



CMS MORATORIUM: Home Health and Hospice Facilities

Client Advisories

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Hospices and Home Health Agencies: Now may not be the time to restructure. In May 2026, CMS implemented a temporary nationwide enrollment moratorium on Home Health Agencies (HHAs) and Hospices. The term of this initial moratorium will expire on November 12, 2026, but CMS left open the possibility of extending it for additional successive 6-month increments.

This means the HHAs and Hospices are prohibited from filing both initial Medicare enrollment applications, as well as non-exempt changes in majority ownership (CIMOs) (see 42 CFR 424.550(b) for information about what qualifies as a CIMO). Any such application submitted by an HHA or Hospice during the moratorium will be denied.

New Jersey and Pennsylvania hospice and home health service providers pursuing (1) **change of ownership (CHOW)** transactions or (2) **adding new locations or branches** under an existing Medicare enrollment will be directly impacted by this change.

If an enrollment action tied to a CHOW or a new location is treated as creating **new Medicare billing privileges** in a moratorium area, CMS may **refuse to process or approve** the submission—creating closing risk, delayed go-lives, and revenue disruption.

What CHOW Parties Should Know

For CHOWs, the key question is whether the enrollment action is treated as a **restricted enrollment application** during the moratorium. Practical implications:

- **Deal timing risk:** CHOW-related enrollment steps may be delayed if CMS views the filing as creating new billing privileges.
- **Structure matters:** Asset vs. equity structure, whether the provider number is retained, and whether the transaction triggers a new enrollment vs. a change/update can affect processing.

- **Closing conditions:** Consider adding moratorium-specific conditions, outside dates, and interim operating covenants tied to enrollment outcomes.

What Providers Should Know About “Adding Locations”

If you are adding a **new practice/location** under an existing enrollment, CMS may treat that request as an enrollment action that effectively creates **new billing privileges** in the moratorium geography. Practical implications:

- **Expect scrutiny and possible non-processing/denial** for location additions in the moratorium area.
- **Operational planning:** Build in lead time and contingency plans for staffing, leases, referral relationships, and marketing tied to the new location.

For additional guidance related to the CMS moratorium for Hospice and Home Health Medicare enrollments, please contact **Lisa Albright** at 609-580-3710 or lalbright@archerlaw.com, or **Shloka Joshi** at 267-817-9248 or sjoshi@archerlaw.com, of Archer’s **Healthcare Practice**.

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