



Protect Access to Medicare Home Health and Hospice

Encourage CMS to Replace a Blanket Moratorium with Targeted Program Integrity Reform

THE ASK

To strengthen program integrity in Medicare home health and hospice, the Alliance encourages policymakers to pursue targeted, data-driven measures to root out fraud while ensuring patient access and legitimate providers are protected. As part of those focused efforts, we encourage Congress to work with the Centers for Medicare & Medicaid Services (CMS) to end the current six-month national moratorium on all new Medicare home health and hospice providers nationwide which was imposed without regard to geography, compliance history, or any confirmation of incidence of fraud.

TOPLINE

- The care at home provider community strongly supports efforts to root out fraud in the Medicare program and is an active partner with the Administration to strengthen program integrity.
- We are concerned that this broad-based approach could jeopardize Americans' access to needed home health and hospice services delivered by high-quality, compliant providers.

- If the current freeze on new provider enrollment is extended, it may result in longer wait times, reduced availability, and fewer choices for patients across the U.S. This could lead to delays in hospital discharges, transfer to less appropriate care settings, and potentially lower quality of life for patients seeking home health or hospice care.

RATIONALE

The Overwhelming Majority of Providers Deliver Compliant Care

- The overwhelming majority of home health and hospice providers deliver compliant, patient-centered, clinically appropriate care to individuals with complex needs.
- CMS agrees that **fraud is concentrated in specific geographies and among specific actors**, signaling that targeted reforms and oversight strategies are needed to identify and remove fraudulent entities from the Medicare program.

A Broad-Brush Approach Jeopardizes Patient Access to Care

- A one-size-fits-all, nationwide moratorium on home health and hospice providers harms access to the services.
- Without access to home health and hospice, patients face poorer outcomes and the Medicare program faces higher costs.
- **Patients are already struggling to access care at home, particularly in rural communities.** A nationwide freeze on new enrollments removes the one mechanism, new market entry, that could help close those gaps. Patients in these communities often don't have the option to choose another provider, and they will lose access to care, suffer longer wait times, or remain in the hospital longer. Layering the sweeping enrollment proposals in the CY 2027 Home Health proposed rule on top of a moratorium would further discourage compliant providers from entering or remaining in rural and underserved markets.



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SOLUTION

Policymakers must pursue targeted enforcement measures based on real-world data instead of a national moratorium. CMS has used this approach before, by directly matching fraud concentration data to new enforcement programs, instead of penalizing legitimate, compliant providers.

BOTTOM LINE

The Alliance strongly supports efforts to root out fraud in the Medicare program. When bad actors exploit these programs, they undermine public trust, harm individuals, and threaten the providers who are delivering care the right way.

We urge policymakers to consider recommendations from the Alliance¹ and other national organizations that focus on removing bad actors through targeted tools that do not punish our industry or individuals seeking care at home.

FOR MORE INFORMATION, CONTACT
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1. <https://allianceforcareathome.org/advocacy/program-integrity/>

