

## Home Health Weekly Recap

May 15, 2026



**Weekly National Policy Pulse Calls.** Join more than 1000 of your LeadingAge peers for our National Policy Pulse calls where we keep members equipped to navigate the ever-evolving landscape of aging services national policy. The calls are on Mondays at 3:30 p.m. ET. If you're interested in signing up for these members-only calls, please sign up using [the link on our National Policy Pulse webpage](#).

**OMB Receives CY2027 Home Health Proposed Rule.** On May 11, the Office of Management and Budget (OMB) received the Calendar Year 2027 (CY27) Home Health Proposed Rule. This is the first step in federal review of rulemaking. LeadingAge anticipates this rule will be posted late June to early July. Based on the title the rule will contain additional updates for the Home Infusion Therapy program. Link to the regulatory review page [here](#).

**CMS' Home Health and Hospice Moratorium: What Nonprofit Providers Need to Know.** The Centers for Medicare and Medicaid Services (CMS) issued a moratorium on enrollment of new [home health](#) and [hospice](#) agencies. The Consolidated Appropriations Act of 2026 had language that prohibited hospices from using telehealth for face to face recertifications during a moratorium. CMS said in [frequently asked questions \(FAQs\)](#) published at the time of the announcement that hospices could continue to use telehealth for the face to face recertification during the moratorium, but did not provide further details on their legal analysis or how they were instructing their contractors at this time. This six-month effort is intended to prevent new bad actors from entering Medicare while the Centers for Medicare and Medicaid Services takes action to identify, investigate, and remove those already exploiting the system. Read LeadingAge's analysis regarding what non-profit, mission-driven agencies can expect [here](#). Our press release on the announcement can be found [here](#).

**Anti-Fraud Taskforce Announcements.** On May 13, VP Vance, CMS Administrator Oz, Centers for Medicare and Medicaid Services (CMS) Deputy Administrator and COO Kim Brandt, and head of the Anti-Fraud Taskforce Andrew Ferguson held a press conference at the White House. The press conference announced \$1.3 billion dollars in Medicaid dollars being deferred from California, a new Medicaid oversight initiative focused on Medicaid Fraud Investigation Units (MFCUS), and Medicare enrollment moratoria for six months on new providers of hospice and home health. An article on the press conference and its contents can be found [here](#).

**Bill Introduced Giving States Authority to Enforce MA Compliance.** Congressman Troy Downing (R-MT) introduced [HR 8726](#), the Protecting Authority and Restoring Tools Necessary for Enforcement by Regulatory States Act of 2026 on May 11. This bill gives each state the authority to ensure Medicare Advantage (MA) organizations that offer plans in their state are following federal regulations related to MA. It also requires U.S. Health and Human Services Secretary to coordinate the state enforcement of MA regulations and permits this coordination to occur via a collaborative enforcement agreement. The bill does not define the structure or content of such an agreement. Several states' attorneys general have been asking for such authority. The bill itself is very short. It is not clear if the language also allows states to ensure MA plans are following Medicare regulations related to what services must be covered and not developing their own internal coverage criteria. LeadingAge has been pushing for better MA compliance and federal enforcement of the regulations to ensure timely beneficiary access to Medicare covered services and a lower burden on providers. For this reason, we support efforts to bring more enforcers into the oversight activity and think it is appropriate for states to undertake this activity, as long as there is coordination and aggregation of enforcement activities to identify broader non-compliance issues and trends, nationally.

**OASIS Q&As Address AI Usage, Falls Reporting, and Skin Substitutes.** On April 21, CMS published new Q&As for correctly coding the home health OASIS. In the most recent update of the OASIS CMS addressed several high priority issues for home health agencies including the adoption of AI in clinical workflow, changes to the reporting of falls, and skin substitutes. Read more about these important [updates](#).

**Two Percent Sequestration Deduction Applied Twice on Home Health, SNF, Hospice Claims.** Multiple Medicare Administrative Contractors overseeing home health payments have reported the two percent sequestration deduction has been applied twice on recently processed claims, beginning in mid-April. This is specific to Part A institutional providers including skilled nursing, home health and hospice claims (the dollar deducted for sequestration is shown in value code 73). Home Health and Hospice MAC's [CSG](#), [Wellpoint Federal](#) (formally NGS), and [Palmetto](#), have each included an issue of log item on their websites for more information. The MACs state no further provider action is needed. The Fiscal Intermediary Standard System (FISS) maintainer is identifying claims underpaid incorrectly due to this issue. Identified/impacted claims will be adjusted starting on May 14, 2026. Members are advised to review their claims from the last month and ensure proper payments are reprocessed.

**HHS Takes Aim at De-prescribing.** The Department of Health and Human Services (HHS) has [announced a new initiative](#) to curb “psychiatric overprescribing.” HHS Secretary Robert F. Kennedy, Jr. announced an action plan on May 4 aimed at preventing unnecessary initiation of psychiatric medications and supporting the tapering and discontinuation of medications for patients not experiencing clinical benefit. The plan includes three main pillars: education and outreach, program and policy, and research-to-practice initiatives. In a [Dear Colleague letter](#) also released on May 4, HHS encouraged providers to “prioritize informed consent and shared decision-making, and to regularly review the risks and benefits of psychiatric medications with patients.” HHS noted that the letter also highlighted non-pharmacological interventions and provided information on billing codes that could be used to support the delivery of evidence-based nonmedication treatments. While the HHS announcement referred several times to this initiative in relation to children and adolescents, it is worth taking note for nursing homes given the increased attention to psychotropic medications in recent years. Recall that the Centers for Medicare and Medicaid Services (CMS) [released updated guidance](#) in November 2024 that re-classified unnecessary psychotropic medications as chemical restraints, while continuing efforts to reduce the use of antipsychotic medications in nursing homes. As HHS pursues this agenda, it will be important for nursing homes to ensure they are continuing to follow requirements and best practices. Specifically, providers should pay attention to key areas of compliance such as informed consent, adequate clinical indications for use, and gradual dose reductions. Check out LeadingAge resources on [psychotropic medications](#) and [preventing chemical restraints](#) for assistance.

**CMS Announces Early Adopters of E-Prior Authorizations.** The 2024 Interoperability and Prior Authorization rules require specified health plans, including Medicare Advantage (MA) plans, to develop and deploy an applicable programming interface (API)-enabled data exchange for prior authorizations by January 1, 2027. This is being referred to simply as electronic prior authorization. On May 14, Dr. Oz [announced](#) that the Centers for Medicare and Medicaid Services (CMS) is accelerating these efforts through a group of early adopters of the e-prior authorization platform that consists of 9 health systems and provider groups, 9 health plans that signed a pledge in June 2025 to reduce prior authorizations, and 7 electronic health records companies. The latter does not include Point Click Care nor MatrixCare. The Electronic Prior Authorization Acceleration (EPAA) initiative seeks to address early implementation challenges and support readiness. The early adopters through this initiative are integrating the e-prior authorization into their clinical and administrative systems, reducing their need for faxing and portal-based submissions, increasing their visibility into authorization status and decisions and essentially working out the kinks in workflows and the handoffs between systems. CMS encourages other health care and EHR organizations to join the EPAA initiative as it expands. To date, this initiative appears

focused on prior authorizations that originate from hospitals and physicians. More information on the CMS Health Tech Ecosystem can be found [here](#).

**New Resource for Members: Developments in Marijuana Regulation.** LeadingAge's vice president of legal affairs, Clarette Yen, shares the latest in the Drug Enforcement Administration's (DEA) rescheduling of medical marijuana to Schedule III under the Controlled Substances Act. Members can access for free [on the LeadingAge Learning Hub](#).

**Last Week's Recap Update.** Here is the May 8, 2026 [Home Health Update](#).