



September 4, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: National Home Health and Hospice Enrollment Moratoria

Dear Administrator Oz:

On behalf of the National Alliance for Care at Home (the Alliance), the nation's largest organization representing home health agencies, hospices, and home care organizations, we write to respectfully request that CMS allow the nationwide enrollment moratoria imposed on home health agencies and hospices to expire at the end of the initial six-month term on November 13, 2026.

As we have expressed previously, we share fully the Administration's commitment to protecting Medicare and Medicaid beneficiaries, preserving the integrity of the hospice and home health benefits, and rooting out the bad actors who have exploited these programs and harmed patients, families, and the Trust Funds. Likewise, we appreciated the opportunity to meet with you and your staff recently on the need to preserve access to home health and hospice services. It is critical to underscore that most providers of these services serve their communities with integrity. In the four months the moratoria have been in effect, we have seen unintended consequences impacting these legitimate providers and beneficiary access. These include the following:

- Beneficiaries in rural and underserved areas have missed opportunities for improved access to care. For example, through the third quarter of 2025, 38 percent of Medicare beneficiaries referred for home health at hospital discharge did not receive it, and rural beneficiaries fared even worse. Those who did not receive home health had a 36 percent higher 90-day mortality rate, 33 percent higher hospital readmission rate, and approximately 8 percent higher 90-day Medicare spending.¹ While the moratorium did not cause this access gap, it prevents those providers who are best positioned to help close these gaps from doing so.
 - Specifically, long-standing hospices and home health agencies with proven quality track records have been approached by these communities to extend services to these areas. They are not able to do so due solely to the moratorium. Not only are these quality providers not able to enroll new entities in rural and underserved

¹ CareJourney by Arcadia, Home Health Access and Patient Outcomes: 2025 Q3 Results and Insights, Analysis of Medicare fee-for-service inpatient claims

areas, they are not able to temporarily extend services during the moratorium through the establishment of a branch/multiple location office.

- Healthcare system affiliations have been delayed or abandoned because new enrollment applications could not be filed for the home health agency or hospice in these transactions, creating unnecessary obstacles to legitimate efforts to improve efficiencies, quality, and service delivery.
- Struggling providers that would have been acquired are now facing closure.
- Hospices in the process of constructing costly inpatient units, sometimes with proceeds raised through community donors, will have empty buildings. This also impacts the workforce as the staff hired for these units may not have a job.
- Hospices that have invested great sums to renovate unused wings of skilled nursing facilities to expand inpatient care are not able to begin serving patients and must continue to pay expensive monthly leases.

These situations do not add new operators to Medicare. They either transfer or extend care that beneficiaries are already receiving, or would receive, from providers CMS has screened and continues to survey.

For these reasons, we strongly encourage you to utilize targeted approaches to prevent and address fraudulent activities, as previously recommended by the Alliance. CMS already has the tools needed to reach fraudsters. We believe the provisional period of enhanced oversight, thorough and comprehensive survey processes, targeted medical review, audits, high-risk screening, revocation, Review Choice Demonstration (RCD), and similar authorities including prosecutorial actions when needed, reach bad actors with greater precision. **National data does not demonstrate that fraud, waste, or abuse in home health or hospice is so pervasive and geographically uniform as to warrant an extension of the enrollment moratoria across all fifty states and territories. Data consistently identifies fraud hotspots concentrated in specific metropolitan areas and states, not a nationwide epidemic of equivalent severity.**

Home health and hospice services are not optional, they are medically necessary services that often allow elderly and disabled Americans to avoid institutionalization, receive post-acute care safely at home, and access compassionate end-of-life care in the setting of their choice. The demand for these services is growing as the baby boomer generation ages and as CMS advances policies to shift care away from hospitals and nursing facilities into home and community settings.

The Alliance respects CMS's statutory responsibility to protect the integrity of the Medicare and Medicaid programs, and we are committed partners in that effort. We stand ready to work with you and your team to sharpen the existing tools to identify and extract existing fraudsters and prevent new fraudulent operators from entering the system.

If CMS is nonetheless considering an extension of the moratoria, we respectfully request the opportunity to meet with you, Ms. Brandt, and Ms. Iwugo before that decision is made. We would also appreciate confirmation of the 60-day notice CMS described this summer, so that providers and the beneficiaries who depend on them can plan accordingly.



We appreciate and thank you for your leadership on program integrity and for continued engagement with the home health and hospice sectors on these issues. The Alliance stands ready to meet with CMS leadership and work collaboratively toward program integrity solutions that protect beneficiaries without undermining the provider infrastructure upon which they depend. We welcome the opportunity for further dialogue on these critical issues.

Respectfully,

A handwritten signature in dark ink, reading "Jennifer Sheets". The signature is fluid and cursive, with the first name "Jennifer" and last name "Sheets" clearly legible.

Jennifer Sheets
Chief Executive Officer

cc: Kimberly Brandt, Deputy Administrator and Chief Operating Officer
Jeneen Iwugo, Acting Director, Center for Program Integrity