

1. What is the purpose of the *Provisional Period of Enhanced Oversight (PPEO)* for New Hospice Providers and *Expanded Prepayment Review (EPR)* for Existing Providers?

- CMS implemented the PPEO and EPR to address numerous reports of hospice fraud, waste, and abuse, and to combat serious concerns about market oversaturation in certain states.

2. When did these programs start?

- The PPEO began on July 13, 2023, while EPR began on September 17, 2024, for Arizona, California, Nevada, and Texas. Georgia and Ohio were added to the PPEO and EPR on December 30, 2025.

3. Which states are impacted by both the PPEO and EPR? Who is the Medicare Administrative Contractor for each state?

The following states are impacted:

- Arizona, California, Nevada – overseen by WellPoint Federal, previously known as NGS (Jurisdiction 6).
- Georgia, Ohio, Texas – overseen by Palmetto (Jurisdiction M).

4. Which hospice providers are subject to the PPEO?

- Hospice providers located in Arizona, California, Georgia, Ohio, Nevada and Texas who are:
 - Newly enrolling in the Medicare Program.
 - Submitting a change of ownership that meets all regulatory requirements under 42 CFR 489.18.
 - Undergoing a 100% ownership change that doesn't fall under 42 CFR 489.18.
 - Reactivating after being in a deactivated status.

5. Which hospice providers are subject to the EPR?

- Existing hospice providers in Arizona, California, Georgia, Ohio, Nevada and Texas.

6. How will I know I am under the PPEO or EPR?

- At the start of the audit process, both the PPEO and EPR hospice providers will receive a notification letter that will advise them which process they are in.

7. What do I do if I receive a notification letter?

- Providers will receive Additional Documentation Requests (ADRs) for claims billed that are subject to audit. Providers should respond to ADRs in a timely and complete manner.

8. What are best practices for submitting documentation?

- Submit all documentation requested in the ADR prior to the due date.
- Submit documentation that supports the beneficiary's prognosis of six months or less.
- Submit the certification of terminal illness, including timely signatures.
- Submit the face-to-face encounter documentation.
- Submit the beneficiary election statement.
- Submit associated election addendums, when required.

9. Are reviews conducted prepayment or post payment?

- CMS conducts prepayment reviews of provider claim submissions following the notification letter.

10. What does the PPEO process involve?

- Under the PPEO:
 - 100% of the PPEO provider claims will be audited for a period of time.
 - The volume of claims subject to the audit (i.e., up to and including 100% of claims billed) and how long providers will be audited depends on the medical review findings.
 - Compliance is determined based on sufficient medical review findings throughout the audit period.
 - Providers who demonstrate compliance during the review process will be released from review.
 - Providers with non-compliance issues will be referred to CMS for further action. Providers may be subject to additional audits or, in some cases, revocation.

11. What does the EPR process involve?

- Under the EPR:
 - Provider claims will be selected and audited.

- Providers may be subject to 100% prepayment review.
- The volume of claims subject to the audit (i.e., up to and including 100% of claims billed) and how long providers will be audited depends on the medical review findings.
- Compliance is determined based on sufficient medical review findings throughout the audit period.
 - Providers who demonstrate compliance during the review process will be released from review.
 - Providers with non-compliance issues will be referred to CMS for further action. Providers may be subject to additional audits or, in some cases, revocation.

12. How does the PPEO differ from EPR?

- The PPEO focuses on new hospice providers (including new enrollments, certain changes in ownership, and providers reactivating billing privileges, while EPR focuses on existing hospice providers. Both involve claim audits and potential referral to CMS, but the PPEO automatically audits 100% of claims from the start, whereas EPR providers have a smaller initial sample size but may be placed on 100% prepayment review.

13. How is the PPEO and EPR process different from Targeted Probe & Educate (TPE)?

- The PPEO, EPR and TPE processes involve claim audits, but the PPEO and EPR providers may be referred to CMS for additional action more quickly if significant noncompliance is identified. Additionally, the PPEO and EPR programs are limited to a few states while TPE is a nationwide program that involves up to three rounds of review.

14. Who can I contact with questions about the PPEO and EPR medical review process?

- If you have any questions about the medical review process, please reach out to your Medicare Administrative Contractor. For more information visit: <https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs#MapsandLists>.