C+TAC
COALITION TO TRANSFORM ADVANCED CARE

June 1, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4201-P
P.O. Box 8013
Baltimore, MD 21244

Re: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2027

Submitted electronically via www.regulations.gov

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule regarding its effect on those living with serious illness.

C-TAC is a national, non-partisan, not-for-profit coalition dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC comprises 200 national and regional organizations, including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

C-TAC defines serious illness as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their family caregivers. This definition has been widely adopted, including by the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF). Serious illness also differs by geography. People living in rural areas are older, sicker, and lack access to the full range of health care, and we advocate for improved care for any with less access to it.

Here are our comments on aspects of this proposed rule:

Case-mix creep RFI and the integrity of PDPM

We support CMS in seeking public input on a robust methodology to distinguish real changes in patient needs from nominal coding changes and in exploring ways to recalibrate payment if warranted. At the same time, we urge caution in implementing broad downward adjustments that could unintentionally underfund care for patients with serious illness. In particular:

- Many patients with serious illness legitimately present with malnutrition, swallowing disorders, depression, and other conditions highlighted in the RFI. Any methodology must be carefully calibrated so that it does not penalize accurate assessment and documentation of these conditions.
- Component-specific reductions under consideration—for example, sizable decreases in the speech-language pathology and nursing components, or a system-wide 4.3 percent CMI reduction—could disproportionately impact residents with advanced neurologic disease, dementia, stroke, or complex frailty if not accompanied by safeguards and monitoring.
- CMS should commit to close, multi-year monitoring of the impact of any future case-mix creep adjustment on access to and intensity of nursing, therapy, and speech services for patients with serious illness, with a willingness to recalibrate if evidence indicates harm.

We recommend that CMS explicitly invite comments from clinicians, patient and caregiver advocates, and SNFs with a high share of patients with serious illness on how to distinguish inappropriate upcoding from needed recognition of genuine acuity.

SNF Quality Reporting Program changes

We do not support the removal of the vaccination measures. For patients with serious illness, who often have impaired immunity and high risk of complications from respiratory infections, vaccination remains a critical protective strategy. Removing the COVID-19 vaccination measures may reduce administrative burden but would also eliminates the only vaccination-related measures in the SNF QRP. We therefore urge CMS not to remove this measure and to ensure that important elements of infection prevention and control—including vaccination where clinically appropriate—remain visible in public reporting.

We do support the proposal to shorten MDS submission deadlines. More timely data will improve the relevance of publicly reported information for families choosing a SNF for a hospitalized loved one with serious illness and give facilities a clearer feedback loop for quality improvement.

All-payer MDS reporting for skilled residents

We support the proposal to require SNFs to submit MDS data on all residents receiving covered skilled care regardless of payer.

Patients with serious illness are often enrolled in Medicare Advantage or other coverage arrangements, and family caregivers typically do not distinguish by payer when evaluating the quality of care. Requiring all-payer MDS reporting will make quality measures more representative of the entire skilled population, not just fee-for-service beneficiaries and improve the ability of CMS, researchers, and stakeholders to identify disparities and quality issues for specific subsets of patients with serious illness across payers.

SNF VBP and outcomes that matter to patients and caregivers

The SNF VBP program continues to focus on measures such as readmissions, successful

discharge to community, falls with major injury, staffing, and staff turnover, with performance standards established for upcoming program years. These measures are highly relevant to patients with serious illness and family caregivers, who are acutely affected by preventable hospitalizations, serious falls, failure to restore function, and unstable staffing.

We encourage CMS to:

- Continue exploring additional measures that directly address serious illness care in SNFs, including pain and symptom management, referral to palliative care or hospice, serious illness communication and goals-of-care discussions, and caregiver experience.
- Ensure that VBP incentives do not inadvertently encourage avoidance of higher-risk patients with serious illness or at the end of life; for example, by using appropriate risk adjustment and by examining performance within clinically meaningful subgroups.

SNF QRP request for information on advance care planning

We are delighted that CMS is seeking input on future SNF QRP measure concepts related to advance care planning (ACP) and agree is a continuous process that supports people in understanding and communicating their goals, values, and preferences regarding future medical decisions. We agree that in post-acute care settings, factors such as clinical stability, functional status, therapy tolerance, cognition, prognosis, and personal preferences may change during recovery, and that ACP facilitates ongoing shared decision-making by documenting patient preferences and ensuring goal-concordant care throughout transitions.

SNFs care for many patients whose rehabilitation decisions are inseparable from larger questions about goals of care, acceptable burdens of treatment, caregiver capacity, and the tradeoffs between safety, independence, comfort, and place of care. A future quality framework that values ACP in SNFs could improve care consistency, reduce avoidable conflict during transitions, and help ensure that rehabilitation plans reflect what matters most to patients. The new measure requiring a care plan for all patients 18+ could be considered once it's validated for non-acute settings.

Beyond that measure, CMS should prioritize ACP measure concepts that are meaningful, feasible, and focused on goal-concordant processes rather than on document completion alone. Possible concepts include whether the SNF elicited and documented the patient's goals, values, decision-making preferences, and identified surrogate; whether those preferences were incorporated into the plan of care and discharge planning; and whether key information was transmitted during care transitions. Measures that reward only the presence of a form or advance directive risk reducing a nuanced clinical process to a checkbox exercise.

CMS should also explicitly recognize caregiver involvement in any future ACP framework. For many seriously ill SNF patients, the practical success of rehabilitation and discharge depends on whether family caregivers understand the patient's goals, can carry out the needed care plan, and have been included in transition planning consistent with the patient's wishes.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact Dr. Marian Grant, Senior Regulatory Advisor, at mgrant@thectac.org.

Sincerely,

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