Issue Brief

FEDERAL ISSUE BRIEF

Analysis provided for MHA by Larry Goldberg, Goldberg Consulting

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CMS Releases Final CY 2026 Home Health PPS Update

The Centers for Medicare and Medicaid Services (CMS) have released a final rule regarding the Calendar Year (CY) 2026 Home Health Prospective Payment System (PPS) Program. A copy of the 762-page rule is currently available at: https://public-inspection.federalregister.gov/2025-21767.pdf. The rule is scheduled for publication on December 2.

The rule will (1) set forth the routine updates to the Medicare home health payment rates, (2) make permanent and temporary behavior adjustments, (3) recalibrate the case-mix weights and update the functional impairment levels; comorbidity subgroups; and low-utilization payment adjustment (LUPA) thresholds, and (4) change the face-to-face encounter policy.

The rule also changes the Home Health Quality Reporting Program (HH QRP) and expands the Health Value-Based Purchasing (HHVBP) Model requirements.

In addition, the rule updates Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP).

Comments

Most notably is the reduction in the Home Heath payments for CY 2026. According to CMS, overall payments are scheduled to be reduced by $220 million compared to CY 2025.

Errors continue to permeate. For example, the cost table, page 21, refers in its heading to "proposed provisions," second, the pages of the Patient Driven Groupings Model (PDGM) tables do not align—some are portrait and others landscape. The case-mix weights beginning in the section on page 93 have different columns. With all of the display errors, one must wonder what is happening at CMS.

The issue of the behavior rate adjustments – temporary and permanent – are extremely confusing.

While a table of contents has been provided, page numbers are added.

The rule does provide helpful final decision sections.

Questions? Contact Andrew Wheeler, MHA's Vice President of Federal Finance, at 573-893-3700 | ext. 136 or awheeler@MoHospitals.org

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I. Summary of the Provisions of this Final Rule (Page 13)

Summary of the Regulatory Impact Analysis (Page 21)

The following table identifies the Economic Costs And Transfers.

Provision Description	Costs and Cost Savings	Transfers	Other Notes
CY 2026 HH PPS Payment Rate Update		The overall economic impact related to the changes in payments under the HH PPS for CY 2026 is estimated to be -220 million (-1.3 percent). The $220 million decrease in estimated payments for CY 2026 reflects the effects of the CY 2026 final home health payment update percentage of 2.4 percent ($405 million increase), an estimated -0.9 percent decrease* that reflects the effects of the permanent adjustment ($150 million decrease), an estimated -2.7 percent decrease* that reflects the effects of the temporary adjustment ($460 million decrease) and an estimated -0.1 percent decrease that reflects the effects of an updated FDL ($15 million decrease). *The estimated -0.9 percent decrease and the -2.7 percent decrease related to the finalized behavior assumption adjustments includes all payments, while the finalized -1.023 percent permanent adjustment and the -3.0 percent temporary adjustment only applies to the national, standardized 30-day period payments and does not impact payments for 30-dav periods which are LUPAs.	To ensure that home health payments are consistent with statutory payment authority for CY 2026.
HH QRP	The total economic impact of the policies in this final rule including the removal of one Living Situation item, two Food items, and one Utilities item as well as the proposal to remove the patient COVID-19 vaccination item, which is proposed for implementation in CY 2026 will result in a reduction in costs of $17,810,282.		Remove anticipated burden related to the implementation of these items in the OASIS assessment tool.

Provision Description	Costs and Cost Savings	Transfers	Other Notes
Expanded HHVBP Model		The overall economic impact of the expanded HHVBP Model for CY s 2024 through 2027 is an estimated $3.376 billion in total savings to FFS Medicare from a reduction in unnecessary hospitalizations and SNF usage as a result of greater quality improvements in the HH industry. As for payments to HHAs, there are no aggregate increases or decreases expected to be applied to HHAs competing in the expanded Model.	
HH CoP Technical Updates	No costs expected.		Alignment with all-payer requirements provides clarification to HHAs regarding which patients they must collect and submit OASIS information on.
Medicare and Medicaid Provider Enrollment		CMS anticipates average annual transfers from providers and suppliers to the Federal Government of approximately $2.2 billion.	To help ensure that payments are made only to qualified providers and suppliers, which CMS believes would assist in protecting the Trust Funds and Medicare beneficiaries.
DMEPOS Supplier Accreditation	CMS estimates a combined average annual cost burden to DMEPOS suppliers and DMEPOS AOs of approximately $128.3 million.	CMS anticipates the following average annual transfers: + $165.8 million in transfers from DMEPOS suppliers to DMEPOS AOs in the form of accreditation fees the suppliers pay to the AOs. + $3.8 million in transfers from DMEPOS AOs to DMEPOS suppliers in the form of refunds if the AO's approval as a DMEPOS AO is terminated or suspended. + $664 million in transfers from DMEPOS suppliers to the Federal government based on DMEPOS supplier revocations.	To help better ensure that: (1) DMEPOS AOs are fully qualified to conduct DMEPOS accreditation activities; and (2) all DMEPOS suppliers meet the DMEPOS quality standards.
DMEPOS Prior Authorization	The overall economic impact of the DMEPOS Prior Authorization Exemption provisions is an estimated $2,497,392 in total savings as a result of reduced workload to the DMEPOS Medicare Administrative Contractors ($2,243,074) and reduced supplier burden by compliant suppliers not submitting requests for prior authorization ($254,318).		To reduce supplier burden by not requiring compliant DMEPOS suppliers to submit requests for prior authorization.

Provision Description	Costs and Cost Savings	Transfers	Other Notes
DMEPOS Competitive Bidding Program		No economic impact of this regulatory action, thus no associated transfers.	To support the ongoing cost savings and guaranteed beneficiary access offered by the previously implemented DMEPOS CBP. Also, to improve flexibility in providing beneficiaries with the most appropriate medical devices by modifying the payment category of continuous glucose monitors and insulin infusion pumps.

II. Home Health Prospective Payment System (Page 23)

Starting in CY 2020, the Secretary was required by section 1895(b)(2)(B) of the Act to change the unit of payment under the HH PPS from a 60-day episode of care to a 30-day period of care. CMS was also required to make assumptions about behavior changes that could occur as a result of the implementation of the 30-day unit of payment and the case-mix adjustment factors that eliminated the use of therapy thresholds. (Page 29)

CMS says it is using the most current CY 2024 data for determining any permanent and temporary adjustments to the CY 2026 payment rate using the methodology finalized in the CY 2023 HH PPS final rule.

Comment

CMS' discussion of its behavior changes and amounts of adjustments are confusing to say the least. How does one truly identify changes in behavior?

Final CY 2026 Payment Adjustments Under the HH PPS

Final Decision: (Page 63)

"As discussed in the comment/responses on the permanent and temporary behavior adjustments, there are several factors that make it difficult to determine changes resulting from the implementation of PDGM and non-PDGM-related behaviors, such as the recalibration of case-mix weights and LUPA visit thresholds and changes in the distribution of 30-day periods by PDGM clinical groups, therapy visits, admission source and timing, and functional impairment level beginning in CY 2023.

"Additionally, we have observed a decrease in the magnitude of these changes in our monitoring beginning in CY 2023. As such, we are only finalizing the remaining permanent adjustment needed to account for behavior change attributable to the implementation of the PDGM calculated using only the claims experience for CYs 2020 through 2022.

Permanent Adjustment

"Based on consideration of the public comments and reevaluation of PDGM trends, we are finalizing for CY 2026 the following:

- "We exercise the authority expressly delegated under the statute to apply permanent adjustments "at a time and in a manner appropriate" to apply the remaining permanent adjustment of -1.023 percent (see the following calculations) to account for behavior change related to the implementation of the PDGM in CYs 2020 through 2022.
- "We exercise the same authority not to apply any permanent adjustment based on CY 2023 or 2024 data. In future rulemaking, we will provide additional analysis on 2023 and 2024 data to support that behavior changes in these years are attributable to factors beyond the implementation of the PDGM and a 30-day unit of payment. However, we will continue to annually analyze the data through CY 2026 claims, as required by law, to determine if any additional permanent adjustments would need to be made based on the impact of assumed versus actual behavior change on estimated aggregate expenditures resulting from the implementation of the PDGM and the 30-day unit of payment.
- "The CY 2026 permanent adjustment is calculated using the permanent adjustments already applied to the CYs 2023, 2024, and 2025 finalized payment rates and to determine the payment rate reduction needed for CYs 2020 through 2022. These steps are summarized in the following:

"When calculating the payment rate reduction for CYs 2020 through 2022, we multiplythe annual permanent adjustment factors calculated for each of those years (accounting for -6.52 percent or 0.9348 finalized for CY 2020 claims, -1.42 percent or 0.9858 finalized for CY 2021 claims, and -1.767 percent or 0.9823 finalized for CY 2022 claims) which is approximately a cumulative payment rate reduction of -9.480 percent or 0.9052 needed to account for behavior change and the difference in aggregate expenditures for CYs 2020 through 2022.

Total Permanent Adjustment needed for CYs 2020 through 2022 = 0.9348 x 0.9858 x 0.9823 = 0.9052

"We determine what payment rate reduction is needed through a permanent payment adjustment, by dividing the payment rate reduction needed for CYs 2020 through 2022 by the cumulative payment rate reduction already applied from the permanent adjustments implemented in prior final rules. When calculating the cumulative payment reduction applied, we account for the -3.925 percent or 0.96075 applied in CY 2023 final rule, -2.890 percent or 0.97110 applied in CY 2024 final rule, and -1.975 percent or 0.98025 applied in CY 2025 final rule, to calculate the cumulative permanent payment adjustment applied to be 0.91456. When we divide 0.9052 (payment rate reduction needed for CY 2020 through 2022) by 0.91456 (payment rate reduction applied in CYs 2023 through 2025 final rules), we determine that -1.023 percent or 0.9898 needs to be applied as a permanent adjustment to the CY 2026 30-day payment rate and to reach the payment rate reduction needed for CYs 2020 through 2022.

Total Permanent Adjustment applied in CYs 2023 through 2025 = 0.96075 x 0.97110 x 0.98025 = 0.91456.

Total Permanent Adjustment [to be applied] for CY 2026 = 0.9052 / 0.91456 = 0.98977 1-0.98977 = **1.023 percent**.

"We determine that a permanent adjustment of -1.023 percent applied to CY 2026 30-day payment rate is needed to account for behavior change for CYs 2020 through 2022 based on the repricing methodology finalized in the CY 2023 final rule. Therefore, we are finalizing a -1.023 percent permanent adjustment to the CY 2026 30-day payment rate.

"We note that the law requires us to annually determine the impact of differences between assumed behavior changes and actual behavior changes on estimated aggregate expenditures through CY 2026 claims. That is, we will continue to apply the finalized methodology through CY 2026 claims. However, while the law requires us to continue to evaluate the need for any additional permanent adjustments in future rulemaking, we reiterate that any additional permanent adjustment(s) would be related to actual behavior change resulting only from the implementation of the PDGM and the change in the unit of payment as required by law.

"Though we are calculating and only finalizing the remaining permanent adjustment for CYs 2020-2022 in this final rule, we may still see an accrual in the temporary adjustment dollar amount. In other words, while the permanent adjustment accounts for the prospective payment amount needed to prevent future overpayments, the temporary adjustment will account for the prior overpayment and difference between expenditures for actual and recalculated budget neutral payment rates.

Temporary Adjustment

"Finalizing applying a permanent adjustment of -1.023 percent to CY 2026 for CYs 2020 through 2022 means we need to reconcile the difference between the finalized budget neutral rate and the new budget neutral rate for CY 2023 to calculate the new temporary adjustment dollar amounts. In the CY 2025

final rule, we compared the difference in the actual CY 2023 payment rate of $2,010.69 and the PDGM budget neutral rate of $1,875.46. Since we are finalizing a permanent adjustment of -1.023 percent to account for behavior change in CYs 2020 through 2022 claims, this means, the recalculated budget neutral rate for CY 2023 should be $1,894.43. We determined what the budget neutral rate for CY 2023 should be by adjusting what the actual CY 2023 finalized payment rate was and accounting for the permanent adjustment already applied to the CY 2023 payment rate and the remainder needed to apply to CY 2023 for the payment rate reduction needed for CYs 2020 through 2022.

$2,010.69 x (1 – (1-0.9052/0.96075) = **$1,894.43**

"For the recalculated budget neutral CY 2024 payment rate, we update the CY 2023 recalculated budget neutral payment rate by applying the CY 2024 case-mix weights recalibration neutrality factor (1.0124), the CY 2024 wage index budget neutrality factor (1.0012), the CY 2024 labor-related share budget neutrality factor (0.9998), and the CY 2024 home health payment update factor (1.030). We determined the recalculated budget neutral CY 2024 base payment rate would have been $1,977.43.

$1,894.43 x (1.0124) x (1.0012) x (0.9998) x (1.030) = $1,977.43

"Using the recalculated budget neutral payment rates for CY 2023 and 2024, we determine the new temporary adjustments for those two years by comparing what the difference in aggregate expenditures would have been for those two years when comparing expenditures with the actual payments and estimated expenditures with payments under the recalculated budget neutral payment rate. We present the new temporary adjustments for CY 2023 and 2024 in Table 7. (See Page 67)

CY 2026 Home Health Low Utilization Payment Adjustment (LUPA) Thresholds, Functional Impairment Levels, Comorbidity Sub-Groups, and Case-Mix Weights.

Final Decision: CMS is finalizing its proposed update to the LUPA thresholds for CY 2026 using CY 2024 claims data (as of July 11, 2025). The final LUPA thresholds for the CY 2026 PDGM payment groups with the corresponding Health Insurance Prospective Payment System (HIPPS) codes and the case-mix weights are listed in table 8 (Page 72) and are also available on the HHA Center web page, located at https://www.cms.gov/medicare/enrollment-renewal/providerssuppliers/home-health-agency-center.
Final Decision: CMS is finalizing the functional points and functional impairment level updates for CY 2026 as proposed, using updated CY 2024 claims data (as of July 11, 2025). (Page 76)

Final CY 2026 Comorbidity Subgroups

Thirty-day periods of care receive a comorbidity adjustment category based on the presence of certain secondary diagnoses reported on home health claims.

• High comorbidity adjustment: There are two or more secondary diagnoses on the home health-specific comorbidity subgroup interaction list that are associated with higher resource use when both are reported together compared to when they are reported separately. That is, the two diagnoses may interact with one another, resulting in higher resource use.

• Low comorbidity adjustment: There is a reported secondary diagnosis on the home health-specific

comorbidity subgroup list that is associated with higher resource use.

• No comorbidity adjustment: A 30-day period of care receives no comorbidity adjustment if no secondary diagnoses exist or do not meet the criteria for a low or high comorbidity adjustment.

For CY 2026 there are 20 low comorbidity subgroups, and 98 high comorbidity subgroups as shown in tables 10 and 11. (Pages 77-83)

Final CY 2026 PDGM Case-Mix Weights (Page 86)

The PDGM case-mix methodology results in 432 unique case-mix home health resource groups (HHRGs). The rule's table 13 – Case-Mix Weights and LUPA Thresholds For Each HHRG Payment Group is shown below. (Pages 93-108)

Comment

Although the case-mix weights are provided in the following table, please note that the tables are not consistently displayed in the rule. The tables have been modified to reflect a more consistent approach. Some values are shown at the right while others are at the left. The changes involve "recalibrated weights for 2026."

Be careful when copying the tables. They have been added individually, and pagination may be an issue. In some situations, two different recalibrated weights for 2026 are shown.

Recalibrated Weight for 2026	LUPA Visit	HIPPs	Clinical Group and Functional Level	Admission Source and Timing	Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)	Recalibrated Weight for 2026	LUPA Visit Threshold (LUPAs have fewer visits than the threshold)
0.8972	4	3DA31	Complex - Low	Late - Community	2	0.7614	
0.9540	3	4DA11	Complex - Low	Late - Institutional	0	1.0306	
1.0962	4	4DA21	Complex - Low	Late - Institutional	1	1.0874	
1.1015	3	4DA31	Complex - Low	Late - Institutional	2	1.2296	
1.1582	4	1DB11	Complex - Medium	Early - Community	0	1.0374	
1.3004	4	1DB21	Complex - Medium	Early - Community	1	1.0941	
0.5647	2	1DB31	Complex - Medium	Early - Community	2	1.2363	
0.6215	2	2DB11	Complex - Medium	Early - Institutional	0	1.2416	
0.7637	2	2DB21	Complex - Medium	Early - Institutional	1	1.2984	
1.0330	3	2DB31	Complex - Medium	Early - Institutional	2	1.4406	
1.0897	3	3DB11	Complex - Medium	Late - Community	0	0.7049	
1.2320	3	3DB21	Complex - Medium	Late - Community	1	0.7616	
0.9949	4	3DB31	Complex - Medium	Late - Community	2	0.9039	
1.0517	4	4DB11	Complex - Medium	Late - Institutional	0	1.1731	
1.1939	3	4DB21	Complex - Medium	Late - Institutional	1	1.2299	
1.1992	4	4DB31	Complex - Medium	Late - Institutional	2	1.3721	
1.2559	4	1HC11	MMTA - Cardiac - High	Early - Community	0	1.1020	
1.3982	4	1HC21	MMTA - Cardiac - High	Early - Community	1	1.1588	
0.6625	2	1HC31	MMTA - Cardiac - High	Early - Community	2	1.3010	
0.7192	2	2HC11	MMTA - Cardiac - High	Early - Institutional	0	1.3063	
0.8614	2	2HC21	MMTA - Cardiac - High	Early - Institutional	1	1.3630	
1.1307	3	2HC31	MMTA - Cardiac - High	Early - Institutional	2	1.5053	

1.1875	3	3HC11	MMTA - Cardiac - High	Late - Community	0	0.7696	
1.3297	3	3HC21	MMTA - Cardiac - High	Late - Community	1	0.8263	
1.3161	4	3HC31	MMTA - Cardiac - High	Late - Community	2	0.9685	
1.3728	4	4HC11	MMTA - Cardiac - High	Late - Institutional	0	1.2378	
1.5151	4	4HC21	MMTA - Cardiac - High	Late - Institutional	1	1.2946	
1.5203	4	4HC31	MMTA - Cardiac - High	Late - Institutional	2	1.4368	
1.5771	4	1HA11	MMTA - Cardiac - Low	Early - Community	0		
1.7193	4	1HA21	MMTA - Cardiac - Low	Early - Community	1		
0.9836	3	1HA31	MMTA - Cardiac - Low	Early - Community	2		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.0404	3	2HA11	MMTA - Cardiac - Low	Early - Institutional	0		
1.1826	3	2HA21	MMTA - Cardiac - Low	Early - Institutional	1		
1.4519	4	2HA31	MMTA - Cardiac - Low	Early - Institutional	2		
1.5086	4	3HA11	MMTA - Cardiac - Low	Late - Community	0		
1.6508	4	3HA21	MMTA - Cardiac - Low	Late - Community	1		
1.1921	4	3HA31	MMTA - Cardiac - Low	Late - Community	2		
1.2489	4	4HA11	MMTA - Cardiac - Low	Late - Institutional	0		
1.3911	4	4HA21	MMTA - Cardiac - Low	Late - Institutional	1		
1.3964	3	4HA31	MMTA - Cardiac - Low	Late - Institutional	2		
1.4531	4	1HB11	MMTA - Cardiac - Medium	Early - Community	0		
1.5954	4	1HB21	MMTA - Cardiac - Medium	Early - Community	1		
0.8597	3	1HB31	MMTA - Cardiac - Medium	Early - Community	2		

0.9164	3	2HB11	MMTA - Cardiac - Medium	Early - Institutional	0		
1.0586	3	2HB21	MMTA - Cardiac - Medium	Early - Institutional	1		
1.3279	3	2HB31	MMTA - Cardiac - Medium	Early - Institutional	2		
1.3847	3	3HB11	MMTA - Cardiac - Medium	Late - Community	0		
1.5269	3	3HB21	MMTA - Cardiac - Medium	Late - Community	1		
1.2361	5	3HB31	MMTA - Cardiac - Medium	Late - Community	2		
1.2929	4	4HB11	MMTA - Cardiac - Medium	Late - Institutional	0		
1.4351	4	4HB21	MMTA - Cardiac - Medium	Late - Institutional	1		
1.4404	4	4HB31	MMTA - Cardiac - Medium	Late - Institutional	2		
1.4971	4	1IC11	MMTA - Endocrine - High	Early - Community	0		
1.6393	4	1IC21	MMTA - Endocrine - High	Early - Community	1		
0.9036	3	1IC31	MMTA - Endocrine - High	Early - Community	2		
0.9604	3	2IC11	MMTA - Endocrine - High	Early - Institutional	0		
1.1026	3	2IC21	MMTA - Endocrine - High	Early - Institutional	1		
1.3719	4	2IC31	MMTA - Endocrine - High	Early - Institutional	2		
1.4286	3	3IC11	MMTA - Endocrine - High	Late - Community	0		
1.5709	4	3IC21	MMTA - Endocrine - High	Late - Community	1		
1.1020	3	3IC31	MMTA - Endocrine - High	Late - Community	2		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.1588	3	4IC11	MMTA - Endocrine - High	Late - Institutional	0		
1.3010	2	4IC21	MMTA - Endocrine - High	Late - Institutional	1		
1.3063	3	4IC31	MMTA - Endocrine - High	Late - Institutional	2		

1.3630	3	1IA11	MMTA - Endocrine - Low	Early - Community	0		
1.5053	3	1IA21	MMTA - Endocrine - Low	Early - Community	1		
0.7696	2	1IA31	MMTA - Endocrine - Low	Early - Community	2		
0.8263	2	2IA11	MMTA - Endocrine - Low	Early - Institutional	0		
0.9685	2	2IA21	MMTA - Endocrine - Low	Early - Institutional	1		
1.2378	3	2IA31	MMTA - Endocrine - Low	Early - Institutional	2		
1.2946	3	3IA11	MMTA - Endocrine - Low	Late - Community	0		
1.4368	3	3IA21	MMTA - Endocrine - Low	Late - Community	1		
0.8912	2	3IA31	MMTA - Endocrine - Low	Late - Community	2		
0.9479	2	4IA11	MMTA - Endocrine - Low	Late - Institutional	0		
1.0902	3	4IA21	MMTA - Endocrine - Low	Late - Institutional	1		
1.0954	3	4IA31	MMTA - Endocrine - Low	Late - Institutional	2		
1.1522	3	1IB11	MMTA - Endocrine - Medium	Early - Community	0		
1.2944	3	1IB21	MMTA - Endocrine - Medium	Early - Community	1		
0.5587	2	1IB31	MMTA - Endocrine - Medium	Early - Community	2		
0.6155	2	2IB11	MMTA - Endocrine - Medium	Early - Institutional	0		
0.7577	2	2IB21	MMTA - Endocrine - Medium	Early - Institutional	1		
1.0270	3	2IB31	MMTA - Endocrine - Medium	Early - Institutional	2		
1.0837	3	3IB11	MMTA - Endocrine - Medium	Late - Community	0		
1.2259	3	3IB21	MMTA - Endocrine - Medium	Late - Community	1		
0.9957	3	3IB31	MMTA - Endocrine - Medium	Late - Community	2		

1.0524	2	4IB11	MMTA - Endocrine - Medium	Late - Institutional	0		
1.1947	3	4IB21	MMTA - Endocrine - Medium	Late - Institutional	1		
1.1999	3	4IB31	MMTA - Endocrine - Medium	Late - Institutional	2		
1.2567	3	1JC11	MMTA - GI/GU - High	Early - Community	0		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.3989	4	1JC21	MMTA - GI/GU - High	Early - Community	1		
0.6632	2	1JC31	MMTA - GI/GU - High	Early - Community	2		
0.7200	2	2JC11	MMTA - GI/GU - High	Early - Institutional	0		
0.8622	2	2JC21	MMTA - GI/GU - High	Early - Institutional	1		
1.1315	3	2JC31	MMTA - GI/GU - High	Early - Institutional	2		
1.1882	3	3JC11	MMTA - GI/GU - High	Late - Community	0		
1.3304	3	3JC21	MMTA - GI/GU - High	Late - Community	1		
1.1546	2	3JC31	MMTA - GI/GU - High	Late - Community	2		
1.2113	2	4JC11	MMTA - GI/GU - High	Late - Institutional	0		
1.3535	2	4JC21	MMTA - GI/GU - High	Late - Institutional	1		
1.3588	3	4JC31	MMTA - GI/GU - High	Late - Institutional	2		
1.4156	3	1JA11	MMTA - GI/GU - Low	Early - Community	0		
1.5578	3	1JA21	MMTA - GI/GU - Low	Early - Community	1		
0.8221	2	1JA31	MMTA - GI/GU - Low	Early - Community	2		
0.8788	2	2JA11	MMTA - GI/GU - Low	Early - Institutional	0		
1.0211	2	2JA21	MMTA - GI/GU - Low	Early - Institutional	1		

1.2903	3	2JA31	MMTA - GI/GU - Low	Early - Institutional	2		
1.3471	3	3JA11	MMTA - GI/GU - Low	Late - Community	0		
1.4893	3	3JA21	MMTA - GI/GU - Low	Late - Community	1		
0.9153	2	3JA31	MMTA - GI/GU - Low	Late - Community	2		
0.9720	2	4JA11	MMTA - GI/GU - Low	Late - Institutional	0		
1.1142	2	4JA21	MMTA - GI/GU - Low	Late - Institutional	1		
1.1195	3	4JA31	MMTA - GI/GU - Low	Late - Institutional	2		
1.1763	3	1JB11	MMTA - GI/GU - Medium	Early - Community	0		
1.3185	3	1JB21	MMTA - GI/GU - Medium	Early - Community	1		
0.5828	2	1JB31	MMTA - GI/GU - Medium	Early - Community	2		
0.6395	2	2JB11	MMTA - GI/GU - Medium	Early - Institutional	0		
0.7818	2	2JB21	MMTA - GI/GU - Medium	Early - Institutional	1		
1.0510	3	2JB31	MMTA - GI/GU - Medium	Early - Institutional	2		
1.1078	3	3JB11	MMTA - GI/GU - Medium	Late - Community	0		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.2500	3	3JB21	MMTA - GI/GU - Medium	Late - Community	1		
1.0053	2	3JB31	MMTA - GI/GU - Medium	Late - Community	2		
1.0620	2	4JB11	MMTA - GI/GU - Medium	Late - Institutional	0		
1.2042	2	4JB21	MMTA - GI/GU - Medium	Late - Institutional	1		
1.2095	3	4JB31	MMTA - GI/GU - Medium	Late - Institutional	2		
1.2663	3	1KC11	MMTA - Infectious - High	Early - Community	0		
1.4085	3	1KC21	MMTA - Infectious - High	Early - Community	1		

0.6728	2	1KC31	MMTA - Infectious - High	Early - Community	2		
0.7295	2	2KC11	MMTA - Infectious - High	Early - Institutional	0		
0.8718	2	2KC21	MMTA - Infectious - High	Early - Institutional	1		
1.1410	3	2KC31	MMTA - Infectious - High	Early - Institutional	2		
1.1978	3	3KC11	MMTA - Infectious - High	Late - Community	0		
1.3400	3	3KC21	MMTA - Infectious - High	Late - Community	1		
1.1021	4	3KC31	MMTA - Infectious - High	Late - Community	2		
1.1589	3	4KC11	MMTA - Infectious - High	Late - Institutional	0		
1.3011	3	4KC21	MMTA - Infectious - High	Late - Institutional	1		
1.3064	4	4KC31	MMTA - Infectious - High	Late - Institutional	2		
1.3631	4	1KA11	MMTA - Infectious - Low	Early - Community	0		
1.5053	4	1KA21	MMTA - Infectious - Low	Early - Community	1		
0.7696	2	1KA31	MMTA - Infectious - Low	Early - Community	2		
0.8264	2	2KA11	MMTA - Infectious - Low	Early - Institutional	0		
0.9686	2	2KA21	MMTA - Infectious - Low	Early - Institutional	1		
1.2379	3	2KA31	MMTA - Infectious - Low	Early - Institutional	2		
1.2946	3	3KA11	MMTA - Infectious - Low	Late - Community	0		
1.4369	3	3KA21	MMTA - Infectious - Low	Late - Community	1		
0.9148	3	3KA31	MMTA - Infectious - Low	Late - Community	2		
0.9715	3	4KA11	MMTA - Infectious - Low	Late - Institutional	0		
1.1137	3	4KA21	MMTA - Infectious - Low	Late - Institutional	1		
1.1190	3	4KA31	MMTA - Infectious - Low	Late - Institutional	2		
1.1758	3	1KB11	MMTA - Infectious - Medium	Early - Community	0		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none,**	**Recalibrated**	**LUPA Visit Threshold (LUPAs have fewer visits than**

					1 = single comorbidity 2 = interaction)	Weight for 2026	the threshold)
1.3180	3	1KB21	MMTA - Infectious - Medium	Early - Community	1		
0.5823	2	1KB31	MMTA - Infectious - Medium	Early - Community	2		
0.6390	2	2KB11	MMTA - Infectious - Medium	Early - Institutional	0		
0.7813	2	2KB21	MMTA - Infectious - Medium	Early – Institutional	1		
1.0505	3	2KB31	MMTA - Infectious - Medium	Early – Institutional	2		
1.1073	3	3KB11	MMTA - Infectious - Medium	Late – Community	0		
1.2495	3	3KB21	MMTA - Infectious - Medium	Late - Community	1		
1.0031	4	3KB31	MMTA - Infectious - Medium	Late - Community	2		
1.0599	4	4KB11	MMTA - Infectious - Medium	Late - Institutional	0		
1.2021	3	4KB21	MMTA - Infectious - Medium	Late - Institutional	1		
1.2074	4	4KB31	MMTA - Infectious - Medium	Late - Institutional	2		
1.2641	4	1AC11	MMTA - Other - High	Early - Community	0		
1.4064	4	1AC21	MMTA - Other - High	Early - Community	1		
0.6707	2	1AC31	MMTA - Other - High	Early - Community	2		
0.7274	2	2AC11	MMTA - Other - High	Early - Institutional	0		
0.8696	2	2AC21	MMTA - Other - High	Early - Institutional	1		
1.1389	3	2AC31	MMTA - Other - High	Early - Institutional	2		
1.1957	3	3AC11	MMTA - Other - High	Late - Community	0		
1.3379	3	3AC21	MMTA - Other - High	Late - Community	1		
1.1134	3	3AC31	MMTA - Other - High	Late - Community	2		
1.1701	3	4AC11	MMTA - Other - High	Late - Institutional	0		
1.3124	3	4AC21	MMTA - Other - High	Late - Institutional	1		
1.3176	4	4AC31	MMTA - Other - High	Late - Institutional	2		

1.3744	4	1AA11	MMTA - Other - Low	Early - Community	0		
1.5166	3	1AA21	MMTA - Other - Low	Early - Community	1		
0.7809	2	1AA31	MMTA - Other - Low	Early - Community	2		
0.8377	2	2AA11	MMTA - Other - Low	Early - Institutional	0		
0.9799	2	2AA21	MMTA - Other - Low	Early - Institutional	1		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.2492	3	2AA31	MMTA - Other - Low	Early - Institutional	2		
1.3059	3	3AA11	MMTA - Other - Low	Late - Community	0		
1.4481	3	3AA21	MMTA - Other - Low	Late - Community	1		
0.9067	3	3AA31	MMTA - Other - Low	Late - Community	2		
0.9635	3	4AA11	MMTA - Other - Low	Late - Institutional	0		
1.1057	3	4AA21	MMTA - Other - Low	Late - Institutional	1		
1.1110	3	4AA31	MMTA - Other - Low	Late - Institutional	2		
1.1677	3	1AB11	MMTA - Other - Medium	Early - Community	0		
1.3099	4	1AB21	MMTA - Other - Medium	Early - Community	1		
0.5742	2	1AB31	MMTA - Other - Medium	Early - Community	2		
0.6310	2	2AB11	MMTA - Other - Medium	Early - Institutional	0		
0.7732	2	2AB21	MMTA - Other - Medium	Early - Institutional	1		
1.0425	3	2AB31	MMTA - Other - Medium	Early - Institutional	2		
1.0992	3	3AB11	MMTA - Other - Medium	Late - Community	0		
1.2415	3	3AB21	MMTA - Other - Medium	Late - Community	1		
1.0090	3	3AB31	MMTA - Other - Medium	Late - Community	2		

1.0658	3	4AB11	MMTA - Other - Medium	Late - Institutional	0		
1.2080	3	4AB21	MMTA - Other - Medium	Late - Institutional	1		
1.2133	4	4AB31	MMTA - Other - Medium	Late - Institutional	2		
1.2700	4	1LC11	MMTA - Respiratory - High	Early - Community	0		
1.4123	4	1LC21	MMTA - Respiratory - High	Early - Community	1		
0.6766	2	1LC31	MMTA - Respiratory - High	Early - Community	2		
0.7333	2	2LC11	MMTA - Respiratory - High	Early - Institutional	0		
0.8755	2	2LC21	MMTA - Respiratory - High	Early - Institutional	1		
1.1448	3	2LC31	MMTA - Respiratory - High	Early - Institutional	2		
1.2016	3	3LC11	MMTA - Respiratory - High	Late - Community	0		
1.3438	3	3LC21	MMTA - Respiratory - High	Late - Community	1		
1.1481	3	3LC31	MMTA - Respiratory - High	Late - Community	2		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold)**
1.2049	3	4LC11	MMTA - Respiratory - High	Late - Institutional	0		
1.3471	2	4LC21	MMTA - Respiratory - High	Late - Institutional	1		
1.3524	4	4LC31	MMTA - Respiratory - High	Late - Institutional	2		
1.4091	4	1LA11	MMTA - Respiratory - Low	Early - Community	0		
1.5513	4	1LA21	MMTA - Respiratory - Low	Early - Community	1		
0.8156	2	1LA31	MMTA - Respiratory - Low	Early - Community	2		
0.8724	2	2LA11	MMTA - Respiratory - Low	Early - Institutional	0		
1.0146	2	2LA21	MMTA - Respiratory - Low	Early - Institutional	1		
1.2839	3	2LA31	MMTA - Respiratory - Low	Early - Institutional	2		

1.3406	3	3LA11	MMTA - Respiratory - Low	Late - Community	0		
1.4828	4	3LA21	MMTA - Respiratory - Low	Late - Community	1		
0.9063	2	3LA31	MMTA - Respiratory - Low	Late - Community	2		
0.9630	2	4LA11	MMTA - Respiratory - Low	Late - Institutional	0		
1.1052	2	4LA21	MMTA - Respiratory - Low	Late - Institutional	1		
1.1105	3	4LA31	MMTA - Respiratory - Low	Late - Institutional	2		
1.1673	3	1LB11	MMTA - Respiratory - Medium	Early - Community	0		
1.3095	3	1LB21	MMTA - Respiratory - Medium	Early - Community	1		
0.5738	2	1LB31	MMTA - Respiratory - Medium	Early - Community	2		
0.6305	2	2LB11	MMTA - Respiratory - Medium	Early - Institutional	0		
0.7728	2	2LB21	MMTA - Respiratory - Medium	Early - Institutional	1		
1.0420	3	2LB31	MMTA - Respiratory - Medium	Early - Institutional	2		
1.0988	3	3LB11	MMTA - Respiratory - Medium	Late - Community	0		
1.2410	3	3LB21	MMTA - Respiratory - Medium	Late - Community	1		
1.0121	3	3LB31	MMTA - Respiratory - Medium	Late - Community	2		
1.0689	3	4LB11	MMTA - Respiratory - Medium	Late - Institutional	0		
1.2111	3	4LB21	MMTA - Respiratory - Medium	Late - Institutional	1		
1.2164	3	4LB31	MMTA - Respiratory - Medium	Late - Institutional	2		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none,**	**Recalibrated Weight for**	**LUPA Visit Threshold (LUPAs have fewer visits than**

					1 = single comorbidity 2 = interaction)	2026	the threshold
1.2731	4	1GC11	MMTA - Surgical Aftercare - High	Early - Community	0		
1.4154	4	1GC21	MMTA - Surgical Aftercare - High	Early - Community	1		
0.6797	2	1GC31	MMTA - Surgical Aftercare - High	Early - Community	2		
0.7364	2	2GC11	MMTA - Surgical Aftercare - High	Early - Institutional	0		
0.8786	2	2GC21	MMTA - Surgical Aftercare - High	Early - Institutional	1		
1.1479	3	2GC31	MMTA - Surgical Aftercare - High	Early - Institutional	2		
1.2047	3	3GC11	MMTA - Surgical Aftercare - High	Late - Community	0		
1.3469	3	3GC21	MMTA - Surgical Aftercare - High	Late - Community	1		
1.1600	5	3GC31	MMTA - Surgical Aftercare - High	Late - Community	2		
1.2167	4	4GC11	MMTA - Surgical Aftercare - High	Late - Institutional	0		
1.3590	4	4GC21	MMTA - Surgical Aftercare - High	Late - Institutional	1		
1.3642	5	4GC31	MMTA - Surgical Aftercare - High	Late - Institutional	2		
1.4210	5	1GA11	MMTA - Surgical Aftercare - Low	Early - Community	0		
1.5632	5	1GA21	MMTA - Surgical Aftercare - Low	Early - Community	1		
0.8275	2	1GA31	MMTA - Surgical Aftercare - Low	Early - Community	2		
0.8843	2	2GA11	MMTA - Surgical Aftercare - Low	Early - Institutional	0		
1.0265	3	2GA21	MMTA - Surgical Aftercare - Low	Early - Institutional	1		
1.2958	4	2GA31	MMTA - Surgical Aftercare - Low	Early - Institutional	2		

1.3525	4	3GA11	MMTA - Surgical Aftercare - Low	Late - Community	0		
1.4947	4	3GA21	MMTA - Surgical Aftercare - Low	Late - Community	1		
0.9406	4	3GA31	MMTA - Surgical	Late - Community	2		
0.9973	4	4GA11	MMTA - Surgical	Late - Institutional	0		
1.1396	4	4GA21	MMTA - Surgical	Late - Institutional	1		
1.1448	4	4GA31	MMTA - Surgical	Late - Institutional	2		
1.2016	5	1GB11	MMTA - Surgical	Early - Community	0		
1.3438	5	1GB21	MMTA - Surgical	Early - Community	1		
0.6081	2	1GB31	MMTA - Surgical	Early - Community	2		
0.6649	2	2GB11	MMTA - Surgical	Early - Institutional	0		
0.8071	2	2GB21	MMTA - Surgical	Early - Institutional	1		
1.0764	4	2GB31	MMTA - Surgical	Early - Institutional	2		
1.1331	4	3GB11	MMTA - Surgical	Late - Community	0		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold**
1.2753	4	3GB21	MMTA - Surgical	Late - Community	1		
1.0265	5	3GB31	MMTA - Surgical	Late - Community	2		
1.0833	4	4GB11	MMTA - Surgical	Late - Institutional	0		
1.2255	4	4GB21	MMTA - Surgical	Late - Institutional	1		
1.2308	5	4GB31	MMTA - Surgical	Late - Institutional	2		

1.2875	5	1EC11	MS Rehab - High	Early - Community	0		
1.4297	5	1EC21	MS Rehab - High	Early - Community	1		
0.6940	2	1EC31	MS Rehab - High	Early - Community	2		
0.7508	2	2EC11	MS Rehab - High	Early - Institutional	0		
0.8930	2	2EC21	MS Rehab - High	Early - Institutional	1		
1.1623	4	2EC31	MS Rehab - High	Early - Institutional	2		
1.2190	4	3EC11	MS Rehab - High	Late - Community	0		
1.3613	4	3EC21	MS Rehab - High	Late - Community	1		
1.2766	4	3EC31	MS Rehab - High	Late - Community	2		
1.3333	4	4EC11	MS Rehab - High	Late - Institutional	0		
1.4756	4	4EC21	MS Rehab - High	Late - Institutional	1		
1.4808	5	4EC31	MS Rehab - High	Late - Institutional	2		
		1EA11	MS Rehab - Low	Early – Community	0		
		1EA21	MS Rehab - Low	Early - Community	1		
		1EA31	MS Rehab - Low	Early - Community	2		
		2EA11	MS Rehab - Low	Early - Institutional	0		
		2EA21	MS Rehab - Low	Early - Institutional	1		
		2EA31	MS Rehab - Low	Early - Institutional	2		
		3EA11	MS Rehab - Low	Late - Community	0		
		3EA21	MS Rehab - Low	Late - Community	1		
		3EA31	MS Rehab - Low	Late - Community	2		
		4EA11	MS Rehab - Low	Late - Institutional	0		
		4EA21	MS Rehab - Low	Late - Institutional	1		
		4EA31	MS Rehab - Low	Late - Institutional	2		
		1EB11	MS Rehab - Medium	Early - Community	0		

		1EB21	MS Rehab - Medium	Early - Community	1		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold**
		1EB31	MS Rehab - Medium	Early - Community	2		
		2EB11	MS Rehab - Medium	Early - Institutional	0		
		2EB21	MS Rehab - Medium	Early - Institutional	1		
		2EB31	MS Rehab - Medium	Early - Institutional	2		
		3EB11	MS Rehab - Medium	Late - Community	0		
		3EB21	MS Rehab - Medium	Late - Community	1		
		3EB31	MS Rehab - Medium	Late - Community	2		
		4EB11	MS Rehab - Medium	Late - Institutional	0		
		4EB21	MS Rehab - Medium	Late - Institutional	1		
		4EB31	MS Rehab - Medium	Late - Institutional	2		
		1BC11	Neuro - High	Early - Community	0		
		1BC21	Neuro - High	Early - Community	1		
		1BC31	Neuro - High	Early - Community	2		
		2BC11	Neuro - High	Early - Institutional	0		
		2BC21	Neuro - High	Early - Institutional	1		
		2BC31	Neuro - High	Early - Institutional	2		
		3BC11	Neuro - High	Late - Community	0		
		3BC21	Neuro - High	Late - Community	1		
		3BC31	Neuro - High	Late - Community	2		
		4BC11	Neuro - High	Late - Institutional	0		
		4BC21	Neuro - High	Late - Institutional	1		

		4BC31	Neuro - High	Late - Institutional	2		
		1BA11	Neuro - Low	Early - Community	0		
		1BA21	Neuro - Low	Early - Community	1		
		1BA31	Neuro - Low	Early - Community	2		
		2BA11	Neuro - Low	Early - Institutional	0		
		2BA21	Neuro - Low	Early - Institutional	1		
		2BA31	Neuro - Low	Early - Institutional	2		
		3BA11	Neuro - Low	Late - Community	0		
		3BA21	Neuro - Low	Late - Community	1		
		3BA31	Neuro - Low	Late - Community	2		
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold**
		4BA11	Neuro - Low	Late - Institutional	0		
		4BA21	Neuro - Low	Late - Institutional	1		
		4BA31	Neuro - Low	Late - Institutional	2		
		1BB11	Neuro - Medium	Early - Community	0		
		1BB21	Neuro - Medium	Early - Community	1	1.1886	
		1BB31	Neuro - Medium	Early - Community	2	1.3308	
		2BB11	Neuro - Medium	Early - Institutional	0	1.3361	
		2BB21	Neuro - Medium	Early - Institutional	1	1.3928	
		2BB31	Neuro - Medium	Early - Institutional	2	1.5350	
		3BB11	Neuro - Medium	Late - Community	0	0.7993	
		3BB21	Neuro - Medium	Late - Community	1	0.8561	
		3BB31	Neuro - Medium	Late - Community	2	0.9983	

		4BB11	Neuro - Medium	Late - Institutional	0	1.2676	
		4BB21	Neuro - Medium	Late - Institutional	1	1.3243	
		4BB31	Neuro - Medium	Late - Institutional	2	1.4665	
		1CC11	Wound - High	Early - Community	0	1.5526	
		1CC21	Wound - High	Early - Community	1	1.6093	
		1CC31	Wound - High	Early - Community	2	1.7516	
		2CC11	Wound - High	Early - Institutional	0	1.7568	
		2CC21	Wound - High	Early - Institutional	1	1.8136	
		2CC31	Wound - High	Early - Institutional	2	1.9558	
		3CC11	Wound - High	Late - Community	0	1.2201	
		3CC21	Wound - High	Late - Community	1	1.2769	
		3CC31	Wound - High	Late - Community	2	1.4191	
		4CC11	Wound - High	Late - Institutional	0	1.6884	
		4CC21	Wound - High	Late - Institutional	1	1.7451	
		4CC31	Wound - High	Late - Institutional	2	1.8873	
		1CA11	Wound - Low	Early - Community	0	1.3373	
		1CA21	Wound - Low	Early - Community	1	1.3941	
		1CA31	Wound - Low	Early - Community	2	1.5363	
		2CA11	Wound - Low	Early - Institutional	0	1.5416	
Recalibrated Weight for 2026	**LUPA Visit**	**HIPPs**	**Clinical Group and Functional Level**	**Admission Source and Timing**	**Comorbidity Adjustment (0 = none, 1 = single comorbidity 2 = interaction)**	**Recalibrated Weight for 2026**	**LUPA Visit Threshold (LUPAs have fewer visits than the threshold**
		2CA21	Wound - Low	Early - Institutional	1	1.5983	
		2CA31	Wound - Low	Early - Institutional	2	1.7405	
		3CA11	Wound - Low	Late - Community	0	1.0048	

		3CA21	Wound - Low	Late - Community	1	1.0616	
		3CA31	Wound - Low	Late - Community	2	1.2038	
		4CA11	Wound - Low	Late - Institutional	0	1.4731	
		4CA21	Wound - Low	Late - Institutional	1	1.5298	
		4CA31	Wound - Low	Late - Institutional	2	1.6721	
		1CB11	Wound - Medium	Early - Community	0		
		1CB21	Wound - Medium	Early - Community	1		
		1CB31	Wound - Medium	Early - Community	2		
		2CB11	Wound - Medium	Early - Institutional	0		
		2CB21	Wound - Medium	Early - Institutional	1		
		2CB31	Wound - Medium	Early - Institutional	2		
		3CB11	Wound - Medium	Late - Community	0		
		3CB21	Wound - Medium	Late - Community	1		
		3CB31	Wound - Medium	Late - Community	2		
		4CB11	Wound - Medium	Late - Institutional	0		
		4CB21	Wound - Medium	Late - Institutional	1		
		4CB31	Wound - Medium	Late - Institutional	2		

Changes to the PDGM case-mix weights are implemented in a budget neutral manner by multiplying the CY 2026 national standardized 30-day period payment rate by a case-mix budget neutrality factor. This produced a case-mix budget neutrality factor for CY 2026 of 1.0052. (Page 111)

Final CY 2026 Home Health Market Basket Update for HHAs (Page 111)

Final Decision: "Consistent with section 1895(b)(3)(B)(vi) of the Act, and as outlined previously in section IV.B.1. of this final rule, we are finalizing the home health payment update methodology. The market basket percentage increase for CY 2026 for the HH PPS is based on IGI's third quarter 2025 forecast of the home health market basket percentage increase, which is estimated to be 3.2 percent. We are applying a 0.8 percentage point productivity adjustment to the CY 2026 home health market basket percentage increase. Therefore, the final CY 2026 home health market basket update is equal to 2.4 percent." (Page 120)

For HHAs that do not submit the required quality data for CY 2026, the home health payment update percentage is **0.4 percent** (2.4 percent minus 2.0 percentage points).

Final CY 2026 Home Health Wage Index (Page 120)

CMS is finalizing its proposal to base the HH PPS wage index on the FY 2026 hospital pre-floor, pre-reclassified wage index for hospital cost reporting periods beginning on or after October 1, 2021, and before October 1, 2022 (FY 2022 cost report data). The final CY 2026 HH PPS wage index will include the 5 percent cap on wage index decreases. (Page 130)

The final HH PPS wage index file applicable for CY 2026 (January 1, 2026, through December 31, 2026) is available on the CMS website at:

https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/home-health-agencycenter. Link does not work.

Final CY 2026 National, Standardized 30-Day Period Payment Amount (Page 133)

CY 2026 National, Standardized 30-Day Period Payment Amount

CY 2025 National Standardized 30-Day Period Payment	Permanent Adjustment Factor	CY 2026 Case-Mix Weights Recalibration Neutrality Factor	CY 2026 Wage Index Budget Neutrality Factor	CY 2026 HH Payment Update Factor	CY 2026 National, Standardized 30-Day Period Payment (Without Temporary Adjustment)	Temporary Adjustment Factor	CY 2026 National, Standardized 30-Day Period Payment (With Temporary Adjustment)
$2,057.35	0.98977	1.0052	1.0025	1.024	$2,101.26	0.97000	**$2,038.22**

This is a decrease of **$19.13** per 30-day payment period.

CY 2026 National Per-Visit Rates for 30-day Periods of Care (Page 104)

The national per-visit rates are used to pay LUPAs and are also used to compute imputed costs in outlier calculations. The per-visit rates are paid by type of visit or home health discipline. The six home health disciplines are as follows:

- Home health aide (HH aide).
- Medical Social Services (MSS).

- Occupational therapy (OT).
- Physical therapy (PT).
- Skilled nursing (SN).
- Speech-language pathology (SLP).

CY 2026 National Per-Visit Payment Amounts

HH Discipline	CY 2025 Per-Visit Payment Amount	CY 2026 Wage Index Budget Neutrality Factor	CY 2026 HH Payment Update Factor	CY 2026 Per-Visit Payment Amount
Home Health Aide	$78.20	1.0005	1.024	$80.12
Medical Social Services	$276.85	1.0005	1.024	$283.64
Occupational Therapy	$190.08	1.0005	1.024	$194.74
Physical Therapy	$188.79	1.0005	1.024	$193.42
Skilled Nursing	$172.73	1.0005	1.024	$176.96
Speech-Language Pathology	$205.22	1.0005	1.024	$210.25

Payments for High-Cost Outliers under the HH PPS (Page 141)

Final Decision: With updated CY 2024 claims data (as of July 11, 2025) and given the statutory requirement that total outlier payments not exceed 2.5 percent of the total payments estimated to be made under the HH PPS, CMS is finalizing a Fixed Dollar Loss (FDL) ratio of 0.37 for CY 2026.

Regulation Change to Face-to-Face Encounter (Page 155)

CMS is adopting as proposed to revise § 424.22(a)(1)(v)(A) to state that the face-to-face encounter must be performed by one of the following: a physician, a nurse practitioner, a clinical nurse specialist, or a physician assistant as defined at 42 CFR 484.2; or a certified nurse-midwife as defined in section 1861(gg)) of the Act as authorized by State law. CMS also proposed to remove § 424.22(a)(1)(v)(C), which limits the face-to-face encounter to the certifying physician or allowed practitioner unless the encounter is performed by either of the following:

- A certified nurse midwife as described in paragraph (a)(1)(v)(A)(4).
- A physician, physician assistant, nurse practitioner, or clinical nurse specialist with

  privileges who 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.

III. Home Health Quality Reporting Program (HH QRP) (Page 156)

The HH QRP currently includes 19 measures for the CY 2026 program year, as described in table C-19. (Page 158)

CMS is removing the "COVID-19 Vaccine: Percent of Patients Who Are Up to Date" measure and the item related to the measure and corresponding data element.

CMS is removing four assessment items: Living Situation (R0310), Food (R0320A and R0320B), and Utilities (R0330) beginning with patients discharged on or after April 1, 2026. (Page 167)

Final Decision: After consideration of the public comments received, CMS is finalizing its proposals to amend the bases by which CMS grants a reconsideration request under the HH QRP reconsideration policy and to codify this proposed policy at § 484.245(d)(5). (Page 172)

HHCAHPS Survey Updates (Page 175)

CMS launched an effort to update and shorten the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey.

Specifically, changes to the survey and the quality measures derived from testing include the following:

- Addition of three new questions to assess new topics of importance to patients:

  ++ Whether the care provided helped the patient take care of their health.

  ++ Whether the patient's family/friends were given sufficient information and instructions.

  ++ Whether the patient felt the staff cared about them "as a person."

- Removal of questions or topics of less importance to patients (that is, six questions about medications were reduced to two questions).
- The following 4 questions were removed:

  ++ Whether someone asked to see all the prescription and over-the-counter medicines

  the patient was taking.

  ++ Whether the patient is taking any new prescription medicines or whether the patient's

  medicines have changed.

++ Whether home health providers talked to the patient about the purpose for taking new or changed prescription medicines.

++ Whether home health providers talked to the patient about when to take the medicines.

- Removal of questions not currently used in public reporting composites (that is, three questions on which type of staff served the patient—nurse, physical or occupational therapist, and home care aide).
- Removal of one question which did not perform well in testing to stand alone or fit into one of the revised composite measures:
- Whether the patient got information about what care and services they would get when they first started getting home health care.

Final Decision: After consideration of the public comments CMS received, it is finalizing the proposal to update the HHCAHPS measures beginning with the April 2026 sample month. (Page 187)

IV. The Expanded Home Health Value-Based Purchasing (HHVBP) Model (Page 206)

Beginning April 2026, CMS is changing 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 changes to the HHCAHPS survey, CMS will remove three measures:

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

CMS is also finalizing as proposed, 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 finalizing the current weights of individual measures and measure categories.

Additionally, CMS is adding and codifying an additional measure removal factor at § 484.358, Factor 9: "It is not feasible to implement the measure specifications."

V. Updates to the Home Health Agency Conditions of Participation (CoPs) to Align with the OASIS All-Payer Submission Requirements (Page 236)

To align with the transition to OASIS all-payer submission requirements as outlined in the CY 2023 HH PPS final rule, CMS is removing at § 484.45(a) the term "beneficiary" and replace it with the term "patient."

VI. Provider Enrollment, Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Accreditation Policies, and DMEPOS Prior Authorization (Page 240)

Comment

CMS is piggy backing a different rule on the HHA update. This material pertains to DMEPOS items. The extent of DME is more than 360 pages. As such, we are using the rule's fact sheet in summarizing CMS' changes.

Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies DMEPOS) Accreditation

"As part of CMS' longstanding and ongoing efforts to address DMEPOS fraud, waste, and abuse, DMEPOS suppliers must be accredited by a CMS-approved accrediting organization (AO) to enroll in and bill Medicare. The purpose of accreditation is to confirm that the supplier meets the DMEPOS quality standards.[1] However, the CMS DMEPOS accreditation regulations have not been updated since their original promulgation in 2006, and we believe that program integrity vulnerabilities have risen substantially in the DMEPOS accreditation program over the years.

"We are particularly concerned that there may be instances where: (1) AOs are accrediting DMEPOS suppliers that do not meet the DMEPOS quality standards; and (2) DMEPOS suppliers are falling out of compliance with the quality standards (sometimes for extended periods) after becoming accredited. As a result, we are concerned about beneficiaries' health and safety as well as the many millions of Medicare dollars that may have been paid to noncompliant suppliers since 2006. Therefore, we are finalizing several updates and enhancements to our regulations so we can exercise greater scrutiny over DMEPOS suppliers and the AOs.

"Our specific provisions center around two general principles:

More Frequent DMEPOS Supplier Surveys and Reaccreditations – Currently, DMEPOS suppliers are resurveyed and reaccredited every three years. DMEPOS suppliers will now have to be resurveyed and reaccredited annually.

Stricter Requirements for Becoming and Remaining a DMEPOS AO – Our finalized provisions regarding stronger oversight of the AOs include, but are not limited to:

Increasing the amount, specificity, and frequency of data that AOs must submit to CMS;

Expanding CMS' ability to closely monitor and review AOs' operations; and

Strengthening CMS' ability to respond to poorly performing AOs.

"We believe that these and other DMEPOS accreditation provisions will help protect Medicare beneficiaries and the taxpayers from unqualified DMEPOS suppliers.

Exemption Process for the Prior Authorization of Certain DMEPOS Items

CMS is finalizing additional specificity to the DMEPOS prior authorization exemption process. Modeled on a similar exemption process in the hospital outpatient department prior authorization program (42 CFR § 419.83(c)), suppliers achieving a target approval rate of 90% will be offered an exemption from required prior authorization. To determine supplier eligibility for continued exemption, the DME Medicare Administrative Contractors (MACs) would complete a post payment medical review sample. From this claim sample, suppliers must again meet a claim approval rate of 90% or greater to continue their exemption. Suppliers who did not meet the compliance rate threshold must continue submitting prior authorization requests as required. By achieving the compliance rate percentage, the supplier has demonstrated an understanding of the requirements for submitting accurate claims. The DME MACs will provide suppliers notice of an exemption or withdrawal of an exemption at least 60 days prior to the effective date.

Improvements to the DMEPOS Competitive Bidding Program

"CMS is finalizing improvements to the DMEPOS Competitive Bidding Program so that we can protect the Medicare Trust Funds and beneficiaries can benefit from lower copays. We expect to announce the product categories for which we will solicit bids and the specific timeframe for the next competition shortly. In addition, beginning the date class II CGMs and insulin pumps are furnished under the DMEPOS Competitive Bidding Program, CMS will begin paying for all continuous glucose monitors (CGMs) and insulin infusion pumps on a monthly rental basis, giving beneficiaries access to current, fully supported technology that meets evolving safety and performance standards."

Final Comments

The amount of the payment reduction for behavior changes for CY 2026 is significant. It is difficult to believe that simply using payments and utilization totals can demonstrate behavior changes between the old 153 payment groupings and the revised 452 patient categories. CMS has not identified changes in the delivery of home services. The behavior adjustment appears to be nothing short of simply reducing Medicare payments.

On page 67, CMS says that it is "finalizing implementing a 3.0 percent reduction in CY 2026, that is equivalent to a 0.9700 temporary adjustment factor, to the CY 2026 national, 30-day payment rate. By implementing a -3.0 percent temporary adjustment, we can begin recoupment of retrospective overpayments. We determined that the **total temporary adjustment dollar amount is approximately $4.7 billion through CY 2024** and that implementing a -3.0 percent temporary adjustment may allow us to recoup $471 million of this total dollar amount."