Public Policy

HCANYS Public Policy No. 2-2025

HCANYS
Home Care Association of New York State

TO: HCANYS Certified Home Health Agency (CHHA) Members

FROM: Patrick Conole, Vice President, Finance & Management

RE: CMS Issues Proposed CY 2026 Home Health Payment Rule - New Case-Mix Weights & Wage Index Summary Attached

DATE: July 3, 2025

This week, the U.S. Centers for Medicare and Medicaid Services (CMS) posted for public inspection its Calendar year (CY) 2026 proposed Home Health Prospective Payment System (HHPPS) rule for Medicare home health services.

The proposed rule can currently be read here.

The Proposed Rule presents serious concerns for the home health community as CMS proposes further significant rate reductions to account for the change to the Patient Driven Groupings Model (PDGM) payment model in 2020. Since the inception of the PDGM, total Medicare home health expenditures have declined year-over-year, a fact that is directly at odds with CMS' assertion that aggregate expenditures under the new system are higher than they otherwise would have been prior to the 2020 changes. However, Medicare law requires CMS to make permanent and temporary adjustments intended to ensure that the transition to the PDGM payment model is budget neutral in comparison to expected Medicare spending on the 2019 payment model.

All told, taking into account the various adjustments to the base episodic rate, CMS estimates the CY 2026 proposed rule will decrease Medicare home health expenditures by **-6.4% or $1.135 Billion nationally** when all the adjustments are applied.

Significant highlights in the proposed rule include:

- A market-basket increase of 2.4 percent based on an annual inflation update of 3.2 percent, reduced by a 0.8 percent productivity adjustment.
- A -4.059% budget neutrality permanent adjustment to account for the one-half of the remaining adjustment from CY 2025 (-1.975%) plus the additional 2024 data year adjustment of -2.087%.
- An additional -5% budget neutrality temporary payment adjustment to recoup approximately $786 million of the $5.3 billion in alleged overpayments from 2020-2024.

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- A decrease in the 30-day payment rate from $2,057.35 to $1,933.61 after application of the permanent adjustment factor, PDGM budget neutrality adjustment, market-basket update, a wage-index budget neutrality factor and case-mix recalibration neutrality factor adjustments. Agencies that do not submit required quality data will have that rate reduced by 2 percent.

- Low Utilization Payment Adjustment (LUPA) rates set at the following amounts: Skilled Nursing: $176.95; Physical Therapy: $193.40; Speech Language Pathology (SLP): $210.23; Occupational Therapy (OT): $194.72; Medical Social Work: $283.61; and Home Health Aide: $80.11.

- An updated CY 2026 Wage Index. Nine Core-Based Statistical Areas (CBSAs) in New York are proposed to have increases, while 6 CBSAs are proposed to have decreases.

- A recalibration of the 432 PDGM case-mix-weights (CMWs), including a modification of the LUPA thresholds.

- The qualifying Fixed Dollar Loss ratio for outlier payment is increased from the current 0.35% to 0.46%. This proposal would decrease the number of episodes qualifying for outlier payments and result in an estimated reduction in payments to CHHAs of 0.5 percent.

- A proposal to change who may conduct the Face-To-Face (F2F) encounter policy.

- Updates the Home Health Quality Reporting Program (HHQRP) by removing COVID-19 and several assessment items.

- A new Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey beginning April 2026.

- Includes an update to the Home Health Value Based Purchasing Program (HHVBP) to reflect the new HHCAPHS survey and proposes four new measures.

- Medicare provider enrollment revisions.

- Includes three Requests for Information - Advance Digital Quality Measurement, Future Quality Measure Concepts, and Changes to the HHVBP.

Overall Payment Impact At-a-Glance

Under the proposed rule, CMS projects that total Medicare payments to Home Health Agencies (HHAs) in CY 2025 will be decreased by $1.135 billion nationally, based on the net impact of three negative and one positive adjustments. Specifically, this aggregate decrease reflects the cumulative impact of the following:

- An estimated 3.7 percent decrease that reflects the effects of the permanent behavioral adjustment ($655 million decrease). This decrease varies from the

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4.059% decrease previously mentioned because that decrease only applies to the 30-day episode payment. The per-visit LUPA rates are not impacted by any behavioral adjustment.

- An estimated 4.6 percent decrease that reflects the effects of a temporary adjustment ($855 million decrease).

- An estimated 0.5 percent decrease that reflects the effects of an updated Fixed Dollar Loss (FDL) Ratio ($90 million decrease); and,

- A 2.4 percent home health market basket payment rate increase (a $425 million increase).

Proposed Rule in Detail

Background

In accordance with the Balanced Budget Act (BBA), CMS implemented the PDGM on January 1, 2020, based on guidance included in the CY 2019 and CY 2020 final rules. CMS keeps the PDGM model intact for CY 2025 by maintaining the following core features:

- 30-day payment units
- A phase-out of the RAP process and implementation of the Notice of Admission (NOA)
- A continuation of the Behavioral Assumptions by CMS
- Timing: Early vs. Late
- Admission source categories
- Patient Clinical Groupings
- Functional Impairment Levels
- A comorbidity adjustment
- Variances in the LUPA thresholds

A detailed summary of each of these features can be found in HCANYS' Public Policy Memorandum for the CY 2020 final rule.

Appendix A of this memo recaps how each 30-day period of care is placed into one of the 432 HHRGs or case-mix weights (CMWs) under PDGM for CY 2025.

Recalibration of PDGM Case-Mix Weights (CMWs) in CY 2026

As previously mentioned, each of the 432 payment groups under the PDGM has an associated CMW and LUPA threshold. CMS' general policy is to annually recalibrate the CMWs using the most complete utilization data available at the time of rulemaking. In this rule, CMS is proposing to recalibrate the CMWs using CY 2024 Medicare home health claims data (as of March 13, 2025) to more accurately pay for the types of patients Certified Home Health Agencies (CHHAs) are serving. The proposed recalibrated CMWs will be updated on more complete CY 2024 claims data in the final rule.

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Changes to the PDGM CMWs are implemented in a budget neutral manner by multiplying the CY 2026 national standardized 30-day period payment rate by a CMW budget neutrality factor. Typically, the CMW budget neutrality factor is also calculated using the most recent, complete home health claims data available. For CY 2026, CMS will continue the practice of using the most recent complete home health claims data at the time of rulemaking, which is CY 2024 data. The CMW budget neutrality factor is calculated as the ratio of 30-day base payment rates such that total payments when the CY 2026 PDGM CMWs (developed using CY 2024 home health claims data) are applied to CY 2024 utilization (claims) data are equal to total payments when CY 2025 PDGM case-mix weights (developed using CY 2023 home health claims data) are applied to CY 2024 utilization data. **This produces a case-mix budget neutrality factor for CY 2026 of 1.0051%**.

Additionally, CMS is proposing to update the CY 2026 LUPA thresholds using claims data from CY 2024. CMS believes that CY 2024 data will be more indicative of visit patterns in CY 2026 rather than continuing to use the LUPA thresholds derived from the CY 2023 data in last year's rulemaking.

Appendix B of this memo shows the proposed CY 2026 CMWs and LUPA thresholds for each of the 432 HHRGs.

Components of the Proposed CY 2026 HHPPS Rates

Budget Neutrality under the PDGM

Section 1895(b)(3)(D) of the Social Security Act (SSA), as amended by the Bipartisan Budget Act of 2018, directed the Secretary of the U.S. Department of Health and Human Services to remove home health Medicare therapy thresholds and shift payments from a 60-day to 30-day episode in a budget neutral manner. In response, CMS implemented the PDGM payment system in January 2020 and adjusted Medicare home health payments to maintain budget neutrality. To meet this requirement, CMS made assumptions about how CHHA provider behavior might change under PDGM, and incorporated initial rate adjustments to offset any projected increases in spending. Under the law, CMS annually compares these assumed behavior changes with what actually occurred from 2020 through 2026. If actual home health spending under PDGM is higher or lower than it would have been under the old model, CMS asserts that it must apply a "permanent" adjustment to future payment rates and may also implement one-time "temporary" adjustments to reconcile past over or underpayments. While this approach is intended to maintain budget neutrality, in practice it has led CMS to pursue substantial rate reductions that threaten home health access for millions of Americans nationwide.

In CY 2023 rulemaking, CMS' analysis of the first two years of PDGM from 2020-2021 indicated that a permanent -7.85% adjustment to the base rate was needed to achieve budget neutrality. In response to concerns raised by HCANYS and other stakeholders, CMS implemented only half of that cut in 2023 (a -3.925% rate reduction), opting to phase in the impact. For CY 2024, CMS determined a -5.779% adjustment was needed (including the remainder left from 2023) but finalized a -2.890% permanent adjustment to

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the CY 2024 national, standardized 30-day payment rate (88 FR 77697). In 2025, CMS proposed another -3.95% behavioral adjustment yet applied only -1.975%.

Each year, CMS justified scaling back immediate cuts to alleviate financial concerns to CHHAs. However, this gradual approach means the remaining "temporary" cuts from 2020–2024 have continued to grow. For the first time in the CY 2026 proposed rule, CMS has proposed to begin clawing back the alleged overpayments from 2020-2024 with a 5% temporary adjustment.

HCANYS has repeatedly voiced serious concerns about CMS' PDGM methodology and its adverse impacts on home health care access nationwide. We maintain that CMS' methodology is fundamentally flawed and inconsistent with congressional intent—and urge CMS to use its authority to avoid precipitous rate cuts.

Market Basket Update

Background

In 2019, CMS finalized the rebasing of the home health market basket to reflect 2016 Medicare cost report data, the latest and most complete data available on the actual structure of HHA costs.

In its 2018 final rule, CMS stated it was rebasing the detailed wages and salaries and benefits cost weights to reflect 2016 Bureau of Labor Statistics (BLS) Occupational Employment Statistics (OES) data on HHAs.

CMS affirmed its policy of using cost report data from only free-standing HHAs, which account for over 90 percent of agencies, because CMS has determined that they better reflect the actual cost structure of all agencies, since expense data for hospital-based agencies can be affected by the allocation of overhead costs over the entire institution.

CMS also finalized in 2018 its decision to derive eight major expense categories (Wages and Salaries, Benefits, Contract Labor, Transportation, Professional Liability Insurance/PLI, Fixed Capital, Movable Capital, and a residual "All Other") from the 2016 Medicare HHA cost reports. CMS will eliminate the cost category "Postage," due to its small weight, and include these expenses in the "All Other (residual)" cost weight.

In its CY 2015 final rule (per the Affordable Care Act, or ACA), CMS finalized its methodology for calculating and applying the multifactor productivity (MFP) adjustment to the annual market basket update. ACA requires the annual home health market basket adjustment to reflect changes in economy-wide productivity. The statute defines the productivity adjustment as equal to the 10-year moving average of change in annual economy-wide private nonfarm business MFP. The MFP is derived by subtracting the contributions of labor and capital input growth from output growth.

In CY 2024, CMS finalized its proposal to rebase and revise the home health market basket to reflect a 2021 base year using 2021 Medicare cost report data for Medicare-participating freestanding CHHAs, the latest available and most complete data on the actual structure of CHHA costs at the time of this rulemaking. In prior rulemaking,

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stakeholder commenters have expressed concern that recent cost pressures and the impact of the COVID-19 PHE have impacted input price inflation in providing home health services. CMS is proposing to use 2021 as the base year because it believes that the Medicare cost reports for this year represent the most recent, complete set of Medicare cost report data available for developing the proposed home health market basket that captures recent cost trends. Given the potential impact of the COVID-19 PHE on the Medicare cost report data, CMS will continue to monitor these data going forward and any changes to the home health market basket will be proposed in future rulemaking.

CY 2026 Market Basket

As a result of all these actions, the proposed home health update percentage for CY 2026 is based on the estimated home health market basket update of 3.2 percent (based on IHS Global Insight Inc.'s first quarter 2025 forecast with historical data through the fourth quarter 2024), which then must be reduced by a productivity adjustment currently estimated to be 0.8 percent, for an overall proposed market basket of 2.4 percent in CY 2026.

However, the BBA of 2018 requires that the home health update be decreased by 2 percent for those CHHAs that do not submit at least 90 percent of their quality data as required by CMS. For CHHAs that do not submit the required quality data beginning on or after July 1, 2024, and before July 1, 2025, the home health payment update for CY 2026 would be reduced to 0.4 percent (2.4 percent minus 2 percent).

Proposed CY 2026 National, Standardized 30-Day Payment Rate

To determine the CY 2026 national, standardized 30-day unit payment rate, CMS will continue its practice of using the most recent, complete utilization data at the time of rulemaking, which is using CY 2024 claims data for CY 2026 payment rate updates. CMS is applying a permanent adjustment factor, a CMWs recalibration budget neutrality factor, a wage index budget neutrality factor, the home health payment update percentage, and a temporary adjustment factor to update the CY 2026 payment rate.

As referenced earlier, CMS is also proposing the implementation of a permanent adjustment of -4.059 percent to ensure that estimated aggregate expenditures under the PDGM are equal to the estimated aggregate expenditures that otherwise would have been under the 153-group payment system as required by law. The proposed permanent adjustment factor is 0.95941. Also, to ensure the changes to the PDGM case-mix weights are implemented in a budget neutral manner, CMS applies a case-mix weight budget neutrality factor to the CY 2026 national, standardized 30-day period payment rate. The proposed case-mix weight budget neutrality factor for CY 2026 is 1.0051.

To calculate the wage index budget neutrality factor, CMS simulated total claim payments for non-LUPA episodes using the proposed CY 2026 wage index and compared it to a simulation of total payments for non-LUPA episodes using the final CY 2025 wage index. Next, CMS divided the total claim payments for non-LUPA episodes using the proposed CY 2026 wage index by the total payments for non-LUPA episodes using the CY 2025 wage index. The result is a wage index budget neutrality factor of 1.0019. CMS then

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applies the wage index budget neutrality factor of 1.0019 in the calculation of the proposed CY 2026 national, standardized 30-day period payment rate.

Table 1 shows the calculation of the proposed CY 2026 national, standardized 30-day period payment rate.

Table 1: Proposed CY 2026 National Standardized 30-Day Payment Rate

CY 2025 National Standardized 30-Day Payment	Permanent BA Adjustment Factor	CY 2026 Case-Mix-Weight Budget Neutrality Factor	CY 2026 Wage Index Budget Neutrality Factor	Proposed CY 2026 Market Basket Update	Proposed CY 2026 National Standardized 30-Day Payment (Without Temporary Adjustment)	Temporary Adjustment Factor	Proposed CY 2026 National Standardized 30-Day Payment (With Temporary Adjustment)
$2,057.35	0.9594	1.0051	1.0019	X 1.024	$2,035.38	0.9500	$1,933.61

When determining the actual final payment of a home health claim, this new 30-day payment rate still has to be adjusted by the applicable HHRG and wage index for the area in which the patient resides. The following are the steps CHHAs should take to compute the case-mix and wage-adjusted 30-day episodic rate:

1. Multiply the national 30-day episodic rate by the patient's applicable new CMWs.

2. Divide the case-mix adjusted amount into the labor portion (74.9 percent) and non-labor portion (25.1 percent).

3. Multiply the labor portion by the applicable wage index based on the site of the beneficiary's service; and

4. Add the wage-adjusted portion to the non-labor portion, yielding the case-mix and wage-adjusted 30-day payment rate.

CHHAs that did not submit the required 90 percent of their Outcome Assessment and Information Set (OASIS) assessments for episodes beginning on or after July 1, 2024, and before July 1, 2025, would additionally see their market basket update reduced by 2 percent, which results in an overall 0.4 percent market basket update and a proposed CY 2026 national 30-day payment rate of $1,995.63 (without Temporary Adjustment) or $1,895.86 (with Temporary Adjustment).

Proposed CY 2026 National Per-Visit or LUPA Rates

The national per-visit rates are used to pay LUPAs and are also used to calculate costs in the outlier calculations.

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To calculate the proposed CY 2026 national per-visit rates, CMS starts with the CY 2025 national per-visit / LUPA rates. Then CMS applies a wage index budget neutrality factor to ensure budget neutrality for LUPA per-visit payments. CMS calculated the wage index budget neutrality factor by simulating total payments for LUPA 30-day periods of care using the CY 2026 wage index with a 5-percent cap on wage index decreases and comparing it to simulated total payments for LUPA 30-day periods of care using the CY 2025 wage index with 5-percent cap. By dividing the total payments for LUPA 30-day periods of care using the CY 2026 wage index by the total payments for LUPA 30-day periods of care using the CY 2025 wage index, CMS calculated a wage index budget neutrality factor of 1.0004. CMS then applies the wage index budget neutrality factor in order to calculate the CY 2026 national per-visit rates.

The LUPA per-visit rates are not calculated using case-mix weights. Therefore, no case-mix weight budget neutrality factor is needed to ensure budget neutrality for LUPA payments. Additionally, CMS is not applying the permanent adjustment or the temporary adjustment to the per visit payment rates but only to the case-mix adjusted 30-day payment rate. Lastly, the per-visit rates for each discipline are updated by the proposed CY 2026 home health payment update percentage of 2.4 percent. The proposed CY 2026 national per-visit rates are calculated in Table 2.

Table 2: Proposed CY 2026 National Per-Visit (LUPA) Rates

Home Health Discipline	CY 2025 Per-Visit (LUPA) Payment Rates	CY 2026 Wage Index Budget Neutrality Factor (Multiply)	Proposed CY 2026 HH Market Basket Update (Multiply)	Proposed CY 2026 Per Visit (LUPA) Rates
Home Health Aide	$78.20	1.0004	1.024	$80.11
Skilled Nursing	$172.73	1.0004	1.024	$176.95
Physical Therapy	$188.79	1.0004	1.024	$193.40
Occupational Therapy	$190.08	1.0004	1.024	$194.72
Speech Language Pathology	$205.22	1.0004	1.024	$210.23
Medical Social Services	$276.85	1.0004	1.024	$283.61

To calculate the actual final payment, the above referenced national LUPA rates still need to be adjusted by the wage index factor based on the site of service of the beneficiary.

For HHAs that did not submit the required amount of OASIS assessment data (90 percent in CY 2026) for episodes beginning on or after July 1, 2024, and before July 1, 2025, CMS would reduce their market basket update by 2 percent, resulting in a revised market basket update of 0.4.

LUPA Add-on Factors

As a reminder, the LUPA "add-on factor" applies to LUPA episodes that are the only episode or an initial episode in a sequence of adjacent episodes (before adjusting for

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area wage differences). The four proposed CY 2026 LUPA add-on factors are as follows: 1.7200 for Skilled Nursing (SN); 1.6225 for Physical Therapy (PT); 1.6696 for Speech Language Pathology (SLP) and 1.7238 for Occupational Therapy. These add-on factors are multiplied by the per-visit amount for each discipline as shown in Table 2.

For example, with LUPA episodes that occur as the only episode or an initial episode in a sequence of adjacent episodes, if the first skilled visit is SN, the payment for that visit will be $304.35 (1.7200 multiplied by $176.95).

Outlier Methodology and Fixed Dollar Loss (FDL) Ratio Update

In its CY 2017 final rule, CMS finalized significant but budget-neutral changes to its outlier methodology while maintaining that the total outlier fund will remain at 2.5 percent of the total home health services estimated expenditures. This total allowance is 2.5 percent of all HHPPS revenues (nationally). CMS' 2017 final rule also continued to impose a per-provider outlier cap of no more than 10 percent of total Medicare revenues.

The FDL ratio and the loss-sharing ratio must be set so that the estimated total outlier payments do not exceed the 2.5 percent aggregate level (as required by statute). Historically, CMS has used a value of 0.80 for the loss sharing ratio which, CMS believes, preserves incentives for agencies to attempt to provide care efficiently for outlier cases. With a loss-sharing ratio of 0.80, Medicare pays 80 percent of the additional estimated costs above the outlier threshold amount.

A higher FDL ratio reduces the number of episodes that can receive outlier payments but makes it possible to select a higher loss-sharing ratio, and therefore, increases outlier payments for qualifying outlier episodes. Alternatively, a lower FDL ratio means that more episodes can qualify for outlier payments, but outlier payments per episode must then be lower.

Given the statutory requirement that total outlier payments not exceed but be close to 2.5 percent of the total payments estimated to be made under the HHPPS, CMS is proposing to increase the FDL ratio to 0.46 from its current 0.35 level based on CMS' simulations looking at 30-day payment claims in 2024 (as of March 13, 2025).

Proposed CY 2026 Wage Index for CHHAs in New York

Since the inception of the HHPPS, CMS has used inpatient hospital wage data in developing a wage index for Medicare home health payments. CMS is proposing to continue this practice for CY 2026, maintaining that the use of inpatient hospital wage data is appropriate and reasonable in the absence of home health specific wage data that accounts for area differences. HCANYS has repeatedly taken issue with CMS' wage index due to the incompatibilities of hospital cost-reporting and labor mix at the root of CMS' methodology for home health, as well as distortions in the market area definitions that CMS uses in these calculations.

CMS will use the pre-floor, pre-reclassified hospital wage index as the CY 2026 wage adjustment to the labor portion of the HHPPS rates. For CY 2026, the updated wage data

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are for hospital cost reporting periods beginning on or after October 1, 2022, and before October 1, 2023 (FY 2023 cost report data). CMS applies the appropriate wage index value to the labor portion of the HHPPS rates based on the site of service for the beneficiary.

Under the revised Office of Management & Budget (OMB) designations, there still remains 15 CBSA wage index designations in New York. The following is a summary of the proposed changes for New York CHHAs for CY 2026:

- Nine CBSAs are proposed to see increases in their proposed 2026 wage index. They include: Albany-Schenectady-Troy; Binghamton; Buffalo-Cheektowaga; Elmira; Glens Falls; Rochester; Syracuse; Utica-Rome and the 25 counties in New York's Rural Designated CBSAs.

- Six CBSAs are proposed to see decreases in their proposed 2026 wage index. They include: Ithaca; Kingston; Kiryas-Joel-Poughkeepsie-Newburgh; Nassau-Suffolk; New York City-White Plains and Watertown-Fort Drum.

Appendix C, attached to this Memorandum, includes a detailed New York State-specific summary of each current 2025 wage index, the proposed CY 2026 wage index, and the percentage difference between the two. Finally, CMS notes that these Wage Indices can change when the final CY 2026 rule is issued later this year.

Proposed Changes to the Face-To-Face (F2F) Encounter Policy

Section 3708 of the CARES Act amended sections 1814(a) and 1835(a) of the Act to allow nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) (as those terms are defined in section 1861(aa) of the Act), to order and certify patients for eligibility under the Medicare home health benefit and establish a plan of care. CMS is proposing to change the F2F regulation to allow physicians, in addition to NPs, CNSs, and PAs, to perform the F2F encounter regardless of whether they are the certifying practitioner or whether they cared for the patient in the acute or post-acute facility from which the patient was directly admitted to home health and who is different from the certifying practitioner.

Home Health Quality Reporting Program (HHQRP) Update

As in prior years, CHHAs that do not submit at least 90 percent of their OASIS data beginning on or after July 1, 2024 and before July 1, 2025, will be subject to a 2 percent payment reduction.

In this rule, CMS is proposing to remove the COVID-19 Vaccine: Percentage of Patients Who Are Up to Date Measure and the corresponding Outcome and Assessment Information Set (OASIS) data element. CMS is also proposing the removal of four assessment items in the standardized patient assessment: one Living Situation item, two Food items, and one Utilities item. CMS is revising the reconsideration policy to allow providers to submit a request for reconsideration of an initial determination of noncompliance if they can demonstrate compliance.

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CMS proposes implementing a revised Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey beginning with the April 2026 sample month. Finally, the rule also proposes updates to the regulatory text to account for all-payer data submission of OASIS data. CMS is seeking information on a change to the final data submission deadline period from 4.5 months to 45 days.

Updates to the Home Health Agency CoPs to Align with the OASIS All-Payer Submission Requirements

CMS proposes technical regulation text changes to the Home Health Conditions of Participation (CoP). These technical changes update terminology in the Home Health CoPs to further clarify that the requirement for reporting OASIS information applies to all HHA patients receiving skilled services.

Expanded Home Health Value-Based Purchasing (HHVBP) Model

Beginning April 2026, CMS is proposing changes to the HHCAHPS survey. These changes affect the survey questions used to calculate three measures that are currently used in the expanded HHVBP Model. Due to the proposed changes to the HHCAHPS survey, CMS is proposing to remove these measures:

- Care of Patients
- Communications between Providers and Patients, and
- Specific Care Issues.

CMS is also proposing the addition of four measures to the applicable measure set. This includes three OASIS-based measures related to bathing and dressing, and one claims-based measure, the Medicare Spending per Beneficiary for the Post-Acute Care (PAC) setting measure.

Due to the changes to the Model's applicable measure set, CMS is proposing to alter the current weights of individual measures and measure categories.

Medicare Provider Enrollment

CMS is proposing several new and revised provider enrollment provisions that would help reduce improper Medicare payments and protect beneficiaries.

- Retroactive Revocations
- Adding Bases for Revocation or Deactivation

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Requests for Information (RFI)

HHVBP RFI

CMS seeking feedback about the addition of a respecified Falls with Major Injury measure as well as two potential changes to the HHCAHPS survey-based measures scoring rules and applicable measure set as they relate to the expanded HHVBP Model.

RFI to Advance Digital Quality Measurement (dQM) in the HHQRP

CMS includes an RFI in the Proposed Rule to gather input on the digital quality measurement "as part of [its] quality measurement enterprise modernization." The RFI includes a number of requests about how HHAs currently use health IT, barriers HHAs face to using health IT, and opportunities HHAs have to use health IT. CMS will not respond to comments received in response to the RFI in the final rule, but it will "actively consider all input" in future regulatory proposals or sub-regulatory guidance.

Specifically, CMS wants to assess the feasibility of using the Fast Healthcare Interoperability Resources ("FHIR") standard for the submission of HOPE data. To do so, CMS is requesting HHA provider feedback on the following questions regarding the current state of health IT use, including EHRs, in HHAs:

- To what extent does your CHHA use health IT to maintain patient records?
- If your CHHA has transitioned to using electronic records, in part or in whole, what types of health IT does your HHA use to maintain patient records, and are these technology systems certified under the Office of the National Coordinator (ONC) Health IT Certification Program?
- Does your CHHA submit data to CMS through your current health IT system? If a third-party intermediary (for example, an EHR vendor) is used to report data, what type of intermediary service is used? How does your CHHA currently exchange health information with other healthcare providers or systems, specifically between CHHAs and other provider types? What about health information exchange with other entities, such as public health agencies – what does that look like? What are the challenges to electronic exchange of health information?
- Are there any challenges with your current electronic devices (for example, tablets, smartphones, computers) that hinder your ability to easily exchange information across systems? Does limited or lack of internet connectivity impact your ability to exchange data with other healthcare providers, including community-based care services, or your ability to submit patient assessment data to CMS? Please specify.
- What steps does your CHHA take to ensure compliance in using health IT security and patient privacy requirements such as the Health Insurance Portability and Accountability Act and related regulations?

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- Does your CHHA refer to Safety Assurance Factors for EHR Resilience (SAFER) Guides to self-assess EHR safety practices?

- What challenges or barriers does your CHHA encounter when submitting quality measure data to CMS as part of the HHQRP? What opportunities or factors could improve your CHHA's successful data submission to CMS?

- What other information should CMS consider that could facilitate successful adoption and integration of FHIR-based technologies and standardized data for patient assessment instruments like HOPE? CMS invites any feedback, suggestions, best practices, or success stories related to the implementation of these technologies.

RFIs on Future Quality Measure Concepts for the HHQRP

CMS is seeking input on the importance, relevance, appropriateness, and applicability of several concepts under consideration for future years in the HQRP. Specifically, CMS seeks input on three concepts: interoperability, well-being, and nutrition.

- Interoperability: CMS would like input and comment on approaches to assessing interoperability in the HHA care setting, for instance, measures that address or evaluate the level of readiness for interoperable data exchange, or measures that evaluate the ability of data systems to securely share information across the spectrum of care.

- Well-Being: CMS would like input and comment on tools and measures that assess overall health, happiness, and satisfaction at the end of life, which could include aspects of emotional well-being, social connections, purpose, fulfillment, and self-care work.

- Nutrition: CMS seeks feedback on tools and frameworks that promote healthy, safe eating habits, exercise, nutrition, and activity appropriate for optimal end-of-life care.

Comment Period & Issuance of the CY 2026 Final Rule

CMS' proposed rule will be open for public comment until **5 p.m. on August 29, 2025**. HCANYS plans to submit comments on behalf of our membership. CHHA members are encouraged to share with HCANYS their concerns by e-mailing Patrick Conole at pconole@hcanys.org.

Providers interested in submitting their own comments can do so either electronically, by regular mail, express or overnight mail, hand, or courier and should refer to File Code CMS-1828-P. Electronic comments on the proposed rule can be sent here (follow the instructions under the "More Search Options" tab).

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HCANYS will share with the membership our comments to CMS shortly after they are submitted. HCANYS expects CMS to post the CY 2026 home health final rule towards the end of October.

Next Steps

HCANYS is very concerned with the CMS' proposed rule. The stability of home health care is at risk because of CMS proposing the application of a flawed methodology for assessing whether the PDGM payment model led to budget neutral spending in 2020 and later years.

With significantly rising costs for staff, training and more, home health agencies cannot withstand the impact of the proposed rate cut.

HCANYS will exercise strong advocacy and to protect the Medicare home health benefit including immediate engagement with New York's Congressional delegation in July as well as working with our colleagues at the National Association for Home Care and Hospice (NAHC).

HCANYS will provide the membership with a follow-up Public Policy Memorandum when CMS issues its final rule in the fall.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

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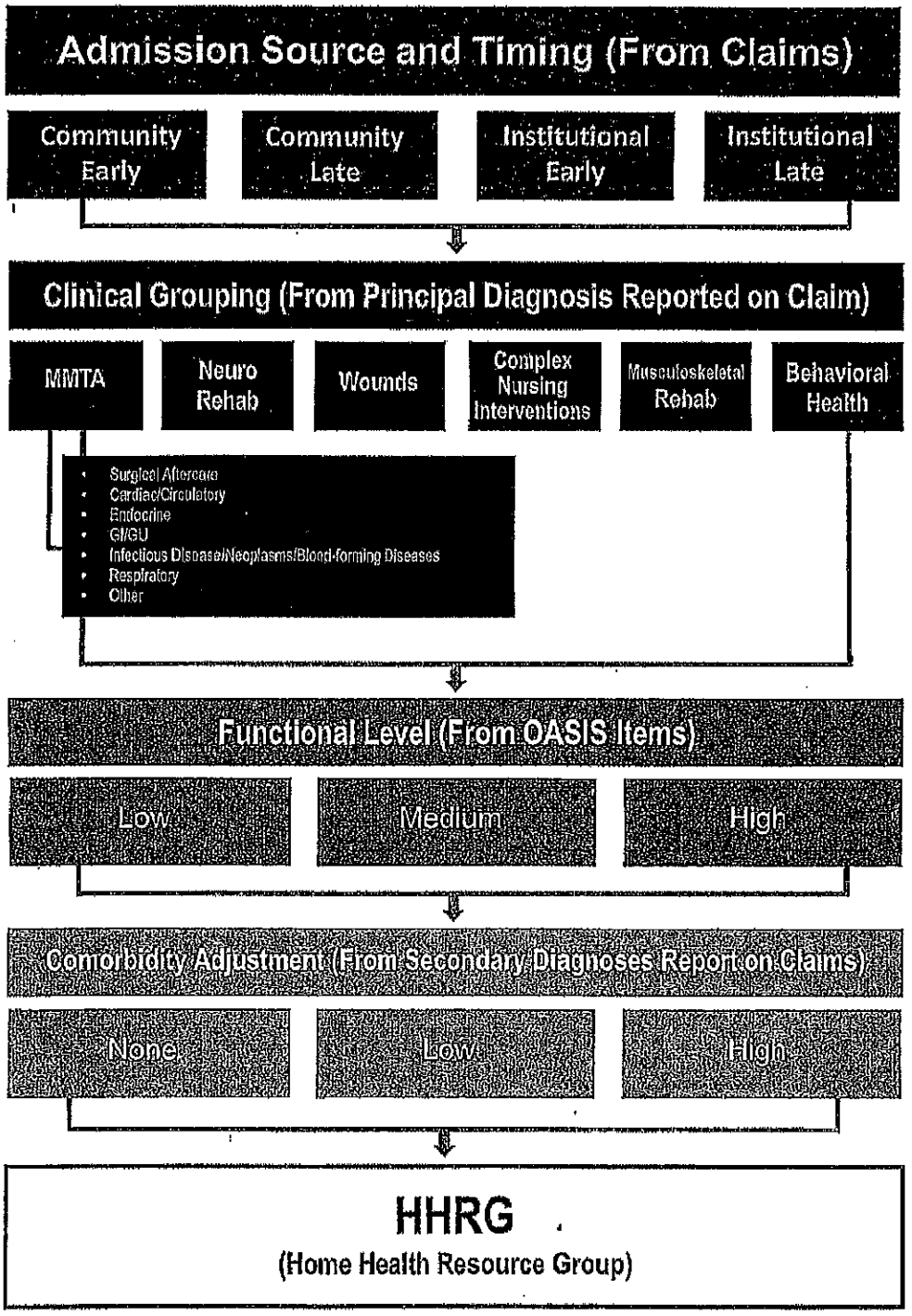
Appendix A



Under the Patient Driven Groupings Model, a 30-day period is grouped into one (and only one) subcategory under each larger colored category. A 30-day period's combination of subcategories places the 30-day period into one of 432 different payment groups.

Proposed CY 2026 PDGM Recalibrated Case-Mix Weights & LUPA Thresholds
Appendix B

HIPPS	Clinical Group and Functional Level	Admission Source and Timing	Comorbidity Adjustment (0 = none, 1 = single comorbidity, 2 = interaction)	Recalibrated Weight for 2025	LUPA Visit Threshold (LUPAs have fewer visits than the threshold)
1FC11	Behavioral Health - High	Early - Community	0	1.0868	4
1FC21	Behavioral Health - High	Early - Community	1	1.1436	4
1FC31	Behavioral Health - High	Early - Community	2	1.28	4
2FC11	Behavioral Health - High	Early - Institutional	0	1.2933	4
2FC21	Behavioral Health - High	Early - Institutional	1	1.35	4
2FC31	Behavioral Health - High	Early - Institutional	2	1.4865	4
3FC11	Behavioral Health - High	Late - Community	0	0.751	2
3FC21	Behavioral Health - High	Late - Community	1	0.8078	2
3FC31	Behavioral Health - High	Late - Community	2	0.9442	2
4FC11	Behavioral Health - High	Late - Institutional	0	1.2228	3
4FC21	Behavioral Health - High	Late - Institutional	1	1.2795	3
4FC31	Behavioral Health - High	Late - Institutional	2	1.416	3
1FA11	Behavioral Health - Low	Early - Community	0	0.8773	3
1FA21	Behavioral Health - Low	Early - Community	1	0.934	3
1FA31	Behavioral Health - Low	Early - Community	2	1.0705	3
2FA11	Behavioral Health - Low	Early - Institutional	0	1.0838	3
2FA21	Behavioral Health - Low	Early - Institutional	1	1.1405	3
2FA31	Behavioral Health - Low	Early - Institutional	2	1.2769	2
3FA11	Behavioral Health - Low	Late - Community	0	0.5415	2
3FA21	Behavioral Health - Low	Late - Community	1	0.5983	2
3FA31	Behavioral Health - Low	Late - Community	2	0.7347	2
4FA11	Behavioral Health - Low	Late - Institutional	0	1.0133	3
4FA21	Behavioral Health - Low	Late - Institutional	1	1.07	3
4FA31	Behavioral Health - Low	Late - Institutional	2	1.2065	2
1FB11	Behavioral Health - Medium	Early - Community	0	1.0074	4
1FB21	Behavioral Health - Medium	Early - Community	1	1.0642	4
1FB31	Behavioral Health - Medium	Early - Community	2	1.2006	4
2FB11	Behavioral Health - Medium	Early - Institutional	0	1.2139	3
2FB21	Behavioral Health - Medium	Early - Institutional	1	1.2706	4
2FB31	Behavioral Health - Medium	Early - Institutional	2	1.4071	4
3FB11	Behavioral Health - Medium	Late - Community	0	0.6717	2
3FB21	Behavioral Health - Medium	Late - Community	1	0.7284	2
3FB31	Behavioral Health - Medium	Late - Community	2	0.8649	2
4FB11	Behavioral Health - Medium	Late - Institutional	0	1.1434	3
4FB21	Behavioral Health - Medium	Late - Institutional	1	1.2001	3
4FB31	Behavioral Health - Medium	Late - Institutional	2	1.3366	4
1DC11	Complex - High	Early - Community	0	1.0108	2
1DC21	Complex - High	Early - Community	1	1.0675	2
1DC31	Complex - High	Early - Community	2	1.204	2
2DC11	Complex - High	Early - Institutional	0	1.2172	3
2DC21	Complex - High	Early - Institutional	1	1.2739	3
2DC31	Complex - High	Early - Institutional	2	1.4104	3

3DC11	Complex - High	Late - Community	0	0.675	2
3DC21	Complex - High	Late - Community	1	0.7317	2
3DC31	Complex - High	Late - Community	2	0.8682	2
4DC11	Complex - High	Late - Institutional	0	1.1467	2
4DC21	Complex - High	Late - Institutional	1	1.2035	2
4DC31	Complex - High	Late - Institutional	2	1.3399	2
1DA11	Complex - Low	Early - Community	0	0.9012	2
1DA21	Complex - Low	Early - Community	1	0.9579	2
1DA31	Complex - Low	Early - Community	2	1.0944	2
2DA11	Complex - Low	Early - Institutional	0	1.1076	3
2DA21	Complex - Low	Early - Institutional	1	1.1644	3
2DA31	Complex - Low	Early - Institutional	2	1.3008	3
3DA11	Complex - Low	Late - Community	0	0.5654	2
3DA21	Complex - Low	Late - Community	1	0.6221	2
3DA31	Complex - Low	Late - Community	2	0.7586	2
4DA11	Complex - Low	Late - Institutional	0	1.0372	2
4DA21	Complex - Low	Late - Institutional	1	1.0939	2
4DA31	Complex - Low	Late - Institutional	2	1.2304	3
1DB11	Complex - Medium	Early - Community	0	1.044	2
1DB21	Complex - Medium	Early - Community	1	1.1007	2
1DB31	Complex - Medium	Early - Community	2	1.2372	2
2DB11	Complex - Medium	Early - Institutional	0	1.2504	3
2DB21	Complex - Medium	Early - Institutional	1	1.3071	3
2DB31	Complex - Medium	Early - Institutional	2	1.4436	3
3DB11	Complex - Medium	Late - Community	0	0.7082	2
3DB21	Complex - Medium	Late - Community	1	0.7649	2
3DB31	Complex - Medium	Late - Community	2	0.9014	2
4DB11	Complex - Medium	Late - Institutional	0	1.1799	3
4DB21	Complex - Medium	Late - Institutional	1	1.2366	3
4DB31	Complex - Medium	Late - Institutional	2	1.3731	3
1HC11	MMTA - Cardiac - High	Early - Community	0	1.1097	4
1HC21	MMTA - Cardiac - High	Early - Community	1	1.1664	4
1HC31	MMTA - Cardiac - High	Early - Community	2	1.3029	4
2HC11	MMTA - Cardiac - High	Early - Institutional	0	1.3161	4
2HC21	MMTA - Cardiac - High	Early - Institutional	1	1.3728	4
2HC31	MMTA - Cardiac - High	Early - Institutional	2	1.5093	4
3HC11	MMTA - Cardiac - High	Late - Community	0	0.7739	2
3HC21	MMTA - Cardiac - High	Late - Community	1	0.8306	2
3HC31	MMTA - Cardiac - High	Late - Community	2	0.9671	3
4HC11	MMTA - Cardiac - High	Late - Institutional	0	1.2456	3
4HC21	MMTA - Cardiac - High	Late - Institutional	1	1.3024	3
4HC31	MMTA - Cardiac - High	Late - Institutional	2	1.4388	3
1HA11	MMTA - Cardiac - Low	Early - Community	0	0.9041	4
1HA21	MMTA - Cardiac - Low	Early - Community	1	0.9608	3
1HA31	MMTA - Cardiac - Low	Early - Community	2	1.0973	4
2HA11	MMTA - Cardiac - Low	Early - Institutional	0	1.1105	4
2HA21	MMTA - Cardiac - Low	Early - Institutional	1	1.1672	4
2HA31	MMTA - Cardiac - Low	Early - Institutional	2	1.3037	4
3HA11	MMTA - Cardiac - Low	Late - Community	0	0.5683	2
3HA21	MMTA - Cardiac - Low	Late - Community	1	0.625	2
3HA31	MMTA - Cardiac - Low	Late - Community	2	0.7615	2
4HA11	MMTA - Cardiac - Low	Late - Institutional	0	1.04	3

4HA21	MMTA - Cardiac - Low	Late - Institutional	1	1.0967	3
4HA31	MMTA - Cardiac - Low	Late - Institutional	2	1.2332	3
1HB11	MMTA - Cardiac - Medium	Early - Community	0	1.0023	4
1HB21	MMTA - Cardiac - Medium	Early - Community	1	1.059	4
1HB31	MMTA - Cardiac - Medium	Early - Community	2	1.1955	4
2HB11	MMTA - Cardiac - Medium	Early - Institutional	0	1.2087	4
2HB21	MMTA - Cardiac - Medium	Early - Institutional	1	1.2654	4
2HB31	MMTA - Cardiac - Medium	Early - Institutional	2	1.4019	4
3HB11	MMTA - Cardiac - Medium	Late - Community	0	0.6665	2
3HB21	MMTA - Cardiac - Medium	Late - Community	1	0.7232	2
3HB31	MMTA - Cardiac - Medium	Late - Community	2	0.8597	2
4HB11	MMTA - Cardiac - Medium	Late - Institutional	0	1.1382	3
4HB21	MMTA - Cardiac - Medium	Late - Institutional	1	1.1949	3
4HB31	MMTA - Cardiac - Medium	Late - Institutional	2	1.3314	4
1IC11	MMTA - Endocrine - High	Early - Community	0	1.3212	4
1IC21	MMTA - Endocrine - High	Early - Community	1	1.3779	4
1IC31	MMTA - Endocrine - High	Early - Community	2	1.5144	4
2IC11	MMTA - Endocrine - High	Early - Institutional	0	1.5276	4
2IC21	MMTA - Endocrine - High	Early - Institutional	1	1.5843	4
2IC31	MMTA - Endocrine - High	Early - Institutional	2	1.7208	4
3IC11	MMTA - Endocrine - High	Late - Community	0	0.9854	3
3IC21	MMTA - Endocrine - High	Late - Community	1	1.0421	3
3IC31	MMTA - Endocrine - High	Late - Community	2	1.1786	3
4IC11	MMTA - Endocrine - High	Late - Institutional	0	1.4571	4
4IC21	MMTA - Endocrine - High	Late - Institutional	1	1.5138	4
4IC31	MMTA - Endocrine - High	Late - Institutional	2	1.6503	4
1IA11	MMTA - Endocrine - Low	Early - Community	0	1.197	4
1IA21	MMTA - Endocrine - Low	Early - Community	1	1.2538	4
1IA31	MMTA - Endocrine - Low	Early - Community	2	1.3902	4
2IA11	MMTA - Endocrine - Low	Early - Institutional	0	1.4035	3
2IA21	MMTA - Endocrine - Low	Early - Institutional	1	1.4602	4
2IA31	MMTA - Endocrine - Low	Early - Institutional	2	1.5967	4
3IA11	MMTA - Endocrine - Low	Late - Community	0	0.8613	3
3IA21	MMTA - Endocrine - Low	Late - Community	1	0.918	3
3IA31	MMTA - Endocrine - Low	Late - Community	2	1.0544	3
4IA11	MMTA - Endocrine - Low	Late - Institutional	0	1.333	3
4IA21	MMTA - Endocrine - Low	Late - Institutional	1	1.3897	3
4IA31	MMTA - Endocrine - Low	Late - Institutional	2	1.5262	3
1IB11	MMTA - Endocrine - Medium	Early - Community	0	1.2432	5
1IB21	MMTA - Endocrine - Medium	Early - Community	1	1.2999	5
1IB31	MMTA - Endocrine - Medium	Early - Community	2	1.4364	4
2IB11	MMTA - Endocrine - Medium	Early - Institutional	0	1.4497	4
2IB21	MMTA - Endocrine - Medium	Early - Institutional	1	1.5064	4
2IB31	MMTA - Endocrine - Medium	Early - Institutional	2	1.6428	4
3IB11	MMTA - Endocrine - Medium	Late - Community	0	0.9074	3
3IB21	MMTA - Endocrine - Medium	Late - Community	1	0.9642	3
3IB31	MMTA - Endocrine - Medium	Late - Community	2	1.1006	3
4IB11	MMTA - Endocrine - Medium	Late - Institutional	0	1.3792	4
4IB21	MMTA - Endocrine - Medium	Late - Institutional	1	1.4359	4
4IB31	MMTA - Endocrine - Medium	Late - Institutional	2	1.5724	4
1JC11	MMTA - GI/GU - High	Early - Community	0	1.1116	3
1JC21	MMTA - GI/GU - High	Early - Community	1	1.1683	3

1JC31	MMTA - GI/GU - High	Early - Community	2	1.3048	2
2JC11	MMTA - GI/GU - High	Early - Institutional	0	1.318	4
2JC21	MMTA - GI/GU - High	Early - Institutional	1	1.3747	3
2JC31	MMTA - GI/GU - High	Early - Institutional	2	1.5112	3
3JC11	MMTA - GI/GU - High	Late - Community	0	0.7758	2
3JC21	MMTA - GI/GU - High	Late - Community	1	0.8325	2
3JC31	MMTA - GI/GU - High	Late - Community	2	0.969	2
4JC11	MMTA - GI/GU - High	Late - Institutional	0	1.2475	3
4JC21	MMTA - GI/GU - High	Late - Institutional	1	1.3042	3
4JC31	MMTA - GI/GU - High	Late - Institutional	2	1.4407	3
1JA11	MMTA - GI/GU - Low	Early - Community	0	0.8976	2
1JA21	MMTA - GI/GU - Low	Early - Community	1	0.9543	2
1JA31	MMTA - GI/GU - Low	Early - Community	2	1.0908	3
2JA11	MMTA - GI/GU - Low	Early - Institutional	0	1.104	3
2JA21	MMTA - GI/GU - Low	Early - Institutional	1	1.1608	3
2JA31	MMTA - GI/GU - Low	Early - Institutional	2	1.2972	3
3JA11	MMTA - GI/GU - Low	Late - Community	0	0.5618	2
3JA21	MMTA - GI/GU - Low	Late - Community	1	0.6185	2
3JA31	MMTA - GI/GU - Low	Late - Community	2	0.755	2
4JA11	MMTA - GI/GU - Low	Late - Institutional	0	1.0336	3
4JA21	MMTA - GI/GU - Low	Late - Institutional	1	1.0903	3
4JA31	MMTA - GI/GU - Low	Late - Institutional	2	1.2268	3
1JB11	MMTA - GI/GU - Medium	Early - Community	0	1.0046	3
1JB21	MMTA - GI/GU - Medium	Early - Community	1	1.0613	3
1JB31	MMTA - GI/GU - Medium	Early - Community	2	1.1978	3
2JB11	MMTA - GI/GU - Medium	Early - Institutional	0	1.211	3
2JB21	MMTA - GI/GU - Medium	Early - Institutional	1	1.2677	3
2JB31	MMTA - GI/GU - Medium	Early - Institutional	2	1.4042	4
3JB11	MMTA - GI/GU - Medium	Late - Community	0	0.6688	2
3JB21	MMTA - GI/GU - Medium	Late - Community	1	0.7255	2
3JB31	MMTA - GI/GU - Medium	Late - Community	2	0.862	2
4JB11	MMTA - GI/GU - Medium	Late - Institutional	0	1.1405	3
4JB21	MMTA - GI/GU - Medium	Late - Institutional	1	1.1972	3
4JB31	MMTA - GI/GU - Medium	Late - Institutional	2	1.3337	3
1KC11	MMTA - Infectious - High	Early - Community	0	1.1612	2
1KC21	MMTA - Infectious - High	Early - Community	1	1.2179	2
1KC31	MMTA - Infectious - High	Early - Community	2	1.3544	2
2KC11	MMTA - Infectious - High	Early - Institutional	0	1.3676	3
2KC21	MMTA - Infectious - High	Early - Institutional	1	1.4243	3
2KC31	MMTA - Infectious - High	Early - Institutional	2	1.5608	3
3KC11	MMTA - Infectious - High	Late - Community	0	0.8254	2
3KC21	MMTA - Infectious - High	Late - Community	1	0.8821	2
3KC31	MMTA - Infectious - High	Late - Community	2	1.0186	2
4KC11	MMTA - Infectious - High	Late - Institutional	0	1.2971	3
4KC21	MMTA - Infectious - High	Late - Institutional	1	1.3538	3
4KC31	MMTA - Infectious - High	Late - Institutional	2	1.4903	3
1KA11	MMTA - Infectious - Low	Early - Community	0	0.9219	2
1KA21	MMTA - Infectious - Low	Early - Community	1	0.9786	2
1KA31	MMTA - Infectious - Low	Early - Community	2	1.1151	2
2KA11	MMTA - Infectious - Low	Early - Institutional	0	1.1283	3
2KA21	MMTA - Infectious - Low	Early - Institutional	1	1.1851	3
2KA31	MMTA - Infectious - Low	Early - Institutional	2	1.3215	3

3KA11	MMTA - Infectious - Low	Late - Community	0	0.5861	2
3KA21	MMTA - Infectious - Low	Late - Community	1	0.6428	2
3KA31	MMTA - Infectious - Low	Late - Community	2	0.7793	2
4KA11	MMTA - Infectious - Low	Late - Institutional	0	1.0579	3
4KA21	MMTA - Infectious - Low	Late - Institutional	1	1.1146	3
4KA31	MMTA - Infectious - Low	Late - Institutional	2	1.251	3
1KB11	MMTA - Infectious - Medium	Early - Community	0	1.0114	2
1KB21	MMTA - Infectious - Medium	Early - Community	1	1.0681	2
1KB31	MMTA - Infectious - Medium	Early - Community	2	1.2046	2
2KB11	MMTA - Infectious - Medium	Early - Institutional	0	1.2178	3
2KB21	MMTA - Infectious - Medium	Early - Institutional	1	1.2746	3
2KB31	MMTA - Infectious - Medium	Early - Institutional	2	1.411	3
3KB11	MMTA - Infectious - Medium	Late - Community	0	0.6756	2
3KB21	MMTA - Infectious - Medium	Late - Community	1	0.7323	2
3KB31	MMTA - Infectious - Medium	Late - Community	2	0.8688	2
4KB11	MMTA - Infectious - Medium	Late - Institutional	0	1.1474	3
4KB21	MMTA - Infectious - Medium	Late - Institutional	1	1.2041	3
4KB31	MMTA - Infectious - Medium	Late - Institutional	2	1.3405	3
1AC11	MMTA - Other - High	Early - Community	0	1.1089	4
1AC21	MMTA - Other - High	Early - Community	1	1.1657	3
1AC31	MMTA - Other - High	Early - Community	2	1.3021	3
2AC11	MMTA - Other - High	Early - Institutional	0	1.3154	4
2AC21	MMTA - Other - High	Early - Institutional	1	1.3721	4
2AC31	MMTA - Other - High	Early - Institutional	2	1.5086	4
3AC11	MMTA - Other - High	Late - Community	0	0.7732	2
3AC21	MMTA - Other - High	Late - Community	1	0.8299	2
3AC31	MMTA - Other - High	Late - Community	2	0.9663	2
4AC11	MMTA - Other - High	Late - Institutional	0	1.2449	3
4AC21	MMTA - Other - High	Late - Institutional	1	1.3016	3
4AC31	MMTA - Other - High	Late - Institutional	2	1.4381	3
1AA11	MMTA - Other - Low	Early - Community	0	0.9207	3
1AA21	MMTA - Other - Low	Early - Community	1	0.9774	3
1AA31	MMTA - Other - Low	Early - Community	2	1.1139	3
2AA11	MMTA - Other - Low	Early - Institutional	0	1.1272	3
2AA21	MMTA - Other - Low	Early - Institutional	1	1.1839	3
2AA31	MMTA - Other - Low	Early - Institutional	2	1.3203	3
3AA11	MMTA - Other - Low	Late - Community	0	0.5849	2
3AA21	MMTA - Other - Low	Late - Community	1	0.6417	2
3AA31	MMTA - Other - Low	Late - Community	2	0.7781	2
4AA11	MMTA - Other - Low	Late - Institutional	0	1.0567	3
4AA21	MMTA - Other - Low	Late - Institutional	1	1.1134	3
4AA31	MMTA - Other - Low	Late - Institutional	2	1.2499	3
1AB11	MMTA - Other - Medium	Early - Community	0	1.0098	4
1AB21	MMTA - Other - Medium	Early - Community	1	1.0665	4
1AB31	MMTA - Other - Medium	Early - Community	2	1.203	4
2AB11	MMTA - Other - Medium	Early - Institutional	0	1.2162	4
2AB21	MMTA - Other - Medium	Early - Institutional	1	1.273	4
2AB31	MMTA - Other - Medium	Early - Institutional	2	1.4094	4
3AB11	MMTA - Other - Medium	Late - Community	0	0.674	2
3AB21	MMTA - Other - Medium	Late - Community	1	0.7308	2
3AB31	MMTA - Other - Medium	Late - Community	2	0.8672	2
4AB11	MMTA - Other - Medium	Late - Institutional	0	1.1458	3

4AB21	MMTA - Other - Medium	Late - Institutional	1	1.2025	3
4AB31	MMTA - Other - Medium	Late - Institutional	2	1.339	3
1LC11	MMTA - Respiratory - High	Early - Community	0	1.122	3
1LC21	MMTA - Respiratory - High	Early - Community	1	1.1787	3
1LC31	MMTA - Respiratory - High	Early - Community	2	1.3152	3
2LC11	MMTA - Respiratory - High	Early - Institutional	0	1.3284	4
2LC21	MMTA - Respiratory - High	Early - Institutional	1	1.3852	4
2LC31	MMTA - Respiratory - High	Early - Institutional	2	1.5216	4
3LC11	MMTA - Respiratory - High	Late - Community	0	0.7862	2
3LC21	MMTA - Respiratory - High	Late - Community	1	0.8429	2
3LC31	MMTA - Respiratory - High	Late - Community	2	0.9794	2
4LC11	MMTA - Respiratory - High	Late - Institutional	0	1.258	3
4LC21	MMTA - Respiratory - High	Late - Institutional	1	1.3147	3
4LC31	MMTA - Respiratory - High	Late - Institutional	2	1.4512	3
1LA11	MMTA - Respiratory - Low	Early - Community	0	0.9125	3
1LA21	MMTA - Respiratory - Low	Early - Community	1	0.9692	3
1LA31	MMTA - Respiratory - Low	Early - Community	2	1.1057	3
2LA11	MMTA - Respiratory - Low	Early - Institutional	0	1.1189	3
2LA21	MMTA - Respiratory - Low	Early - Institutional	1	1.1756	3
2LA31	MMTA - Respiratory - Low	Early - Institutional	2	1.3121	4
3LA11	MMTA - Respiratory - Low	Late - Community	0	0.5767	2
3LA21	MMTA - Respiratory - Low	Late - Community	1	0.6334	2
3LA31	MMTA - Respiratory - Low	Late - Community	2	0.7699	2
4LA11	MMTA - Respiratory - Low	Late - Institutional	0	1.0484	3
4LA21	MMTA - Respiratory - Low	Late - Institutional	1	1.1051	3
4LA31	MMTA - Respiratory - Low	Late - Institutional	2	1.2416	3
1LB11	MMTA - Respiratory - Medium	Early - Community	0	1.0147	3
1LB21	MMTA - Respiratory - Medium	Early - Community	1	1.0714	3
1LB31	MMTA - Respiratory - Medium	Early - Community	2	1.2079	3
2LB11	MMTA - Respiratory - Medium	Early - Institutional	0	1.2211	4
2LB21	MMTA - Respiratory - Medium	Early - Institutional	1	1.2779	4
2LB31	MMTA - Respiratory - Medium	Early - Institutional	2	1.4143	4
3LB11	MMTA - Respiratory - Medium	Late - Community	0	0.6789	2
3LB21	MMTA - Respiratory - Medium	Late - Community	1	0.7356	2
3LB31	MMTA - Respiratory - Medium	Late - Community	2	0.8721	2
4LB11	MMTA - Respiratory - Medium	Late - Institutional	0	1.1507	3
4LB21	MMTA - Respiratory - Medium	Late - Institutional	1	1.2074	3
4LB31	MMTA - Respiratory - Medium	Late - Institutional	2	1.3439	3
1GC11	MMTA - Surgical Aftercare - High	Early - Community	0	1.1541	3
1GC21	MMTA - Surgical Aftercare - High	Early - Community	1	1.2108	3
1GC31	MMTA - Surgical Aftercare - High	Early - Community	2	1.3473	2
2GC11	MMTA - Surgical Aftercare - High	Early - Institutional	0	1.3605	4
2GC21	MMTA - Surgical Aftercare - High	Early - Institutional	1	1.4172	4
2GC31	MMTA - Surgical Aftercare - High	Early - Institutional	2	1.5537	4
3GC11	MMTA - Surgical Aftercare - High	Late - Community	0	0.8183	2
3GC21	MMTA - Surgical Aftercare - High	Late - Community	1	0.875	2
3GC31	MMTA - Surgical Aftercare - High	Late - Community	2	1.0115	2
4GC11	MMTA - Surgical Aftercare - High	Late - Institutional	0	1.29	3
4GC21	MMTA - Surgical Aftercare - High	Late - Institutional	1	1.3467	3
4GC31	MMTA - Surgical Aftercare - High	Late - Institutional	2	1.4832	4
1GA11	MMTA - Surgical Aftercare - Low	Early - Community	0	0.9133	3
1GA21	MMTA - Surgical Aftercare - Low	Early - Community	1	0.97	2

1GA31	MMTA - Surgical Aftercare - Low	Early - Community	2	1.1065	2
2GA11	MMTA - Surgical Aftercare - Low	Early - Institutional	0	1.1197	3
2GA21	MMTA - Surgical Aftercare - Low	Early - Institutional	1	1.1764	3
2GA31	MMTA - Surgical Aftercare - Low	Early - Institutional	2	1.3129	3
3GA11	MMTA - Surgical Aftercare - Low	Late - Community	0	0.5775	2
3GA21	MMTA - Surgical Aftercare - Low	Late - Community	1	0.6342	2
3GA31	MMTA - Surgical Aftercare - Low	Late - Community	2	0.7707	2
4GA11	MMTA - Surgical Aftercare - Low	Late - Institutional	0	1.0492	3
4GA21	MMTA - Surgical Aftercare - Low	Late - Institutional	1	1.1059	3
4GA31	MMTA - Surgical Aftercare - Low	Late - Institutional	2	1.2424	3
1GB11	MMTA - Surgical Aftercare - Medium	Early - Community	0	1.0167	3
1GB21	MMTA - Surgical Aftercare - Medium	Early - Community	1	1.0735	3
1GB31	MMTA - Surgical Aftercare - Medium	Early - Community	2	1.2099	3
2GB11	MMTA - Surgical Aftercare - Medium	Early - Institutional	0	1.2232	3
2GB21	MMTA - Surgical Aftercare - Medium	Early - Institutional	1	1.2799	4
2GB31	MMTA - Surgical Aftercare - Medium	Early - Institutional	2	1.4164	4
3GB11	MMTA - Surgical Aftercare - Medium	Late - Community	0	0.6809	2
3GB21	MMTA - Surgical Aftercare - Medium	Late - Community	1	0.7377	2
3GB31	MMTA - Surgical Aftercare - Medium	Late - Community	2	0.8741	2
4GB11	MMTA - Surgical Aftercare - Medium	Late - Institutional	0	1.1527	3
4GB21	MMTA - Surgical Aftercare - Medium	Late - Institutional	1	1.2094	3
4GB31	MMTA - Surgical Aftercare - Medium	Late - Institutional	2	1.3459	4
1EC11	MS Rehab - High	Early - Community	0	1.1667	5
1EC21	MS Rehab - High	Early - Community	1	1.2234	4
1EC31	MS Rehab - High	Early - Community	2	1.3599	4
2EC11	MS Rehab - High	Early - Institutional	0	1.3731	5
2EC21	MS Rehab - High	Early - Institutional	1	1.4299	5
2EC31	MS Rehab - High	Early - Institutional	2	1.5663	5
3EC11	MS Rehab - High	Late - Community	0	0.8309	2
3EC21	MS Rehab - High	Late - Community	1	0.8876	2
3EC31	MS Rehab - High	Late - Community	2	1.0241	3
4EC11	MS Rehab - High	Late - Institutional	0	1.3027	4
4EC21	MS Rehab - High	Late - Institutional	1	1.3594	4
4EC31	MS Rehab - High	Late - Institutional	2	1.4959	4
1EA11	MS Rehab - Low	Early - Community	0	0.9457	4
1EA21	MS Rehab - Low	Early - Community	1	1.0024	4
1EA31	MS Rehab - Low	Early - Community	2	1.1389	4
2EA11	MS Rehab - Low	Early - Institutional	0	1.1521	4
2EA21	MS Rehab - Low	Early - Institutional	1	1.2088	5
2EA31	MS Rehab - Low	Early - Institutional	2	1.3453	5
3EA11	MS Rehab - Low	Late - Community	0	0.6099	2
3EA21	MS Rehab - Low	Late - Community	1	0.6666	2
3EA31	MS Rehab - Low	Late - Community	2	0.8031	2
4EA11	MS Rehab - Low	Late - Institutional	0	1.0816	4
4EA21	MS Rehab - Low	Late - Institutional	1	1.1383	4
4EA31	MS Rehab - Low	Late - Institutional	2	1.2748	4
1EB11	MS Rehab - Medium	Early - Community	0	1.0327	5
1EB21	MS Rehab - Medium	Early - Community	1	1.0895	4
1EB31	MS Rehab - Medium	Early - Community	2	1.2259	4
2EB11	MS Rehab - Medium	Early - Institutional	0	1.2392	5
2EB21	MS Rehab - Medium	Early - Institutional	1	1.2959	5
2EB31	MS Rehab - Medium	Early - Institutional	2	1.4324	5

3EB11	MS Rehab - Medium	Late - Community	0	0.697	2
3EB21	MS Rehab - Medium	Late - Community	1	0.7537	2
3EB31	MS Rehab - Medium	Late - Community	2	0.8902	2
4EB11	MS Rehab - Medium	Late - Institutional	0	1.1687	4
4EB21	MS Rehab - Medium	Late - Institutional	1	1.2254	4
4EB31	MS Rehab - Medium	Late - Institutional	2	1.3619	4
1BC11	Neuro - High	Early - Community	0	1.282	4
1BC21	Neuro - High	Early - Community	1	1.3387	4
1BC31	Neuro - High	Early - Community	2	1.4752	4
2BC11	Neuro - High	Early - Institutional	0	1.4884	5
2BC21	Neuro - High	Early - Institutional	1	1.5451	4
2BC31	Neuro - High	Early - Institutional	2	1.6816	4
3BC11	Neuro - High	Late - Community	0	0.9462	2
3BC21	Neuro - High	Late - Community	1	1.0029	3
3BC31	Neuro - High	Late - Community	2	1.1394	3
4BC11	Neuro - High	Late - Institutional	0	1.4179	4
4BC21	Neuro - High	Late - Institutional	1	1.4746	4
4BC31	Neuro - High	Late - Institutional	2	1.6111	4
1BA11	Neuro - Low	Early - Community	0	1.0363	4
1BA21	Neuro - Low	Early - Community	1	1.0931	4
1BA31	Neuro - Low	Early - Community	2	1.2295	4
2BA11	Neuro - Low	Early - Institutional	0	1.2428	4
2BA21	Neuro - Low	Early - Institutional	1	1.2995	4
2BA31	Neuro - Low	Early - Institutional	2	1.436	4
3BA11	Neuro - Low	Late - Community	0	0.7005	2
3BA21	Neuro - Low	Late - Community	1	0.7573	2
3BA31	Neuro - Low	Late - Community	2	0.8937	2
4BA11	Neuro - Low	Late - Institutional	0	1.1723	4
4BA21	Neuro - Low	Late - Institutional	1	1.229	3
4BA31	Neuro - Low	Late - Institutional	2	1.3655	3
1BB11	Neuro - Medium	Early - Community	0	1.1425	4
1BB21	Neuro - Medium	Early - Community	1	1.1992	4
1BB31	Neuro - Medium	Early - Community	2	1.3357	4
2BB11	Neuro - Medium	Early - Institutional	0	1.3489	5
2BB21	Neuro - Medium	Early - Institutional	1	1.4057	5
2BB31	Neuro - Medium	Early - Institutional	2	1.5421	5
3BB11	Neuro - Medium	Late - Community	0	0.8067	2
3BB21	Neuro - Medium	Late - Community	1	0.8634	2
3BB31	Neuro - Medium	Late - Community	2	0.9999	2
4BB11	Neuro - Medium	Late - Institutional	0	1.2785	4
4BB21	Neuro - Medium	Late - Institutional	1	1.3352	4
4BB31	Neuro - Medium	Late - Institutional	2	1.4716	4
1CC11	Wound - High	Early - Community	0	1.5596	4
1CC21	Wound - High	Early - Community	1	1.6163	4
1CC31	Wound - High	Early - Community	2	1.7528	4
2CC11	Wound - High	Early - Institutional	0	1.766	5
2CC21	Wound - High	Early - Institutional	1	1.8228	4
2CC31	Wound - High	Early - Institutional	2	1.9592	4
3CC11	Wound - High	Late - Community	0	1.2238	3
3CC21	Wound - High	Late - Community	1	1.2805	3
3CC31	Wound - High	Late - Community	2	1.417	3
4CC11	Wound - High	Late - Institutional	0	1.6956	4

4CC21	Wound - High	Late - Institutional	1	1.7523	4
4CC31	Wound - High	Late - Institutional	2	1.8887	4
1CA11	Wound - Low	Early - Community	0	1.345	4
1CA21	Wound - Low	Early - Community	1	1.4017	4
1CA31	Wound - Low	Early - Community	2	1.5382	4
2CA11	Wound - Low	Early - Institutional	0	1.5514	4
2CA21	Wound - Low	Early - Institutional	1	1.6082	4
2CA31	Wound - Low	Early - Institutional	2	1.7446	4
3CA11	Wound - Low	Late - Community	0	1.0092	3
3CA21	Wound - Low	Late - Community	1	1.0659	3
3CA31	Wound - Low	Late - Community	2	1.2024	3
4CA11	Wound - Low	Late - Institutional	0	1.481	4
4CA21	Wound - Low	Late - Institutional	1	1.5377	4
4CA31	Wound - Low	Late - Institutional	2	1.6742	4
1CB11	Wound - Medium	Early - Community	0	1.426	4
1CB21	Wound - Medium	Early - Community	1	1.4828	4
1CB31	Wound - Medium	Early - Community	2	1.6192	4
2CB11	Wound - Medium	Early - Institutional	0	1.6325	4
2CB21	Wound - Medium	Early - Institutional	1	1.6892	5
2CB31	Wound - Medium	Early - Institutional	2	1.8257	4
3CB11	Wound - Medium	Late - Community	0	1.0903	3
3CB21	Wound - Medium	Late - Community	1	1.147	3
3CB31	Wound - Medium	Late - Community	2	1.2835	3
4CB11	Wound - Medium	Late - Institutional	0	1.562	4
4CB21	Wound - Medium	Late - Institutional	1	1.6187	4
4CB31	Wound - Medium	Late - Institutional	2	1.7552	4

Proposed CY 2026 Home Health Wage Index for Rural & Urban Areas

Appendix C

Previous CBSA	New CBSA	County Name	Urban / Rural	CBSA Name	Current CY 2025 Wage Index	Proposed CY 2026 Wage Index	% Difference Proposed CY 2026 Wage Index vs Current CY 2025 Wage Index
99933	99933	ALLEGANY	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CATTARAUGUS	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CAYUGA	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CHAUTAUQUA	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CHENANGO	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CLINTON	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	COLUMBIA	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	CORTLAND	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	DELAWARE	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	ESSEX	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	FRANKLIN	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	FULTON	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	GENESEE	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	GREENE	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	HAMILTON	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	LEWIS	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	MONTGOMERY	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	OTSEGO	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	ST. LAWRENCE	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	SCHUYLER	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	SENECA	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	STEUBEN	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	SULLIVAN	RURAL	NEW YORK	0.8653	0.8905	2.91%
99933	99933	WYOMING	RURAL	NEW YORK	0.8653	0.8905	2.91%
40380	**99933**	**YATES**	RURAL	NEW YORK	**0.8686**	0.8905	2.52%
10580	10580	ALBANY	URBAN	Albany-Schenectady-Troy, NY	0.8163	0.8556	4.81%
10580	10580	RENSSELAER	URBAN	Albany-Schenectady-Troy, NY	0.8163	0.8556	4.81%
10580	10580	SARATOGA	URBAN	Albany-Schenectady-Troy, NY	0.8163	0.8556	4.81%
10580	10580	SCHENECTADY	URBAN	Albany-Schenectady-Troy, NY	0.8163	0.8556	4.81%
10580	10580	SCHOHARIE	URBAN	Albany-Schenectady-Troy, NY	0.8163	0.8556	4.81%
13780	13780	BROOME	URBAN	Binghamton, NY	0.8043	0.8345	3.75%
13780	13780	TIOGA	URBAN	Binghamton, NY	0.8043	0.8345	3.75%
15380	15380	ERIE	URBAN	Buffalo-Cheektowaga NY	1.0398	1.0452	0.52%
15380	15380	NIAGARA	URBAN	Buffalo-Cheektowaga NY	1.0398	1.0452	0.52%
21300	21300	CHEMUNG	URBAN	Elmira, NY	0.8313	0.8494	2.18%
24020	24020	WARREN	URBAN	Glens Falls, NY	0.8479	0.9334	10.08%
24020	24020	WASHINGTON	URBAN	Glens Falls, NY	0.8479	0.9334	10.08%
27060	27060	TOMPKINS	URBAN	Ithaca, NY	0.9955	0.9457	**-5.00%**
28740	28740	ULSTER	URBAN	Kingston, NY	1.0941	1.0572	-3.37%
39100	**28880**	**Dutchess**	**Urban**	**Kiryas-Joel-Poughkeepsie-Newburgh, NY**	1.2238	1.1745	-4.03%
39100	**28880**	**Orange**	**Urban**	**Kiryas-Joel-Poughkeepsie-Newburgh, NY**	1.2238	1.1745	-4.03%
35004	35004	NASSAU	URBAN	Nassau County-Suffolk County, NY	1.2671	1.2308	-2.86%
35004	35004	SUFFOLK	URBAN	Nassau County-Suffolk County, NY	1.2671	1.2308	-2.86%

Proposed CY 2026 Home Health Wage Index for Rural & Urban Areas

Appendix C

Previous CBSA	New CBSA	County Name	Urban / Rural	CBSA Name	Current CY 2025 Wage Index	Proposed CY 2026 Wage Index	% Difference Proposed CY 2026 Wage Index vs Current CY 2025 Wage Index
35614	35614	BRONX	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	KINGS	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	NEW YORK	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
20524	**35614**	Putnam	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	QUEENS	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	RICHMOND	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	ROCKLAND	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
35614	35614	WESTCHESTER	URBAN	NYC, White Plains, NJ	1.3138	1.2965	-1.32%
40380	40380	LIVINGSTON	URBAN	Rochester, NY	0.9073	0.9418	3.80%
40380	40380	MONROE	URBAN	Rochester, NY	0.9073	0.9418	3.80%
40380	40380	ONTARIO	URBAN	Rochester, NY	0.9073	0.9418	3.80%
40380	40380	ORLEANS	URBAN	Rochester, NY	0.9073	0.9418	3.80%
40380	40380	WAYNE	URBAN	Rochester, NY	0.9073	0.9418	3.80%
45060	45060	MADISON	URBAN	Syracuse, NY	0.9537	0.9648	1.16%
45060	45060	ONONDAGA	URBAN	Syracuse, NY	0.9537	0.9648	1.16%
45060	45060	OSWEGO	URBAN	Syracuse, NY	0.9537	0.9648	1.16%
46540	46540	HERKIMER	URBAN	Utica-Rome, NY	0.8864	0.9147	3.19%
46540	46540	ONEIDA	URBAN	Utica-Rome, NY	0.8864	0.9147	3.19%
48060	48060	JEFFERSON	URBAN	Watertown-Fort Drum, NY	0.8555	0.8459	-1.12%