



Home Health Weekly Recap

May 8, 2026

Weekly National Policy Pulse Calls. Join more than 1000 of your LeadingAge peers for our National Policy Pulse calls where we keep members equipped to navigate the ever-evolving landscape of aging services national policy. The calls are on Mondays at 3:30 p.m. ET. If you're interested in signing up for these members-only calls, please sign up using [the link on our National Policy Pulse webpage](#).

Wednesday, May 13, 2 p.m. ET – Special Palliative Care Provider Meeting: During this meeting, members will discuss the request for information on community-based palliative care. Members who have Part B billing practices for palliative care as well as home health agencies supporting palliative care are encouraged to join and share their perspectives of current billing and quality challenges.

CMS Survey and Quality Center Announces Quarterly Stakeholder Webinar. On Tuesday, May 12, 12 - 1 p.m. ET, the Center for Clinical Standards and Quality (CCSQ), which oversees surveys, quality programs, and value-based purchasing programs will host a stakeholder webinar. Dr. Dora Hughes, Chief Medical Officer of CMS and Director of CCSQ, as well as the CCSQ leadership team will provide updates on work to strengthen health care quality, safety, and coverage. Hear the latest on recent policy developments and how these efforts are accelerating progress toward improving care and outcomes for beneficiaries in Medicare, Medicaid, and the Marketplace. [Register](#) for this webinar.

OASIS Q&As Address AI Usage, Falls Reporting, and Skin Substitutes. On April 21, CMS published new Q&As for correctly coding the home health OASIS. In the most recent update of the OASIS CMS addressed several high priority issues for home health agencies including the adoption of AI in clinical workflow, changes to the reporting of falls, and skin substitutes. Read more about these important [updates](#).

Home Health April Care Compare Refresh Now Live! The April 2026 refresh of the Home Health Quality Reporting Program is now available on the compare tool on Medicare.gov and Provider Data Catalog (PDC). LeadingAge has also updated the [members-only reports](#) which ensure members have relevant data that can help assess quality measures in various contexts (historical or in comparison to local competitors, for instance). The April 2026 refresh includes the removal of one OASIS-based measure, COVID-19 Vaccine: Percent of Patients Who Are Up to Date. The data for the April 2026 update are based on quality assessment data submitted by home health agencies (HHAs) to Centers for Medicare & Medicaid Services (CMS) from Quarter 3, 2024 through Quarter 2, 2025. The data for the claims-based measures will display data from Quarter 1, 2023 through Quarter 4, 2024 for the Discharge to Community and Medicare Spending Per Beneficiary measures, Quarter 1, 2022 through Quarter 4, 2024 for the Potentially Preventable 30-Day Post-Discharge Readmission measure, and Quarter 1, 2024 through Quarter 4, 2024 for the Home Health Within-Stay Potentially Preventable Hospitalization measure. Additionally, the data for the HHCAHPS measures will display data from Quarter 4, 2024 through Quarter 3, 2025.

CMS Clarifies How to Fix Death Date Errors in Medicare Records. The Centers for Medicare and Medicaid Services (CMS) acknowledges that Medicare records can incorrectly show that a patient has died, or the records list the wrong date of death. To help providers correct these errors and avoid unpaid claims until corrections are submitted, CMS has developed a [Fact Sheet](#) to understand where these errors come from and how to fix incorrect dates of death.

CMS is Modernizing Prior Authorization but are PAC Providers Included?

The Center for Medicare and Medicaid Services (CMS) Administrator, Dr. Mehmet Oz, penned a [blog](#) on May 5 outlining the path CMS, along with its payer partners (like Medicare Advantage (MA) plans), has forged to reduce the administrative burden of prior authorizations on providers. While he explicitly highlights the inclusion of physicians and health systems in the work, he is silent on post-acute care (PAC) and aging services providers involvement.

LeadingAge and its PAC MA Coalition providers met with CMS in 2025 to ensure PAC providers will be included in the electronic prior authorization solutions that CMS and the MA plans are implementing. We also provided [recommendations](#) to CMS including an example of how to standardize PAC prior authorizations across plans to streamline and reduce provider burden.

Thanks to a [2024 Senate committee report](#), *“Refusal of Recovery: How Medicare Advantage Insurers Have Denied Patients’ Access to Post-Acute Care,”* we know that PAC prior authorizations are increasing not declining and that these requests are being denied at substantially higher rates than all other services requiring prior authorization. We also know that plan AI tools are making erroneous denials and the plans are aware of the errors.

The reality is if the health plans' pledge to reduce prior authorizations but don't touch PAC services, there is still a problem. United Healthcare recently touted it will be [reducing the number of procedures requiring prior authorization by 30%](#) but will focus on outpatient surgeries and some diagnostic tests, and “certain outpatient therapies” though it is not clear if that will include home health services.

Payers and CMS are missing the boat if they think they have fixed prior authorization burden by ignoring post-acute care services. LeadingAge continues to advocate for the inclusion of PAC providers in these prior authorization improvements but to date there is little evidence that the full array of providers and services will benefit from these reforms.

Check out the electronic prior authorization workflow CMS is implementing [here](#), which includes the required standards your technology must meet. Email [Nicole Fallon](#) if you have concerns about your IT systems meeting the technology requirements either directly or through your electronic health record. This article is available [here](#).

Web Accessibility Compliance Date Delayed under HHS' Section 504 Regulations: The Department of Health and Human Services (HHS) issued an [Interim Final Rule](#), available for public inspection, which extends the compliance dates for the web content and mobile application accessibility requirements under HHS' Section 504 regulations which prohibit disability-based discrimination in programs and activities receiving HHS funding. The compliance date for recipients with 15 or more employees is extended from May 11, 2026, to May 11, 2027. The compliance date for recipients with fewer than 15 employees is extended from May 10, 2027, to May 10, 2028. This delay is not completely unexpected, given that the Department of Justice recently issued its own [Interim Final Rule](#) that delays the compliance date of its web accessibility rule for Title II entities under the Americans with Disabilities Act (ADA), and many recipients of HHS funding are also public entities under Title II of the ADA.

LeadingAge Calls for Restoring Previous Safe Harbors and Establishing New Antitrust Guidance on AI Collusion. LeadingAge submitted comments urging the Department of Justice and the Federal Trade Commission to reinstate certain antitrust safe harbors and to develop new guidance addressing business collaborations and potential collusion involving shared artificial intelligence tools. In our May 1 response to the Agencies' February 2026 public inquiry, we emphasized the importance of clear, updated guidance specific to health care providers and additional guidance to assist nonprofit organizations such as

LeadingAge in routine business activities. Specifically, we called for the re-establishment of safe harbors that were eliminated when prior guidance was withdrawn. These safe harbors provided bright-line standards for certain types of competitor collaborations, such as clinically integrated provider networks, and criteria that permit organizations to collect, analyze, and disseminate data from and among competitors through third-party entities. Without such guardrails, organizations are left to guess whether routine, beneficial collaborations could expose them to antitrust scrutiny, creating uncertainty and risk. We also argued for the Agencies to establish specific guidelines related to artificial intelligence that when utilized collectively may lead to algorithmic collusion that can harm consumers through higher costs or reduced access to needed care and services. The full comment letter can be found [here](#).

Last Week's Recap Update. Here is the May 1, 2026 [Home Health Update](#).