

Publications

CMS Imposes Nationwide Moratorium on Home Health and Hospice Provider Enrollment

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CLIENT ALERT | 5.14.2026

In a sweeping move that claims to address persistent fraud concerns, the Centers for Medicare & Medicaid Services (CMS) announced on May 13, 2026, a **nationwide six-month moratorium on new enrollments for home health agencies (HHA) and hospice providers**. This unprecedented action, effective immediately, applies to Medicare, Medicaid, and CHIP programs and purports to give CMS time to implement stronger safeguards and conduct targeted reviews in sectors identified as high-risk for fraudulent activity.

CMS cites persistent fraud in home health and hospice sectors as the reason for the moratorium, including billing for services not rendered and falsified documentation. In addition to the moratorium on new enrollment, existing HHAs and hospice providers should anticipate increased oversight. Specifically, while existing providers can continue to provide care, they should be prepared for CMS to “intensify targeted investigations, deploy advanced data analytics, and accelerate the removal of hospice and HHA providers from the Medicare program that are *suspected* of committing fraud.” [CMS Press Release](#) (emphasis added).

This federal action coincides with new initiatives announced by Ohio Governor Mike DeWine, who unveiled a suite of Medicaid fraud prevention measures. In addition to the new provider moratorium, these include the following:

1. **Immediate payment suspension to “high-risk” providers.** Effective immediately, Ohio Medicaid will remove and suspend payment to providers with “red flag” billing practices. Be prepared for halted payments and increased audits.
2. **Executive Order enabling Ohio Department of Medicaid (ODM) emergency rulemaking.** A forthcoming Executive Order will permit ODM to issue emergency rules increasing the frequency of revalidation of “higher-risk for committing fraud” providers.
3. **GPS Required in Electronic Visit Verification (EVV).** EVV is currently being phased in as a mandatory condition of payment for home

health providers. ODM will now also require that the providers implement GPS tracking as part of the EVV.

4. **EVV Required for Live-In Caregivers.** While previously exempt from the EVV requirement, ODM will begin the rulemaking process to require family and live-in caregivers to use EVV as a condition of payment for home healthcare services.

For providers, the moratorium means that plans to enter the home health or hospice market must be put on hold until at least November 2026. Existing providers should take this opportunity to review their compliance programs and ensure that their internal controls and documentation meet both CMS and state standards. We anticipate this enhanced scrutiny will lead to an increase in claims denials and reimbursement audits. In response, providers must diligently monitor all payer correspondence, and be prepared to challenge reimbursement findings or administrative actions which are not warranted.

As the regulatory landscape evolves, providers should continue to monitor guidance from CMS and state agencies closely. Our health care team is available to help organizations navigate these changes and respond nimbly to this anticipated increase in enforcement.

For further information, please refer to the [CMS Press Release](#), [CMS Q&A Factsheet on the Moratorium](#), and [Ohio Governor's Announcement](#). If you have questions about how these developments may impact your organization, please contact us for guidance.