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Publications

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Extension and Modification of the Nationwide Temporary Medicare Enrollment Moratoria: What Hospice and Home Health Providers Need to Know

Key Updates

- CMS has extended the nationwide temporary moratoria on new Medicare enrollments for hospice and home health agencies for another six months, effective Nov. 12, 2026, while allowing existing enrolled providers to add practice or branch locations.
- Changes of ownership and relocations remain exempt if they do not trigger a new Medicare enrollment. CMS also continues to cite concerns about fraud, waste and abuse as justification for the moratoria and potential future extensions.

Why It Matters

- Hospice and home health providers must account for the continued enrollment restrictions when evaluating expansion plans, acquisitions and relocations, particularly where a transaction or operational change could trigger a new Medicare enrollment or additional CMS scrutiny.

Next Steps

- Providers should review planned expansions, ownership changes and relocations to determine whether the moratoria apply, while assessing newly finalized program integrity requirements to reduce the risk of unexpected enrollment denials, deactivations or revocations.

A day before they were set to expire, CMS announced that it is extending the nationwide hospice and home health moratoria by another six months, but only for ***new*** hospice and home health agency enrollments (read our article on the original six-month moratoria here). ***Existing*** hospice and home health agencies already enrolled in the Medicare program will be permitted to add new hospice practice locations and new home health branch locations. Changes of ownership of already existing Medicare-enrolled hospice and home health agencies that do not trigger a new enrollment (e.g., outside the 36-month rule) will continue to be exempt under the moratoria. Relocations of already existing

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agencies are also exempt provided those relocations do not result in the creation of a new agency in the eyes of CMS, which is an issue of growing concern to providers.

Providers may have to wait until May 2027 to confirm if CMS will extend the moratoria again. The extension notices were posted on the Public Inspection webpage for the Federal Register on Nov. 12 and effective that same day. Formal publication will be posted in the Federal Register on Nov. 16. A copy of the hospice notice can be found here and a copy of the home health notice can be found here.

In announcing the extension, CMS indicated its belief that the circumstances warranting the imposition of the moratoria have not yet abated and both CMS and HHS-OIG remain concerned for the "significant potential for fraud, waste and abuse" in the industry. CMS pledges to continue to investigate suspicious billing activity, suspected fraud and monitor compliance matters going forward and will consider whether additional extensions are warranted in the future. With the addition of the newly finalized program integrity measures contained in the Home Health Prospective Payment System Final Rule, providers should pay close attention to those new measures to ensure they do not inadvertently run afoul of them and face an unexpected denial, deactivation or revocation action.

These extensions, and more notably, CMS's efforts to combat perceived fraud, waste and abuse in the industries will impact your current operations, expansion plans and proposed acquisitions. When they do, we would encourage you to reach out to Ross Sallade, Andy Voss, Stephen Angelette, Mary Canavan or your regular Polsinelli attorney with any questions or concerns you may have.