



HOME HEALTH CARE

CMS Faces Flood Of Comments Opposing 2026 Home Health Payment Rule

Morgan Gonzales, Aug 27, 2025

Home health operators and stakeholders have publicly criticized the U.S. Centers for Medicare and Medicaid Services' (CMS) proposed home health payment rule for calendar year 2026 since its announcement in June. Now, interested parties are filing official comments as the public comment period for the proposed home health rule nears its end.

The public comment period will close at the end of the day on Friday, Eastern time, on Friday, Aug. 29. Over 10,000 comments have been submitted as of the time of this story's publication.

Critics of the proposed rule, which amounts to a [9% payment cut](#) to the 30-day base payment rate, say it will restrict access to care, hinder home health providers' ability to invest in technology and strain home health providers' referral partners.

Commenters warn that home health agencies already operate on slim margins and that the proposed cut would be disastrous for patients, agencies and Medicare itself.

Home Health Care News highlighted standout statements from six letters to CMS.

This proposed cut – both the permanent and temporary adjustments – would result in an estimated \$1.13 billion reduction in payments to home health agencies compared to CY 2025. This reduction comes on top of nearly 9% in cuts already implemented from CY 2023 through CY 2025. Such repeated and compounding reductions are unsustainable and directly threaten patient access to critical, cost-effective home health care. ... When beneficiaries are unable to access home health care, Medicare often incurs higher costs as a result of increased emergency department visits, preventable hospital readmissions, and the need for more expensive institutional care. Such a result is untenable, as it both threatens patients' ability to receive in the setting they most prefer – the home – and places unnecessary financial burden on the Medicare program.

– The National Alliance for Care at Home

Home health care is essential to aging services, especially for nonprofit providers serving vulnerable older adults. The Centers for Medicare and Medicaid Services' (CMS) proposed 9% cut for CY2026, on top of the 8.8% reduction since CY 2023, threatens the survival of mission-driven providers. Older adults and families' access is rapidly declining due to agency closures, leading to fewer beneficiaries receiving care, hospital discharge delays

and increased health care costs. We urge CMS to reject these cuts and fix flaws in the payment system that negatively impact our nonprofit and mission-driven member agencies. These and other actions, outlined in our comments, are vital to ensuring these providers can continue serving complex patients and reinvesting in their communities.

– Katie Smith Sloan, president and CEO, LeadingAge, the association of nonprofit providers of aging services, including home health

The [American Hospital Association] is very concerned about ongoing access challenges for beneficiaries needing HH care, and the potential for CMS' proposed updates to lead to further disruption. HH agencies are vital to Medicare beneficiaries' recoveries, and they partner with acute care and other hospitals to ensure patients can receive the right care in the most appropriate setting. Hospitals rely on HH agencies for safe and timely discharge of patients and to avoid extended hospital stays. We already see the strain on HH operations – and other post-acute care providers – due to financial challenges, creating ripple effects throughout the continuum of care, including for acute and post-acute hospitals. Despite this, CMS proposes inadequate HH agency payment rate updates and further erroneous behavioral adjustments. We urge the agency to reconsider these proposals and take steps to ensure HH agencies receive payment updates that match their financial reality and enable them to continue to provide high-quality care to Medicare beneficiaries.

– The American Hospital Association

Axxess is deeply concerned about the significant reimbursement rate reductions in the CY 2026 Proposed Rule. While we understand CMS's responsibility to ensure payment accuracy and budget neutrality, the scale of these cuts will be felt across the entire U.S. healthcare delivery ecosystem. Home health agencies already operate with razor-thin margins when considering total case mix and significant losses caring for Medicare Advantage and Medicaid patients. Reducing reimbursement further limits the provider's ability to hire and retain staff, provide competitive wages and sustain services in rural and underserved communities. It also directly impacts their ability to invest in the technology enhancements that CMS policy changes increasingly require – from digital quality measurement to FHIR-based interoperability and all-payer OASIS reporting.

– Axxess

WellSky works closely with clinicians and healthcare leaders who are dedicated to compliant and effective care delivery. These providers are essential to helping Medicare beneficiaries stay in the home, even when they have complex care needs. Data-informed and risk-aligned home healthcare contributes extraordinary value to the Medicare program by reducing avoidable hospitalization and institutionalization costs. Therefore, we want to express our sincere concern with CMS's proposed cuts to the home health program and its providers. The proposed payment adjustments will have a devastating impact on Medicare beneficiaries' access to home health services, a crucial form of healthcare that is proven to deliver higher quality care at lower cost.

– WellSky

CMS continues to propose and finalize payment rate reductions each year. These reductions financially destabilize legitimate providers and are based on a methodology that incorporates manipulated claims data. If this trend is not corrected, it will permanently erode the home health benefit as originally intended under Medicare, leading to care deserts and patient harm. ... Honest providers are closing their doors. Patients are

suffering. CMS has the authority to act. The choice is clear. The time for action is now. We urge CMS to act immediately to stabilize the home health payment system. The integrity of the Medicare program and the well-being of millions of homebound patients depend on it.

– A July letter to CMS signed by executives of LeadingAge, the National Alliance for Care at Home, AccentCare, Addus Homecare (Nasdaq: ADUS), Adoration Home Health and Hospice, Aveanna Healthcare, Bayada Home Health Care, Elara Caring, Enhabit Home Health and Hospice (NYSE: EHAB), Gentiva, LifeCare Home Health Family, the Pennant Group (Nasdaq: PTNG), Visiting Nurse Health System and VNS Health

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