begin with and more precisely identify fraudulent and abusive actors while protecting beneficiary access and allowing high-quality hospice organizations to serve additional patients and families.

As the six-month nationwide enrollment moratorium reaches its conclusion, NPHI supports a transition toward targeted, evidence-based interventions focused on specific geographies, provider characteristics, ownership structures, utilization patterns, and other demonstrated risk factors. Where emerging data demonstrate that targeted enrollment restrictions are warranted in particular markets or circumstances, NPHI would support their use.

Most importantly, we want CMS to know that you do not have to undertake this next phase without the active engagement and resources of the hospice community.

NPHI is ready to convene the proposed Hospice Program Integrity Task Force, dedicate organizational resources to its work, and bring forward leaders with the clinical, operational, compliance, and data expertise necessary to assist CMS. We would welcome the opportunity to work with CMS leadership to determine the appropriate structure, participants, and priorities for this effort.

If CMS determines that circumstances warrant additional enrollment restrictions in the future, NPHI would support **targeted, evidence-based moratoriums focused on specific geographies, provider types, or identified risk factors** — an approach that helps ensure program integrity tools are matched to where risk is greatest.

Our members have spent decades caring for patients and families at one of the most vulnerable moments of their lives. They have an enormous stake in protecting the integrity and reputation of the Medicare hospice benefit. We believe that experience can be a meaningful resource to CMS as it determines the next phase of its program integrity strategy.

Thank you for your leadership, your willingness to confront these challenges directly, and your continued engagement with NPHI and the hospice community. We value our partnership with CMS and look forward to working alongside you to protect beneficiaries, strengthen program integrity, preserve access to high-quality hospice care, and ensure the Medicare hospice benefit remains strong for generations to come.

If you have any questions concerning these comments or would like to discuss these issues further, please contact NPHI's Senior Policy Director, Ethan McChesney, at ethan@nphihealth.org.

Sincerely,



Tom Koutsoumpas
Founder and CEO
NPHI