August 21, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via the Federal eRulemaking Portal

Re: Medicare and Medicaid Program; Calendar Year 2027 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Model Requirements; and Home Infusion Therapy Services Requirements, File Code CMS-1828-P

Dear Administrator Oz:

The Long-Term Post-Acute Care Health Information Technology (LTPAC Health IT) Collaborative appreciates the opportunity to submit comments on the Calendar Year 2027 Home Health Prospective Payment System proposed rule, including the Home Health Quality Reporting Program (HH QRP), Home Health Value-Based Purchasing (HHVBP) Model, and related health information technology and reporting provisions. The Collaborative is an invitation-only group of stakeholder organizations and experts formed in 2005 to advance meaningful, effective, and accessible health information and technology policies, strategies, standards, resources, products, and services for persons with chronic and/or complex needs.

The Collaborative's mission is to bring experts together to collaborate on health IT issues for improved coordinated quality care in Long-Term and Post-Acute Care (LTPAC), and its values emphasize person-centered care with longitudinal health records, coordinated quality care, universal access to health information, and widespread implementation of connected care. These priorities make the home health proposed rule especially important. Home health agencies are central participants in care transitions, chronic disease management, aging in place, and person-centered care in the home of the individual's choice, yet they continue to operate within an interoperability environment that remains fragmented and under-resourced compared with hospitals and physician practices.

The Collaborative has consistently urged CMS and ONC to design federal policy so that interoperability, digital quality reporting, and administrative simplification actually work for the full LTPAC continuum, including home health, rather than only for hospitals and physician practices. This draft letter focuses on that same core principle and reflects the Collaborative's decision to concentrate on health IT and interoperability issues that fall squarely within its scope.

The Collaborative recommends that CMS:

- Explicitly position home health as a core participant in cross-setting interoperability policy and align new home health reporting and data exchange requirements with the Data Element Library (DEL), USCDI, and PACIO Project FHIR implementation guides where applicable.
- Require that any future FHIR-based home health reporting or digital quality submission pathway support bidirectional exchange, workflow integration, and a scalable architecture that can be leveraged across the post-acute care continuum.
- Use OASIS and related home health assessment data as part of a broader cross-setting strategy for interoperable functional, cognitive, and person-centered data exchange under the IMPACT Act, while recognizing that detailed functional status standardization work may be better addressed in future, targeted rulemaking.
- Establish realistic implementation timelines, staged milestones, production-like testing environments, and direct technical assistance for home health agencies and vendors before mandatory technology or reporting changes take effect, with particular attention to avoiding fail systems for under-resourced providers.
- Ensure that home health agencies and their technology partners are explicitly included in CMS and ONC interoperability initiatives, including TEFCA-related exchange strategies, testing programs, and future innovation activities.
- Advance home health quality and value-based policies using interoperable, computable, person-centered data elements that can support quality improvement, care coordination, public reporting, and longitudinal access across settings.

Rule Section and Comments

I. Home Health Interoperability and Cross-Setting Data Exchange

Rule section/title/code: Home Health Quality Reporting Program (HH QRP) and related health IT, assessment, and reporting provisions; File Code CMS-1828-P.

The Collaborative strongly supports CMS policies that move home health toward more standardized, computable, and exchangeable data. CMS has already begun establishing a broader post-acute care direction through FHIR-based assessment reporting in other settings and through the use of common infrastructure such as iQIES and the DEL. The Collaborative believes home health should be treated as a central part of that strategy, not as an edge case. Home health providers receive referrals from hospitals, SNFs, IRFs, LTCHs, hospice, and physicians, and they furnish services to medically complex individuals whose safety depends on timely, accurate information exchange across settings.

The Collaborative recommends that CMS explicitly align any new or revised home health reporting, assessment, or quality data elements with the DEL, relevant USCDI data classes, and PACIO Project implementation guides for functional status, cognitive status, and transitions of care. The Collaborative has previously urged CMS to use the DEL as an interoperability

backbone across inpatient psychiatric, skilled nursing, long-term care hospital, inpatient rehabilitation, home health, and hospice settings because common data element definitions and terminologies can improve referral packets, discharge summaries, and transition documents. That same principle applies here: home health data should be structured so that it can meaningfully contribute to longitudinal, person-centered records, not only to compliance-oriented reporting.

Recommendations:

- CMS should explicitly state in the final rule that home health assessment and quality data are part of a cross-setting interoperability strategy under the IMPACT Act and related CMS interoperability initiatives.
- CMS should align any new home health data elements with the DEL and applicable PACIO/USCDI standards to support exchange of functional, cognitive, and transition-of-care information.
- CMS should describe how home health data submitted for federal reporting can also be used for bidirectional information exchange and longitudinal care coordination across the LTPAC continuum.

II. FHIR-Based Reporting Architecture and Bidirectional Exchange

Rule section/title/code: HH QRP and digital quality measurement/reporting infrastructure; File Code CMS-1828-P.

The Collaborative supports the continued movement toward FHIR-based reporting and modern APIs, but urges CMS to avoid creating a unidirectional submission pathway that adds burden without improving care coordination. In prior comments on IPF-PAI reporting, the Collaborative emphasized that web applications and reporting tools should support bidirectional exchange, retrieval of submitted data, receipt of feedback, and eventual real-time quality measure calculation rather than serving only as one-way submission portals. That concern is directly relevant to home health, where clinicians routinely need current information from hospitals, physicians, and other post-acute providers, and where duplicative documentation across platforms can undermine both quality and workforce efficiency.

If CMS intends to expand digital quality measurement or API-enabled reporting in home health, the architecture should support workflow integration from the outset. The Collaborative has recommended SMART on FHIR-enabled workflow access, clear API guidance, and a roadmap that treats interim tools as bridges to full interoperable exchange rather than permanent stand-alone workarounds. Home health agencies should not be required to navigate between disconnected systems to document care, report data, and obtain feedback needed for care improvement.

Recommendations:

- CMS should commit that any future FHIR-based home health reporting pathway will support bidirectional exchange and not solely one-way submission to CMS.
- CMS should design interim web-based tools, if any are used, as temporary solutions accompanied by a roadmap to full API-based integration into provider workflows.
- CMS and ONC should publish practical guidance for home health agencies and vendors explaining compliance expectations, technical standards, security requirements, and vendor contract considerations.

III. Implementation Timeline, Testing, and Technical Assistance

Rule section/title/code: HH QRP, HHVBP, and any new health IT or reporting implementation requirements; File Code CMS-1828-P.

The Collaborative urges CMS to pair any new reporting or interoperability requirements with realistic timelines and direct support for adoption. In its recent letters, the Collaborative has recommended at least 12 months between publication of a final implementation guide and mandatory reporting, production-like sandbox availability well in advance of go-live, staged milestone frameworks, and direct technical assistance for under-resourced providers. Those recommendations are particularly relevant in home health, where agencies vary substantially in size, technical sophistication, staffing stability, and vendor support.

Working session discussions highlighted concerns that overly aggressive timelines or insufficient infrastructure support can create fail systems for providers who lack adequate technology, staffing, or vendor capabilities. The Collaborative therefore encourages CMS to calibrate implementation requirements to the actual state of home health technology adoption and to provide structured support so that providers are not set up to fail.[file:76]

Recommendations:

- CMS should provide no less than 12 months between issuance of final technical specifications and any mandatory home health digital reporting requirement.
- CMS should require production-like sandbox testing environments and voluntary testing periods before mandatory compliance begins.
- CMS should establish phased milestones, exception processes for good-faith provider efforts, and a federally supported technical assistance model for small, rural, and under-resourced home health agencies.

IV. Inclusion of Home Health in National Interoperability Infrastructure

Rule section/title/code: CMS-1828-P provisions intersecting with interoperability, quality reporting, and future exchange infrastructure.

The Collaborative remains concerned that many national interoperability efforts continue to reach LTPAC settings unevenly. In its recent prior authorization comments, the Collaborative noted that only a minority of hospitals routinely send or receive interoperable information with LTPAC providers, while the sector continues to bear the effects of a long-standing health IT investment gap. The Collaborative has repeatedly argued that success should be measured by whether modernization reaches skilled nursing facilities, home health agencies, hospice, and other post-acute settings, not only hospitals and physician practices.

For home health, this means CMS should use the final rule to explicitly include home health agencies and their vendors in future TEFCA-related exchange strategies, API testing programs, data standard initiatives, and innovation opportunities. The Collaborative has already recommended that LTPAC systems be included in ONC innovation programs and that cross-setting scalability be treated as an explicit design requirement in federal interoperability projects. Home health should be named as a participant in that future, not assumed to be covered indirectly.

Recommendations

- CMS should explicitly include home health agencies and vendors in future TEFCA-related exchange, interoperability testing, and implementation support efforts.
- CMS and ONC should ensure that national API, quality reporting, and data standard initiatives are designed and tested with home health workflows in mind.
- CMS should measure the success of home health policy modernization by whether interoperable exchange is operational across the full care continuum, including home health, hospice, SNFs, and community-based providers.

Final Summary of Recommendations

The Collaborative appreciates CMS's continued efforts to modernize home health payment, quality reporting, and value-based care. To ensure these reforms produce real gains for patients, families, providers, and clinicians, the final rule should explicitly connect home health to the broader federal interoperability strategy for post-acute and long-term care.

The Collaborative urges CMS to:

- Make home health an explicit component of CMS's cross-setting interoperability strategy.
- Align home health data elements and reporting pathways with the DEL, USCDI, PACIO implementation guides, and other computable standards where applicable.
- Require bidirectional, workflow-integrated digital reporting architectures rather than one-way submission tools.
- Provide realistic timelines, testing environments, phased milestones, and direct technical assistance before new requirements become mandatory, calibrated to avoid fail systems for under-resourced providers.

- Explicitly include home health in TEFCA-related and other national interoperability implementation efforts so modernization reaches the full LTPAC continuum.

In closing, the populations served by home health agencies are among those most dependent on coordinated, timely, person-centered information exchange. Federal policy will fall short of its intended goals if home health remains downstream from interoperability design decisions made primarily for other sectors. The Collaborative therefore urges CMS to finalize the rule in a manner that strengthens cross-setting exchange, supports realistic implementation, and ensures that home health agencies can fully participate in a modern, connected care system.

The Collaborative appreciates CMS's consideration of these comments and looks forward to continued dialogue on home health, quality reporting, and interoperability priorities affecting the broader LTPAC continuum. For questions regarding these comments, please contact the LTPAC Health IT Collaborative Convener, Michelle Dougherty, via the Collaborative's established channels at leaders@ltpachit.org or via our website at www.ltpachit.org.

Respectfully Submitted,

The LTPAC Health IT Collaborative

www.ltpachit.org