

119TH CONGRESS  
2D SESSION

# S. 5250

To amend title XVIII of the Social Security Act to decrease fraud related to home health agencies in Medicare, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

AUGUST 5, 2026

Ms. COLLINS introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to decrease fraud related to home health agencies in Medicare, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Medicare Home Health Payment Integrity and Protec-  
6 tion Act of 2026”.

7 (b) TABLE OF CONTENTS.—

Sec. 1. Short title; Table of contents.

TITLE I—HOME HEALTH PROGRAM INTEGRITY, ANTI-FRAUD,  
AND ENROLLMENT REFORM

Sec. 101. Enhanced enrollment screening for home health agencies.

- Sec. 102. Additional oversight provisions for home health agencies.  
 Sec. 103. Additional survey and training requirements for accreditation organizations.

## TITLE II—HOME HEALTH PAYMENT RESET AND DATA INTEGRITY

- Sec. 201. Reset of standard prospective payment amount.  
 Sec. 202. Suspension of permanent and temporary adjustments.  
 Sec. 203. Conforming protection for benchmarks and value-based programs.

## TITLE III—REPORTS, RULEMAKING, PROGRAM INTEGRITY FUNDING, AND IMPLEMENTATION

- Sec. 301. Report to Congress on home health payment data.  
 Sec. 302. Notice and comment rulemaking.  
 Sec. 303. Program integrity funding.  
 Sec. 304. Department of Justice and Office of Inspector General enforcement funding.  
 Sec. 305. State survey agency funding.  
 Sec. 306. Rule of construction regarding existing fraud authorities.

# **1 TITLE I—HOME HEALTH PRO-** **2 GRAM INTEGRITY, ANTI-** **3 FRAUD, AND ENROLLMENT** **4 REFORM**

## **5 SEC. 101. ENHANCED ENROLLMENT SCREENING FOR HOME** **6 HEALTH AGENCIES.**

**7** Section 1866(j)(2) of the Social Security Act (42  
**8** U.S.C. 1395cc(j)(2)) is amended—

**9** (1) in subparagraph (B)—

**10** (A) in clause (i), by striking “and” at the  
**11** end;

**12** (B) in clause (ii)(V), by striking the period  
**13** at the end and inserting “; and”; and

**14** (C) by adding at the end the following new  
**15** clause:

1 “(iii) beginning 1 year after the date  
 2 of enactment of this clause, in the case of  
 3 a home health agency applying for enroll-  
 4 ment under this title that is at an extreme  
 5 risk of fraud (as determined under sub-  
 6 paragraph (G)), shall, in addition to any  
 7 other screening required under this sub-  
 8 paragraph—

9 “(I) in the case where  
 10 fingerprinting is included in such  
 11 screening with respect to home health  
 12 agencies pursuant to clause (ii)(II),  
 13 require fingerprinting of the adminis-  
 14 trator of such home health agency;  
 15 and

16 “(II) require obtaining evidence  
 17 that such home health agency has a  
 18 comprehensive liability insurance pol-  
 19 icy, as determined by the Secretary.”;  
 20 and

21 (2) by adding at the end the following new sub-  
 22 paragraph:

23 “(G) HOME HEALTH AGENCIES AT EX-  
 24 TREME RISK OF FRAUD.—

“(i) IN GENERAL.—Beginning 1 year after the date of enactment of this subparagraph, for purposes of subparagraph (B)(iii), the Secretary shall determine whether a home health agency is at an extreme risk of fraud based on—

“(I) the determination made under clause (ii); and

“(II) such other factors as the Secretary may specify.

“(ii) DETERMINATION OF HIGH-RISK AREAS.—For purposes of clause (i), the Secretary shall determine whether a home health agency is located in a State or county with respect to which, during the most recent year for which data is available, the total number of home health agencies located in such State or county significantly exceeded the total number of such agencies located in such State or county during the preceding year.”.

**SEC. 102. ADDITIONAL OVERSIGHT PROVISIONS FOR HOME HEALTH AGENCIES.**

(a) INCREASED SURVEY FREQUENCY FOR CERTAIN HOME HEALTH AGENCIES.—Section 1891(c)(2)(B) of the

1 Social Security Act (42 U.S.C. 1395bbb(c)(2)(B)) is  
2 amended—

3 (1) in clause (ii), by striking the period at the  
4 end and inserting a semicolon;

5 (2) by redesignating clauses (i) and (ii) as sub-  
6 clauses (I) and (II), respectively, and adjusting the  
7 margins accordingly;

8 (3) by striking “subparagraph (A), a standard  
9 survey” and inserting the following: “subparagraph  
10 (A)—”

11 “(i) a standard survey”; and

12 (4) by adding at the end the following new  
13 clauses:

14 “(ii) beginning 1 year after the date  
15 of enactment of this clause, in the case  
16 where an agency is newly enrolled under  
17 this title, has undergone a change of own-  
18 ership (as defined by the Secretary), or has  
19 reactivated billing privileges under this  
20 title in accordance with section 424.540(b)  
21 of title 42, Code of Federal Regulations (or  
22 a successor regulation), a standard survey  
23 of such agency shall be conducted not less  
24 frequently than once every 12 months dur-  
25 ing the 36-month period immediately fol-

1           lowing such enrollment, change of owner-  
2           ship, or reactivation of billing privileges;  
3           and

4           “(iii) beginning 1 year after the date  
5           of enactment of this clause, a standard  
6           survey of an agency shall be conducted—

7                       “(I) in the case where the agency  
8                       does not submit quality data to the  
9                       Secretary in accordance with sub-  
10                      clauses (II) and (IV) of section  
11                      1895(b)(3)(B)(v) for the most recent  
12                      year for which data is available (as  
13                      determined by the Secretary), not  
14                      later than 18 months after the date  
15                      on which the most recent such survey  
16                      was conducted with respect to such  
17                      agency; and

18                     “(II) in the case where the agen-  
19                     cy has a beneficiary admission rate  
20                     that is aberrant compared to peers (as  
21                     determined by the Secretary) or other-  
22                     wise displays characteristics or en-  
23                     gages in practices that may indicate  
24                     fraudulent or aberrant behavior (as  
25                     specified by the Secretary after con-

1                   sultation with stakeholders, such as  
 2                   beneficiary advocates and representa-  
 3                   tives of the home health industry, and  
 4                   the Inspector General of the Depart-  
 5                   ment of Health and Human Services,  
 6                   and updated as necessary after addi-  
 7                   tional consultation with such stake-  
 8                   holders not less often than once every  
 9                   3 years), not later than 18 months  
 10                  after the date on which the most re-  
 11                  cent such survey was conducted with  
 12                  respect to such agency,  
 13                  except that an agency shall not be subject  
 14                  to more than 1 survey under this clause  
 15                  within any 18-month period.”.

16           (b) PAYMENT ADJUSTMENT IF QUALITY DATA NOT  
 17 SUBMITTED.—Section 1895(b)(3)(B)(v) of the Social Se-  
 18 curity Act (42 U.S.C. 1395fff(b)(3)(B)(v)) is amended—

19                   (1) in subclause (I), in the first sentence, by in-  
 20                   serting the following before the period: “for years  
 21                   before 2029, and by 15 percentage points for 2029  
 22                   and subsequent years”;

23                   (2) in subclause (II), by adding at the end the  
 24                   following new sentence: “For 2029 and each subse-  
 25                   quent year, in specifying a time for the submission

1 of such data pursuant to the previous sentence, the  
 2 Secretary shall establish a process under which any  
 3 home health agency that has demonstrated a good  
 4 faith effort to submit such data by such time may  
 5 be granted additional time (not to exceed 30 days)  
 6 to complete such submission.”; and

7 (3) in subclause (IV)(cc), by adding at the end  
 8 the following new sentence: “For 2029 and each  
 9 subsequent year, in specifying a time for the submis-  
 10 sion of such data pursuant to the previous sentence,  
 11 the Secretary shall establish a process under which  
 12 any home health agency that has demonstrated a  
 13 good faith effort to submit such data by such time  
 14 may be granted additional time (not to exceed 30  
 15 days) to complete such submission.”.

16 **SEC. 103. ADDITIONAL SURVEY AND TRAINING REQUIRE-**  
 17 **MENTS FOR ACCREDITATION ORGANIZA-**  
 18 **TIONS.**

19 Section 1865 of the Social Security Act (42 U.S.C.  
 20 1395bb) is amended—

21 (1) in subsection (a)(2)—

22 (A) by striking “In making” and inserting  
 23 the following: “(A) In making”; and

24 (B) by adding at the end the following new  
 25 subparagraph:

1           “(B)(i) Beginning 1 year after the date of en-  
2           actment of this subparagraph, the Secretary may  
3           not approve a request for a finding under paragraph  
4           (1) with respect to a national accreditation body un-  
5           less the survey procedures of such accreditation  
6           body—

7                   “(I) met or exceeded the standards appli-  
8                   cable to the survey procedures that State and  
9                   local agencies that have entered into an agree-  
10                  ment with the Secretary under section 1864(a)  
11                  are required to use; and

12                  “(II) require surveyors to complete the rel-  
13                  evant basic surveyor training courses offered by  
14                  the Centers for Medicare & Medicaid Services  
15                  before serving as a member of a survey team.

16                  “(ii) The Secretary may only continue to give  
17                  effect to any such finding made prior to the date  
18                  that is 1 year after the date of enactment of this  
19                  subparagraph with respect to a national accredita-  
20                  tion body with respect to the accreditation of home  
21                  health agencies if the Secretary determines before  
22                  such date that the survey procedures of such accred-  
23                  itation body meet the conditions described in clause  
24                  (i).”; and

1           (2) by adding at the end the following new sub-  
2       section:

3       “(f) ACCREDITATION FOR HOME HEALTH AGEN-  
4       CIES.—

5           “(1) Not later than 1 year after the date of en-  
6       actment of this subsection, the Secretary shall estab-  
7       lish and implement a mechanism for periodically as-  
8       sessing the performance of an accreditation body  
9       that has received approval from the Secretary under  
10      subsection (a)(3)(A) for accreditation of home health  
11      agencies.

12          “(2) In the case that the Secretary finds, pur-  
13      suant to the mechanism established under paragraph  
14      (1), that the performance of such accreditation body  
15      is deficient, the Secretary shall provide for an appro-  
16      priate remedy, which may include the imposition of  
17      a corrective action plan, ongoing monitoring of the  
18      accreditation body, and the termination of such ap-  
19      proval with respect to the accreditation body for ac-  
20      creditation of home health agencies.”.

1 **TITLE II—HOME HEALTH PAY-**  
 2 **MENT RESET AND DATA IN-**  
 3 **TEGRITY**

4 **SEC. 201. RESET OF STANDARD PROSPECTIVE PAYMENT**  
 5 **AMOUNT.**

6 Reset of Standard Prospective Payment Amount.—  
 7 Section 1895(b)(3)(A) of the Social Security Act (42  
 8 U.S.C. 1395fff(b)(3)(A)) is amended—

9 (1) in clause (i), in the matter preceding sub-  
 10 clause (I), by striking “Under such system” and in-  
 11 serting “Subject to clause (v), under such system”;

12 (2) in clause (iii)—

13 (A) in the heading, by striking “and subse-  
 14 quent years” and inserting “through 2026”;  
 15 and

16 (B) in subclause (I), by striking “and sub-  
 17 sequent years” and inserting “through 2026”;  
 18 and

19 (3) by adding at the end the following new  
 20 clause:

21 “(v) BASIS FOR 2027 AND SUBSE-  
 22 QUENT YEARS.—With respect to payments  
 23 for home health units of service furnished  
 24 during 2027 or a subsequent year, the

1 standard prospective payment amount shall  
 2 be—

3 “(I) for 2027, \$2382.87; and

4 “(II) for 2028 and each subse-  
 5 quent year, the amount determined  
 6 under this clause for the preceding  
 7 year, updated under subparagraph  
 8 (B).”.

9 **SEC. 202. SUSPENSION OF PERMANENT AND TEMPORARY**  
 10 **ADJUSTMENTS.**

11 Section 1895(b)(3)(D) of the Social Security Act (42  
 12 U.S.C. 1395fff(b)(3)(D)) is amended—

13 (1) in clause (i), by striking “The Secretary”  
 14 and inserting “Subject to clause (iv), the Secretary”;  
 15 and

16 (2) by adding at the end the following new  
 17 clause:

18 “(iv) SUSPENSION OF PERMANENT  
 19 AND TEMPORARY ADJUSTMENTS FOR 2020  
 20 AND SUBSEQUENT YEARS.—Notwith-  
 21 standing any other provision of law, for  
 22 2027 and subsequent years, for purposes  
 23 of making any adjustment under this sub-  
 24 paragraph, the Secretary shall not impose  
 25 any adjustment under clause (ii) or (iii) to

1 offset increases or decreases in estimated  
 2 expenditures attributable to the difference  
 3 in assumed versus actual behavioral  
 4 changes due to the implementation of the  
 5 Patient-Driven Groupings Model as de-  
 6 scribed in the final rule entitled ‘Medicare  
 7 and Medicaid Programs; CY 2020 Home  
 8 Health Prospective Payment System Rate  
 9 Update; Home Health Value-Based Pur-  
 10 chasing Model; Home Health Quality Re-  
 11 porting Requirements; and Home Infusion  
 12 Therapy Requirements’ published in the  
 13 Federal Register on November 9, 2019 (84  
 14 Fed. Reg. 60478).”.

15 **SEC. 203. CONFORMING PROTECTION FOR BENCHMARKS**  
 16 **AND VALUE-BASED PROGRAMS.**

17 Section 1895 of the Social Security Act (42 U.S.C.  
 18 1395fff), is amended by adding at the end the following  
 19 new subsection:

20 “(f) CONFORMING PROTECTION FOR BENCHMARKS  
 21 AND VALUE-BASED PROGRAMS.—

22 “(1) IN GENERAL.—For 2027 and each subse-  
 23 quent year, in order to ensure that fraudulent and  
 24 suspected fraudulent entities do not impact bench-  
 25 marks or the application of any quality, value-based,

1 or benchmarked adjustments for legitimate providers  
 2 of home health services, the Secretary shall exclude  
 3 or adjust for suspect claims when computing any  
 4 such adjustments to payments to home health agen-  
 5 cies under this section.

6 “(2) SUSPECT CLAIM DEFINED.—In this sub-  
 7 section, the term ‘suspect claim’ means any claim  
 8 for home health services submitted under this title  
 9 that the Secretary determines contains unreliable  
 10 data or data from a provider that may have engaged  
 11 in fraud, waste, or abuse.”.

12 **TITLE III—REPORTS, RULE-**  
 13 **MAKING, PROGRAM INTEG-**  
 14 **RITY FUNDING, AND IMPLE-**  
 15 **MENTATION**

16 **SEC. 301. REPORT TO CONGRESS ON HOME HEALTH PAY-**  
 17 **MENT DATA.**

18 Not later than 180 days after the date of enactment  
 19 of this Act, the Secretary of Health and Human Services  
 20 shall submit to Congress a report—

21 (1) identifying the degree to which suspect  
 22 claims and cost reports influenced payments made to  
 23 home health agencies under section 1895 of the So-  
 24 cial Security Act (42 U.S.C. 1395fff) after 2020;

1           (2) analyzing the effect of excluding suspect  
2       claims (as defined in subsection (f) of such section  
3       1895) from the calculation of payment rates, case-  
4       mix weights, behavioral assumptions, and adjust-  
5       ments under such section 1895; and

6           (3) including recommendations for permanent  
7       data-integrity safeguards for home health agencies  
8       to prevent the inclusion and application of utiliza-  
9       tion, cost, and payment data from home health  
10      agencies that the Secretary determines are at risk of  
11      providing unreliable and inaccurate data.

12 **SEC. 302. NOTICE AND COMMENT RULEMAKING.**

13       The Secretary of Health and Human Services shall  
14      implement the amendments made by titles I and II of this  
15      Act through notice and comment rulemaking under section  
16      553 of title 5, United States Code.

17 **SEC. 303. PROGRAM INTEGRITY FUNDING.**

18       In addition to any other funds otherwise available,  
19      there are appropriated to the Centers for Medicare & Med-  
20      icaid Services, out of any amounts in the Treasury not  
21      otherwise appropriated, \$300,000,000 for fiscal years  
22      2027 through 2031 for the implementation of the amend-  
23      ments made by sections 101, 102, and 103.

1 **SEC. 304. DEPARTMENT OF JUSTICE AND OFFICE OF IN-**  
2 **SPECTOR GENERAL ENFORCEMENT FUND-**  
3 **ING.**

4 In addition to any other funds otherwise available,  
5 there are appropriated to the Department of Justice and  
6 the Office of Inspector General of the Department of  
7 Health and Human Services, out of any amounts in the  
8 Treasury not otherwise appropriated, \$150,000,000 for  
9 fiscal years 2027 through 2031 for investigation of orga-  
10 nized home health fraud schemes, forensic accounting,  
11 interstate fraud investigations, prosecution of Medicare  
12 fraud, and coordination with Federal law enforcement  
13 agencies.

14 **SEC. 305. STATE SURVEY AGENCY FUNDING.**

15 In addition to any other funds otherwise available,  
16 there are appropriated to the Centers for Medicare & Med-  
17 icaid Services, out of any amounts in the Treasury not  
18 otherwise appropriated, \$100,000,000 for fiscal years  
19 2027 through 2031 to support State survey agency activi-  
20 ties relating to conducting accelerated surveys, enrollment  
21 validation, unannounced site visits, and operational  
22 verification of home health agencies.

23 **SEC. 306. RULE OF CONSTRUCTION REGARDING EXISTING**  
24 **FRAUD AUTHORITIES.**

25 Nothing in the provisions of, or amendments made  
26 by, this Act shall be construed to limit the authority of

1 the Secretary of Health and Human Services to suspend  
2 payments to home health agencies under title XVIII of  
3 the Social Security Act (42 U.S.C. 1395 et seq.), revoke  
4 enrollment or impose a moratorium on the enrollment of  
5 such agencies under such title, conduct site visits of such  
6 agencies, audit such agencies, or exclude or deny payment  
7 for suspect claims for home health services under such  
8 title.

○