PROVISION SUMMARY

As part of CMS' longstanding and ongoing efforts to facilitate DMEPOS program integrity, DMEPOS suppliers must be accredited by a CMS-approved accrediting organization (AO) to enroll in and bill Medicare. The purpose of accreditation is to confirm that the supplier meets the DMEPOS quality standards. To address vulnerabilities that we believe have risen substantially in the CMS' DMEPOS accreditation program over the years and to strengthen the process, we have finalized a number of provisions in the Calendar Year (CY) 2026 Home Health Prospective Payment System (HH PPS) Final Rule (90 Federal Register 55342). The principal categories of provisions are as follows:

- Frequency of Surveys and Reaccreditation DMEPOS suppliers have long been required to be resurveyed and reaccredited at least every 36 months (3 years). The final rule reduces the survey and reaccreditation period to at least once every 12 months.
 - A DMEPOS supplier's annual resurvey and reaccreditation cycle will not begin until the expiration of the supplier's current reaccreditation 3-year cycle (if issued prior to the final rule effective date). To illustrate, suppose a supplier was initially accredited or reaccredited for a 3-year period effective June 1, 2023. For purposes of the implementation of our new annual resurvey/reaccreditation requirement June 1, 2026, is the date: (1) its current accreditation expired; and (2) on which its annual resurvey/reaccreditation cycle begins. Accordingly, the supplier would have to be resurveyed and reaccredited at least once by June 1, 2027, again by June 1, 2028, and so forth. The dates used in this example are not meant to imply that all accreditations must be in effect for exactly 3 years. AOs may issue reaccreditation renewals prior to the expiration date of the current period.
 - In addition, DMEPOS suppliers seeking **initial** accreditation for the first time on or after the effective date of this final rule must thereafter be resurveyed and reaccredited annually. If, therefore, a new supplier became initially accredited effective June 1, 2026, it would have to be resurveyed and reaccredited by June 1, 2027, and at least once every 12 months thereafter.

CMS will provide more information on the annual resurvey/reaccreditation requirement in the coming weeks.

- Stricter Requirements for Becoming and Remaining a DMEPOS AO The final rule contains provisions that strengthen CMS' oversight of the DMEPOS AOs. These include but are not limited to:
 - o Increasing the amount, specificity, and frequency of data that AOs must submit to CMS
 - Outlining several new processes to which DMEPOS AOs must adhere to help ensure greater AO accountability
 - o Expanding CMS' ability to closely monitor and review AOs' operations
 - Strengthening CMS' ability to respond to situations where AOs are performing in a substandard manner
 - o Preventing DMEPOS AO conflicts of interest
- *Unannounced Surveys* The final rule reiterates the current practice that all DMEPOS AO surveys of DMEPOS suppliers must be unannounced.

- Elimination of Temporary Accreditation Under current 42 CFR § 424.57(c)(23), a DMEPOS AO may accredit a new location for an existing DMEPOS supplier for 3 months after it is operational without requiring a new site visit. The final rule removes this provision. Effective January 1, 2026, all DMEPOS suppliers must be surveyed before being accredited so we can confirm that the location meets the quality standards.
- Change in Majority Ownership Under new 42 CFR § 424.551, a DMEPOS supplier undergoing a change in majority ownership within 36 months of initial enrollment or from their last in majority ownership (as that term is defined in § 424.551) must unless one of § 424.551's exceptions applies enroll as a new DMEPOS supplier and be surveyed and accredited.

For more detailed information about our new DMEPOS AO regulatory provisions – including summaries of the stakeholder comments we received on the proposed rule as well as our responses to these comments -- please see the CY 2026 HH PPS Final Rule at https://www.federalregister.gov/documents/2025/12/02/2025-21767/medicare-and-medicaid-programs-calendar-year-2026-home-health-prospective-payment-system-hh-pps-rate.

QAs

Q1: In the CY 2026 HH PPS Final Rule, did CMS finalize all of the DMEPOS accreditation provisions it proposed in the CY 2026 HH PPS Proposed Rule?

A: With two very minor exceptions, we finalized all of the DMEPOS accreditation provisions we proposed.

Q2: When will these DMEPOS accreditation provisions become effective?

A: The provisions will become effective on January 1, 2026. We will provide more information in the coming weeks as to how and when the provisions will be implemented.

Q3: As a DMEPOS supplier, do I need to do anything right now regarding these new provisions?

A: We will furnish more information in the coming weeks about what DMEPOS suppliers must do under our new requirements.

Q4: If I have questions about these provisions and how they might affect me, who should I contact?

A: Email CMS mailbox at dmeaccreditation@cms.hhs.gov. We would be happy to assist you. For questions specific to your Medicare enrollment or your current accreditation with a particular AO, however, you should contact your National Provider Enrollment Contractor (NPEC) or DMEPOS AO, respectively.

Q5: How will CMS notify me regarding my responsibilities under these provisions, such as when I must begin annual surveys and reaccreditations?

A: We encourage stakeholders to regularly review this Q and A on CMS web page for updated information.

Q6: How long will my current accreditation last? Will it be cut short by the annual survey/reaccreditation requirement?

A: A DMEPOS supplier's annual resurvey and reaccreditation cycle will not begin until the expiration of the supplier's current 3-year reaccreditation cycle (issued prior to the final rule effective date). More information on this issue will be provided in the coming weeks.

Q7. Will CMS still allow sampling?

A: Sampling allows large chains to have a percentage of their locations surveyed. CMS will allow sampling moving forward. Current methodologies will be allowed to continue, and CMS will engage with stakeholders prior to making any large shifts in sampling methodology in the future.