

Insert Agency Letterhead

Insert Date

Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attn: CMS – 1828 – P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Sirs and Madams:

On behalf of the more than (insert annual number of patients) Medicare patients we serve (insert name of agency) located in (insert name of city or town) submits this comment on the CY 2026 Home Health Prospective Payment System (HHPPS) proposed rule.

In summary, this proposal imposes additional requirements on agencies, including, but not limited to, Home Health Quality Reporting Program (HHQRRP), HHCAHPPS Survey, Expanded Home Health Value-Based Purchasing (HHVBP) Model and Updates to the Conditions of Participation (COPs). The same regulation then proposes to cut provider rates. We believe the payment rate should be \$2,121.49 with standard updates. Instead, the proposed rate is \$1,933.61. That is a cut of \$187.88 or 9.1 percent per thirty-day episode. In other words, CMS is proposing that agencies do more, increasing expense, while at the same time, paying agencies less.

CMS is proposing a permanent rate adjustment of -4.059 percent. This is based on a complicated calculus of actual amounts paid to agencies versus rates calculated on the basis of assumed behavioral changes. We challenge whether this is an appropriate methodology for calculating payment rates. We urge that CMS eliminate the permanent rate cut.

CMS is proposing to begin recoupment of the temporary dollar amounts which it claims have resulted from differences between assumed and actual behavior changes from 2020 to 2026. The total of this amount through 2024 is \$5.3 billion. We question the assumptions behind, and the accuracy of, this calculation,

CMS proposed to implement a 5.0 percent reduction in 2026. In light of the proposed -4.059 permanent adjustment, we feel the temporary adjustment is too large and unfair to home health agencies. We urge CMS to eliminate the temporary reduction.

Over the five-year period 2020-2025, CMS has made permanent adjustments of -6.5%, -1.4%, -1.8%, -1.0%, and -2.1% for a total reduction of 12.8 percent. During this same period,

home health agencies have faced cost increases of approximately 3% a year or a total of approximately 15%. Therefore, relative to inflation, home health agencies are facing a cumulative deficit of approximately 25%.

At the same time, home health agencies are competing against hospitals, skilled nursing facilities, and hospices for nurses, therapists, and other disciplines. These other providers have generally received annual rate increases which have equaled or exceeded inflation. This makes it almost impossible for home health to compete in the labor market.

It should also be noted that home health is a less costly alternative to hospitals and skilled nursing facilities. However, if agencies cannot find staff to serve patients and keep those patients from being rehospitalized, overall costs to the system will increase. In other words, continued cuts to home health rates are counterproductive.

CMS is proposing to revise the HHCAHPS Survey and implement the revised Survey in April 2026. Every change to a requirement such as HHCAHPS increases cost to agencies because of the need to retrain and revise systems. We question the feasibility of implementing these revisions while rates are being drastically reduced.

CMS is proposing to expand the HHVBP Model. Again, we question the feasibility of this while rates are being reduced. Specifically, we oppose the addition of new additions to the HHVBP Model Measure Set.

CMS is proposing to require administration of the OASIS data set to all patients, rather than Medicare patients only. It is estimated that administration of the current data set requires at least a 3-hour start of care visit. We question the burden of OASIS to Medicare patients. We oppose application to all patients because of the added cost.

In conclusion, this proposed regulation will be devastating to our agency and the Medicare patients we serve. (describe the impact of the proposed rule on your agency and the local area. Describe how it will impact your ability to recruit nurses, therapists and other staff. What type of patients will it make more difficult to serve?)

Sincerely,  
Name and Title  
Name of Agency  
City and State