FREE FOR FAMILIES · NOTHING TO BUY

Check a hospice yourself, for free, in about ten minutes.

Every number in our work comes from public federal files, and you can read those files yourself, for free, without us. This page shows you where those tools are and what they report. It also lists who to call if you have a concern. **We do not sell reports to families, and we will not look a hospice up for you.** Our reports are built for attorneys who already have a matter open. For the decision actually in front of you, the free federal tools below will serve you better. They are the same tools we use.

> **This is general information, not legal advice.** It points you to public federal tools and explains general Medicare rules so you can check on a hospice yourself. It is not a substitute for a doctor, a social worker, or an attorney licensed in your state. Rules and phone numbers change, so confirm anything that affects a decision with 1-800-MEDICARE or the official links below.

If someone is in danger right now

Call **911**. Do not wait for a complaint process. Everything below is for situations that are wrong but not immediately life-threatening.

Step 1, Look the hospice up on Medicare's own site

medicare.gov/care-compare (https://www.medicare.gov/care-compare/) is the official federal tool. Choose *Hospice care*, enter a ZIP code or the hospice's name, and you will see its star rating, family-survey results, and quality measures. It is completely free, CMS's own data, and it is the first thing anyone should look at.

What we do that Care Compare does not: we compute a live-discharge rate from the published counts, join in ownership and inspection records, and compare a hospice to every other hospice in the country. That work is built for attorneys working a case. If you are choosing a hospice, Care Compare and the questions below will serve you better than anything we sell.

Step 2, Understand the four things worth knowing

Star rating and the family survey (CAHPS)

Families of patients who *died* in a hospice's care are surveyed afterwards. The results show up as a star rating and as percentages, how many would recommend the hospice, how well symptoms were managed, whether the team communicated, etc. **The survey only reaches families of patients who died.** If a hospice discharges someone alive, that family is never asked. A hospice with a high live-discharge rate can still have high survey scores, because those families were never surveyed. The survey describes the experience of families whose relative died in that hospice's care. It does not describe anything else.

Small hospices often show no scores at all. CMS withholds them when too few families responded. **Withheld means CMS did not publish a score.** It does not tell you what the score would have been.

Inspections

Hospices are inspected at least every three years. Inspectors write up *deficiencies*, and they are not all the same weight:

- **Condition-level**, serious. The hospice failed a whole requirement of care.
- **Standard-level**, narrower. A specific rule inside a requirement.
- Many findings concern **the building**, fire doors, sprinklers, exits, etc. These matter, but they are not about anyone's care. A long list of fire-code findings does not necessarily mean poor nursing.

Also ask *why* the inspector came. A **complaint** survey means somebody reported something and the state judged it worth investigating. A **recertification** survey is the routine three-year visit. A complaint survey that resulted in no citations is also part of the record.

More citations does not automatically mean a worse hospice, and fewer citations does not automatically mean a better one. Bigger hospices may accumulate more findings. What you can check is the severity of the findings, how recent the last inspection was, and whether the same finding keeps recurring.

Live discharges

A *live discharge* is when someone leaves hospice without dying. There are many ordinary reasons for it: a patient's condition improves, the patient decides to leave, or the family moves away. Dementia is especially hard to predict, and patients often outlive a six-month prognosis and leave hospice alive.

Rates vary widely from one hospice to another. If a hospice's rate looks high next to others, that is something to ask the hospice about. It does not tell you why the rate is what it is. **A high rate is a question, never a finding.**

Ownership

CMS publishes who owns each hospice, whether it is for-profit, and whether it belongs to a chain. On its own, ownership predicts nothing at all. Treat it as background.

Step 3, Questions worth asking any hospice

- Who exactly comes to the house, how often, and for how long? Ask for it in writing on the plan of care.
- Who answers the phone at 2am on a Sunday, and how fast does a nurse actually arrive?

- What happens if symptoms get worse, do you have an inpatient unit, or do we go to the emergency room?
- How often does a doctor or nurse practitioner see the patient in person?
- What is your live-discharge rate, and why?
- Will you provide the volunteer, social-work and chaplain services on the plan? *(Medicare requires a hospice to make these available.)*
- Can we see your most recent inspection results?

Step 4, If something is wrong

Several free options are open to you.

1. **Tell the hospice first, and write it down.** Ask for the administrator or director of nursing. Note the date, who you spoke to, and what they said, and keep that record whatever happens next.
2. **File a complaint with your State Survey Agency.** This is the agency that inspects hospices, and a complaint can lead to an investigation. Find yours at CMS's state survey agency list (https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information). You do not need a lawyer, and you do not need proof. You need to describe what happened.
3. **Call Medicare: 1-800-MEDICARE (1-800-633-4227)**, TTY 1-877-486-2048. A real person, 24 hours a day. Ask them to refer you to the **Medicare Beneficiary Ombudsman** if a complaint stalls.
4. **Suspect billing fraud?** That is the HHS Office of Inspector General: oig.hhs.gov/fraud/report-fraud (https://oig.hhs.gov/fraud/report-fraud/) or **1-800-HHS-TIPS (1-800-447-8477)**. You may report anonymously. Your local **Senior Medicare Patrol** will help you put a report together for free.
5. **Your state's Long-Term Care Ombudsman** advocates for patients and families directly, free of charge. Find yours through the Consumer Voice directory (https://theconsumervoice.org/get_help).

You are allowed to leave

You can change hospice. Medicare permits a transfer **once per benefit period**, and you do not need the current hospice's permission. Line up the new hospice first, confirm it accepts the insurance, then notify the current one in writing. Expect equipment such as a bed or oxygen to be swapped out rather than moved with you.

You can also **revoke** the hospice benefit entirely and return to standard Medicare, and elect hospice again later. Nobody can require you to stay.

This page explains general Medicare rules and public resources; it is not legal advice, and rules and phone numbers can change. Confirm anything that affects a decision with **1-800-MEDICARE** or the official links above.

Warning signs the FBI has flagged

In a June 2026 public advisory (https://www.ic3.gov/PSA/2026/PSA260603), the FBI described hospices enrolling Medicare patients who did not need hospice care, in some cases without the patient's knowledge. The advisory lists these tactics:

- Door-to-door or phone solicitation for hospice.
- Free house cleaning, meals or other services *conditional* on signing with a particular hospice.
- Anyone asking for a Medicare number in exchange for free services.

Two things help: never give a Medicare number to someone who approached you, and read the Medicare Summary Notice for services or providers you do not recognize. Hospice election is a formal choice you make. Nobody should be signing you up at the door. Report it to ic3.gov (https://www.ic3.gov/) or the OIG hotline above.

The whole checklist, ready to print

If you read nothing else, this is the guide. Tick your way down it.

Before you choose

- [ ] Look the hospice up on medicare.gov/care-compare (https://www.medicare.gov/care-compare/).
- [ ] Read the star rating, and remember it only reflects families of patients who *died* in their care.
- [ ] Check the inspection record. Separate **care** findings from **building** findings, and note whether anything is condition-level.
- [ ] Check whether an inspection followed a **complaint** or was the routine three-year visit.
- [ ] Note that no scores shown means too few families responded for CMS to publish a score.

Ask, and write down the answers

- [ ] Who visits, how often, for how long, in writing, on the plan of care.
- [ ] Who answers at 2am, and how quickly does a nurse actually arrive?
- [ ] If symptoms get worse: inpatient unit, or the emergency room?
- [ ] How often does a doctor or nurse practitioner see the patient in person?
- [ ] What is your live-discharge rate, and why?
- [ ] Will we get the volunteer, social-work and chaplain services on the plan?
- [ ] May we see your most recent inspection results?

While in care, watch for

- [ ] Visits on the plan that are not actually happening.
- [ ] Symptoms not being managed, or slow response out of hours.
- [ ] Pressure to enroll, or anyone offering free services in exchange for a Medicare number.
- [ ] Services on the Medicare Summary Notice that nobody provided.

If something is wrong

- [ ] Immediate danger → **911**.
- [ ] Tell the hospice administrator first. Date it, note who you spoke to, keep the record.
- [ ] File with your State Survey Agency (https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information). They inspect hospices, and a complaint can lead to an investigation.
- [ ] Call **1-800-MEDICARE** (1-800-633-4227), TTY 1-877-486-2048, 24 hours. Ask for the Beneficiary Ombudsman if you stall.
- [ ] Suspected billing fraud → HHS-OIG (https://oig.hhs.gov/fraud/report-fraud/) or **1-800-HHS-TIPS** (1-800-447-8477). Anonymous is fine.

- [ ] Want an advocate? Your state Long-Term Care Ombudsman (https://theconsumervoice.org/get_help), free.

Remember

- [ ] You can change hospice once per benefit period. You do not need permission.
- [ ] You can revoke hospice entirely and return to standard Medicare, then elect it again later.
- [ ] A high live-discharge rate is a question, never a finding.
- [ ] None of the above costs anything.

Why we will not run a report for you

Our reports answer a narrow question for attorneys who already have a matter open. They present figures and stop there. That is not much help when you are deciding where a family member should receive care.

Choosing hospice care is both a clinical and a personal decision. The people who can help you make it are your physician, a hospice social worker, or an ombudsman. Care Compare and the questions on this page will get you further than a report from us would.

If you are an attorney, or working with one, the contact page is the right door. If you are a family, everything on this page is free and there is nothing to buy.