August 25, 2026

Submitted electronically to: www.regulations.gov

Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1844-P – Calendar Year 2027 Home Health Prospective Payment System Rate Update; Requirements for the Home Health Quality Reporting Program and Expanded Home Health Value-Based Purchasing Model; Medicare Provider Enrollment, DME, and DMEPOS Policy

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to submit comments on the Home Health Prospective Payment System Rate Update for calendar year (CY) 2027. ANA commends the Centers for Medicare and Medicaid Services (CMS) for continuing to advance policy around workforce sustainability, access to care, and quality and recommends that CMS engage in the following steps to fully recognize the contributions of the nursing workforce in home health:

- **protect the home health nursing workforce from unintended consequences of continued Patient-Driven Groupings Model (PDGM) payment reductions;**
- **ensure reimbursement reflects the complexity and value of skilled nursing services;**
- **support expansion of nurse-led palliative care in the home;**
- **reduce documentation burden and align quality programs to maximize nurse time with patients;**
- **support development of meaningful, patient-centered advanced care planning measures; and**
- **advocate for a home health-specific wage index that reflects nursing workforce realities.**

ANA represents more than 5 million registered nurses (RNs), including Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs), and is the only full-service professional organization representing the interests of the nation's registered nurses through its constituent and state associations, organizational affiliates, and individual members. Nurses form the backbone of the American healthcare system, and RNs serve across the full spectrum of healthcare settings in multiple direct care, care coordination, research, and

administrative leadership roles. Nurses provide and coordinate patient care, educate patients and the public about self-care and various health conditions, and offer counsel and emotional support to patients and their family members. As the most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.[1]

ANA strongly supports policies that recognize the vital role nurses play in providing home health, and ensure that APRNs can practice to the full extent of their training and licensure to improve patient care and alleviate strain on the healthcare system.

1. **CMS must protect the home health nursing workforce from unintended consequences of continued PDGM payment reductions**

CMS proposes a temporary 3% reduction to the national standardized payment rate. The reduction is intended to continue recouping prior "overpayments" associated with PDGM implementation and behavior-adjustment calculation. ANA is concerned that continued payment reductions may not actively reflect real-world patient complexity and increasing workforce costs, and it could negatively impact nurse staffing, recruitment and retention, and visit frequency. **As such, ANA recommends that CMS monitor the impact of ongoing PDGM payment reductions on workforce stability, patient access, and quality outcomes, particularly for medically complex patients requiring skilled nursing services.**

2. **CMS must ensure reimbursement reflects the complexity and value of skilled nursing services**

CMS proposes using CY 2025 utilization data to recalibrate PDGM case-mix weights, functional levels, comorbidity adjustment subgroups, and associated thresholds so payments better reflect the patients served by home health agencies. **ANA urges CMS to ensure that these refinements adequately account for the complexity, intensity, and value of skilled nursing services provided in the home.**

Skilled nursing is essential to managing complex chronic conditions and preventing avoidable hospitalizations in the home-health setting. As more Medicare beneficiaries with higher acuity and increasingly complex clinical, social, and functional needs receive care at home, diagnosis codes alone may not capture the nursing resources their care requires.

CMS should therefore thoroughly assess whether PDGM adequately recognizes the nursing time, clinical judgment, and care coordination required for:

[1] American Nurses Association. (2026, January 12). Nurses ranked most trusted profession for 24th consecutive year [Press release]. Nurses Ranked Most Trusted Profession for 24th Consecutive Year 2Health Resources and Services Administration, National Center for Health Workforce Analysis. (2025).

- **complex wound management**, including treatments with advanced wound therapies and care for pressure injuries, diabetic ulcers, and surgical wounds;
- **medication reconciliation and medication management**, particularly among patients with polypharmacy, high-risk medications, and frequent transitions between care settings;
- **management of multiple chronic conditions**, including the cumulative burden associated with caring for patients with several interacting diagnoses and complex treatment plans;
- **heart failure, Chronic Obstructive Pulmonary Disease and other high-risk chronic diseases**, where skilled nursing assessment and intervention are essential to identifying early signs of deterioration and preventing avoidable emergency department visits and hospitalizations;
- **dementia and cognitive impairment care**, which frequently requires increased patient assessment, caregiver training, behavioral symptom management, and coordination with interdisciplinary teams;
- **caregiver education and support**, which represents a critical component of safe home-based care and often determines whether patients can remain safely in the community;
- **patients' social and economic barriers**, location, food insecurity, limited access to transportation, language barriers, housing instability, limited caregiver support, and other factors that can increase care complexity and nursing workload.

Utilization-based payment methods may undervalue nursing interventions that improve outcomes and prevent avoidable health care use, including care coordination, patient and family education, chronic disease self-management support, medication management, and early detection of clinical decline. **To ensure payment policy keeps pace with the needs of an increasingly complex home health population, ANA urges CMS to analyze whether PDGM case-mix weights adequately capture skilled nursing intensity and resource use as outlined by the information above. ANA also encourages CMS to engage nursing organizations and frontline home health clinicians in future case-mix refinements.**

3. **CMS should support expansion of nurse-led palliative care in the home.**

CMS is seeking to advance its broader goal of promoting access to and utilization of palliative care services, with a particular focus on expanding opportunities for beneficiaries to receive these services under the Medicare home health benefit and is seeking comment on how to best promote access to community based palliative care services through existing Medicare benefits.

Medicare's home health benefit can vary in its coverage of interdisciplinary palliative care services that relieve symptoms, manage pain, improve comfort, and support quality of life for people with serious or chronic illnesses receiving care at home. **ANA strongly recommends that CMS revise its regulations and guidance to explicitly include palliative care among covered home health services, such as skilled nursing, home health aide services, medical social services, and therapy.**

ANA supports the continued exploration of community-based palliative care models that leverage registered nurses' expertise in symptom management, care coordination, advance care planning, and caregiver support. Because home health alone does not fully meet a patient's comprehensive needs, seriously ill individuals can benefit from both home health and palliative care**.** Evidence from the Medicare Care Choices Model suggests that palliative care availability can improve beneficiary outcomes while not substantially increasing traditional home health utilization.[2] Currently, all home health care must be provided under the supervision of the patient's primary care physician or advanced practice provider. Accordingly, the home health benefit offers a meaningful opportunity to clarify the role of palliative care and appropriately recognize and support the essential care that primary care physicians and APRNs provide and coordinate for individuals with serious illnesses.

ANA further recommends that CMS create a "palliative track" within the Home Health Quality Reporting Program. Updating quality measures to distinguish between traditional home health patients and those receiving palliative home health services will align with increased recognition of palliative care and avoid regulatory hurdles, ensuring policymakers have the correct data to better understand what type of care is provided to palliative care patients and safeguard patients have access to high-quality, appropriate care.

4. **CMS should align quality metrics with the Home Health Value-Based Purchasing Program and continue to minimize administrative burden**

In the proposed rule, CMS summarizes potential initiatives to improve alignment between the Home Health Quality Reporting Program (HH QRP) and expanded Home Health Value-Based Purchasing (HHVBP) reporting program. ANA recognizes the important role that both HH QRP and HHVBP play in promoting transparency, accountability, and continuous quality improvement across the home health sector. ANA has long supported quality measurement programs that improve patient outcomes and advance high-quality, patient-centered care while minimizing unnecessary administrative burden on nurses and other clinicians.

CMS proposes revisions to HH QRP reporting timelines and has expressed interest in greater alignment between the HH QRP and the HHVBP Model. ANA supports these efforts and encourages CMS to continue pursuing opportunities for harmonization across Medicare quality programs. Greater alignment between HH QRP and HHVBP could reduce administrative complexity, improve reporting efficiency, and enable home health agencies to devote more resources to quality improvement rather than compliance activities.

[2] Kranker K, Gilman B, Niedzwiecki M, et al. *Evaluation of the Medicare Care Choices Model: Fifth and Final Annual Evaluation Report*. Mathematica Policy Research; 2023. Prepared for the Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation

ANA also supports the use of outcome-oriented measures that meaningfully reflect patient health status, functional improvement, symptom management, care coordination, patient experience, and successful transitions across care settings. Quality measures should be evidence-based, clinically meaningful, actionable for providers, and focused on outcomes that matter most to beneficiaries and their families. Additionally, measures should accurately reflect the contributions of interdisciplinary home health teams, specifically critical role of registered nurses, in coordinating care and supporting patients and caregivers.

At the same time, ANA remains concerned about the cumulative documentation burden associated with federal quality reporting requirements. Home health nurses already spend significant time completing Outcomes and Assessment Information Set (OASIS) assessments, care planning activities, medication reconciliation, quality reporting, and coordination across multiple providers and care settings. Additional reporting requirements that do not clearly improve patient outcomes may contribute to clinician burden, burnout, and workforce challenges. These concerns are particularly important given ongoing nursing workforce shortages and the increasing complexity of patients receiving care in the home setting. As beneficiaries are discharged earlier from hospitals and other institutional settings, home health nurses are increasingly responsible for managing multiple chronic conditions, complex medication regimens, advanced wound care needs, and extensive caregiver education and support. Quality reporting policies should be evaluated within the context of these workforce and care delivery realities. **ANA recommends that CMS continue aligning HH QRP and HHVBP requirements whenever possible, reduce duplicative data collection, prioritize evidence-based and patient-centered outcome measures, and assess the impact of existing and proposed reporting requirements on nurses so as to preserve time for direct patient care, care coordination, and patient and family education.**

5. **CMS must develop meaningful, patient-centered advanced care planning measures for the HH QRP.**

CMS is seeking input through a Request for Information (RFI) on future Home Health Quality Reporting Program (HH QRP) measure concepts, including a potential advance care planning (ACP) measure. ANA strongly supports developing high-quality, patient-centered ACP measures. Nurses play an essential role in ACP across care settings, including home health, by discussing care goals and preferences with patients and families; informing patients of their rights; documenting and updating advance directives; coordinating with physicians and specialty providers; connecting patients with home- and community-based services after discharge; and helping ensure that patients' decisions are understood, honored, and respected throughout their care.

Accordingly, any ACP quality measures for home health should capture the meaningful conversations, shared decision-making, person-centered care planning, coordination, and interdisciplinary contributions that nurses and other health care professionals provide throughout

the process. **ANA urges CMS to avoid measures focused solely on form completion and instead prioritize the quality of patient engagement, incorporate health equity considerations, and include nurse input in measure development and testing**.

6. **CMS must explore home health-specific wage index that reflects nursing workforce realities.**

CMS is seeking comments on whether to develop a home health-specific wage index using an alternative data source, such as Bureau of Labor Statistics data, consistent with its statutory and regulatory authority. Current hospital wage index methodologies may not adequately reflect the workforce realities facing home health providers, including regional nursing shortages, travel demands associated with home-based care, and competition for nurses across healthcare settings. **ANA recommends that CMS evaluate alternative wage index methodologies through the lens of workforce recruitment and retention, incorporating nursing workforce data to better capture local labor market conditions and assess impacts on the ability of providers to attract and retain qualified nurses.** ANA further urges CMS to examine the effects of any proposed methodology on rural and underserved communities, where workforce shortages are often most acute, and to engage nursing organizations throughout the policymaking process. Any future wage index methodology should accurately reflect nursing workforce availability and labor market dynamics to support provider recruitment and retention efforts and help ensure continued access to high-quality home health nursing services.

ANA appreciates the opportunity to have this discussion and looks forward to continued engagement with CMS on shared priorities. Please contact Tim Nanof, ANA's Executive Vice President, Policy & Government Affairs at (301) 628-5166 or tim.nanof@ana.org with any questions.

Sincerely,

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