



March 30, 2026

Submitted via [Regulations.gov](https://www.regulations.gov)

Dr. Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: Request for Information (RFI) Related to Comprehensive Regulations To Uncover Suspicious Healthcare (CRUSH), Federal Register Doc. No. [2026-03968 \(91 FR 9803\)](#), file code CMS-6098-NC

Dear Administrator Oz and CMS Staff,

On behalf of the [Home Care Association of America](#) (HCAOA), representing more than 4,900 home care agencies nationwide, we appreciate the opportunity to respond to CMS's Request for Information regarding the development of comprehensive regulations to identify and prevent fraud, waste, and abuse across federal health care programs.

HCAOA is the leading national trade association representing providers of non-medical home care services. Our members deliver a wide range of in-home supports, including assistance with activities of daily living, care coordination, and companionship services that enable older adults and individuals with disabilities to remain safely in their homes and communities. HCAOA's membership includes providers participating in Medicaid home- and community-based services programs, Veterans Affairs home care programs, and private-pay markets across all fifty states.

In this role, HCAOA regularly engages with federal and state policymakers on issues related to access to care, workforce development, program integrity, and regulatory compliance. Our members operate within highly regulated environments that require adherence to rigorous state licensure standards, federal program requirements, and increasingly robust documentation and verification systems, including Electronic Visit Verification. As such, HCAOA is uniquely positioned to provide insight into how program integrity policies operate in practice within the home care sector.

HCAOA strongly supports CMS's commitment to program integrity. However, we urge CMS to ensure that any regulatory framework developed pursuant to this RFI is risk-calibrated, evidence-based, and tailored to the operational realities of distinct provider types, including home care.



I. CMS Should Prioritize a Risk-Stratified Approach to Program Integrity

CMS seeks input on how to better identify and target areas of fraud, waste, and abuse. HCAOA strongly encourages CMS to adopt a risk-stratified approach grounded in empirical data. CMS's own reporting demonstrates that improper payments are not evenly distributed across provider types. The Medicare Fee-for-Service improper payment rate was estimated at 7.38 percent, representing approximately \$31.2 billion in improper payments, with a disproportionate share concentrated in complex billing environments.¹ These findings underscore the importance of directing regulatory attention toward areas with demonstrated vulnerability.

Recent agency actions further underscore the importance of a targeted approach. CMS issued this RFI in tandem with a nationwide moratorium on Medicare enrollment for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, reflecting the agency's view that fraud, waste, and abuse risks are concentrated in specific sectors rather than evenly distributed across all provider types. This context reinforces that program integrity efforts should be calibrated to known risk areas rather than applied uniformly across fundamentally different care settings.

The RFI also contemplates expanding CMS's enforcement authorities, including the potential to direct Medicare Advantage organizations and Part D sponsors to suspend payments to providers and suppliers, signaling a significant expansion of federal oversight into managed care arrangements.

By contrast, home- and community-based services, including agency-based home care, involve lower per-beneficiary expenditures and less complex billing structures, which inherently limit opportunities for large-scale fraud schemes.

CMS has also emphasized that improper payments are not synonymous with fraud and that a significant majority of such payments are attributable to insufficient documentation or administrative error rather than intentional misconduct.²

II. CMS Should Recognize the Structural Safeguards of the Agency-Based Home Care Model

CMS requests input on characteristics that may indicate an elevated risk of fraud, waste, and abuse within particular provider types. HCAOA urges CMS to recognize that agency-

¹ Centers for Medicare & Medicaid Services, *2023 Medicare Fee-for-Service Supplemental Improper Payment Data* fig. 1 (2023), <https://www.cms.gov/files/document/2023medicarefee-servicesupplementalimproperpaymentdatapdf.pdf>

² Centers for Medicare & Medicaid Services, *Fiscal Year 2023 Improper Payments Fact Sheet* (Nov. 15, 2023), <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-2023-improper-payments-fact-sheet>



based home care providers exhibit structural features that mitigate, rather than elevate, program integrity risk.

In the agency model, caregivers are employed directly by providers as W-2 employees, which results in payroll records, tax documentation, and wage reporting that can be independently verified. Agencies are also responsible for hiring, training, scheduling, and supervising caregivers, as well as developing and monitoring care plans. Service delivery is documented through care plans, visit notes, and billing records that can be cross-referenced. As agencies employ many direct care workers, there are contingency plans for when an employee is unable to fill their shift, ensuring that services are delivered as intended. These systems allow for reconciliation of authorized services, delivered care, and submitted claims, creating a transparent and auditable framework.

III. CMS Should Leverage Existing Program Integrity Tools, Including EVV

CMS seeks input on how to enhance data collection and monitoring to detect suspicious activity. HCAOA strongly recommends that CMS build upon existing tools rather than layering duplicative requirements.

CMS has acknowledged that it already employs a wide array of program integrity tools, including provider enrollment screening, payment suspensions, data analytics, audits, medical review, and revocation authorities. The CRUSH RFI appropriately seeks input on how to better utilize these existing authorities.

Electronic Visit Verification, required under the 21st Century Cures Act, already provides robust oversight of home-based services. EVV systems capture the date and time of service delivery, the location of service provision, the identity of the caregiver, and the duration of the visit. These data elements allow for real-time verification of services and significantly reduce the likelihood of improper billing. CMS has recognized EVV as a key program integrity mechanism, and states have invested substantial resources in implementing these systems.³ And yet, according to CMS, seven states don't currently use EVV in home care delivery. This is indicative of underutilized existing tools that could be enforced before new mandates are created.⁴

The RFI's emphasis on enhanced data analytics, pre-payment review, and a shift away from "pay-and-chase" enforcement models further supports the importance of leveraging

³ Centers for Medicare & Medicaid Services, *Electronic Visit Verification (EVV)*, <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-guidance-additional-resources/electronic-visit-verification> (last visited Mar. 30, 2026).

⁴ Centers for Medicare & Medicaid Services, *EVV Compliance Status for Home Health Care Services by State or Territory*, Medicaid.gov, <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-guidance-additional-resources/electronic-visit-verification/evv-compliance-status-for-home-health-care-services-state-or-territory> (last visited Mar. 30, 2026).



real-time verification tools such as EVV, which already align with these objectives in the home care context.

Given the existence of EVV and other oversight mechanisms, additional reporting or duplicative verification requirements would likely impose administrative burden without meaningfully improving program integrity outcomes.

IV. Evidence Does Not Support Treating Home Care as a High-Risk Sector

CMS requests information on sector-specific vulnerabilities. HCAOA respectfully submits that the available federal evidence does not support categorizing home care as a high-risk sector for fraud and abuse.

CMS has reported that, within Medicaid, the vast majority of improper payments are driven by insufficient documentation, accounting for approximately 82 percent of total improper payments, rather than fraudulent activity.⁵ This distinction is critical, as regulatory responses should be calibrated to the nature of the underlying issue. In the home care context, agency-based models further mitigate these risks by standardizing documentation practices through centralized payroll systems, care planning, and supervisory oversight, which support accurate recordkeeping and facilitate verification of services.

V. CMS Should Avoid Policies That Undermine Access to Care

CMS appropriately seeks input on the potential unintended consequences of new program integrity measures. HCAOA urges CMS to carefully consider the access implications of additional regulatory requirements in the home care sector.

Home care is a cornerstone of the health care delivery system, enabling individuals to receive services in the least restrictive setting. At the same time, the sector faces significant workforce challenges. The Bureau of Labor Statistics projects that employment of home health and personal care aides will grow by approximately 17 percent from 2024 to 2034, with an average of more than 750,000 job openings annually due to both growth and replacement needs.⁶

In this environment, additional administrative burdens may discourage provider participation in Medicaid and other public programs, increase operational costs without corresponding program integrity benefits, and delay or limit access to services for

⁵ Centers for Medicare & Medicaid Services, *Fiscal Year 2023 Improper Payments Fact Sheet* (Nov. 15, 2023), <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-2023-improper-payments-fact-sheet>

⁶ U.S. Bureau of Lab. Stat., *Occupational Outlook Handbook: Home Health and Personal Care Aides*, <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm> (last visited Mar. 30, 2026).



vulnerable populations. A one-size-fits-all regulatory approach risks exacerbating these challenges without meaningfully improving fraud detection.

While enhanced analytics and emerging technologies such as artificial intelligence may improve fraud detection, their application must be carefully calibrated to avoid generating false positives or imposing disproportionate compliance burdens on low-risk providers.

VI. Targeted Opportunities to Strengthen Program Integrity in Home Care

HCAOA appreciates CMS's focus on strengthening program integrity and offers the following targeted, non-burdensome approaches that would further enhance oversight in the home care sector while preserving access to care.

First, CMS should continue to support the effective implementation and standardization of Electronic Visit Verification systems. While EVV has significantly improved transparency, differences across state systems and the fact that EVV remains entirely absent in some states limit its overall effectiveness. CMS could promote greater consistency in data elements and interoperability across state EVV platforms, which would enhance oversight without imposing new reporting requirements on providers.

Second, CMS should prioritize improved data sharing and coordination between federal and state agencies. Many home care providers participate in multiple programs, including Medicaid, Veterans Affairs programs, and managed care arrangements. Enhanced data alignment across these programs could help identify anomalies more effectively while reducing duplicative audits and administrative burden on providers.

Third, CMS should encourage targeted provider education and technical assistance focused on documentation and billing compliance. As federal analyses have shown, many improper payments in home- and community-based services are attributable to documentation discrepancies rather than intentional fraud. These discrepancies often stem from complex and sometimes inconsistent payer or program requirements. Providing clear guidance and proactive education can reduce these errors more efficiently than punitive enforcement actions.

Fourth, CMS should focus program integrity efforts on outlier detection using existing data sources. Agencies that consistently bill outside established norms in terms of hours, utilization patterns, or geographic trends can be identified through data analytics and subject to targeted review. This approach allows CMS to concentrate enforcement resources where they are most needed without imposing additional requirements on the broader provider community.



Finally, CMS should continue to engage directly with stakeholders in the home care sector when developing and refining program integrity policies. Providers can offer practical insight into how policies operate in real-world settings, helping CMS design solutions that are both effective and operationally feasible.

Taken together, these approaches would strengthen program integrity while maintaining the accessibility and flexibility that are essential to home-based care delivery.

HCAOA supports CMS's efforts to strengthen program integrity across federal health care programs. At the same time, we urge CMS to ensure that any new regulatory framework is data-driven, proportionate to risk, and carefully tailored to avoid unintended consequences.

Home care providers play a vital role in delivering cost-effective, person-centered care. Policies that recognize the sector's existing accountability mechanisms will better advance CMS's program integrity goals while preserving access to care.

We appreciate the opportunity to comment and stand ready to assist CMS in this effort.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jason R. Lee".

Jason R. Lee, CEO
Home Care Association of America