

Public Policy

HCA Public Policy No.11-2020



TO: HCA MEMBERS

FROM: PATRICK CONOLE, VICE PRESIDENT, FINANCE & MANAGEMENT

RE: CMS's CY 2021 HHPPS FINAL RULE – NEW WAGE INDEX SUMMARY ATTACHED

DATE: NOVEMBER 3, 2020

Overview

Last week, the U.S. Centers for Medicare and Medicaid Services (CMS) posted for public inspection its calendar year (CY) 2021 final Home Health Prospective Payment System (HHPPS) rule for Medicare home health services.

The final rule can be read from the Federal Register website at https://public-inspection.federalregister.gov/2020-24146.pdf?utm_medium=email&utm_campaign=pi+subscription+mailing+list&utm_source=federalregister.gov.

All told, taking into account the various adjustments to the base episodic rate, CMS estimates an overall 1.9 percent increase in national Medicare home health payments (or \$390 million) in 2021 – a major reduction from CMS's proposed rule, which estimated a 2.6 percent increase (or \$540 million).

The CY 2021 final rule brings minimal changes from the proposed rule. CMS appears to have recognized that any significant changes would be premature during the infancy of the Patient Driven Groupings Model (PDGM), given the limited data available from 2020, combined with the turmoil created by the COVID-19 pandemic. CMS did not make any structural changes to the PDGM system and maintained the case mix weights and Low Utilization Payment Adjustment (LUPA) thresholds at the current 2020 levels.

The most significant change is CMS's reduction of the annual payment rate update to 2.0 percent as a result of applying more recent data in the market basket index, distinct from the proposed rule which set the update at 2.7 percent using a 3.1 percent inflation update and a 0.4 percent productivity adjustment.

CMS also rejected pleas to roll back the 4.36 percent behavioral adjustment based on its position that CMS does not have the data yet to evaluate whether its budget neutrality obligation has been met in 2020. HCA and others argued that the data to date clearly shows that the assumptions made by CMS in its establishment of the adjustment have not become reality.

HCA has repeatedly pressed for repeal of PDGM's behavioral adjustment cut in advocacy with New York's Congressional Delegation, calling for a more rational construct that makes adjustments only after actual behavioral changes have occurred. In this vein, HCA has worked to gain steady Delegation support that would specifically limit

reimbursement adjustments like those being advanced by CMS and permit them only on a retrospective basis, where past behavioral change is evident, rather than anticipating or assuming that behavior will change with cuts in advance. We will continue to advocate for such a process. HCA has also been working with our colleagues at the National Association for Home Care and Hospice (NAHC) to make sure CMS closely analyzes actual behavior changes throughout 2020 and to help develop the standards for determining whether future adjustments may be justified.

The rule also finalizes a proposal to make permanent the regulatory changes related to telecommunications technologies in providing care under the Medicare home health benefit beyond the expiration of the public health emergency (PHE) for the COVID-19 pandemic.

Other important highlights of the rule include:

- A market basket increase of 2.0 percent based on an annual inflation update of 2.3 percent reduced by a 0.3 percent productivity adjustment.
- A continued phase-out of the Request for Anticipated Payment (RAP) process with a no-pay RAP process being implemented in CY 2021 and the implementation of a Notice of Admission (NOA) process beginning in CY 2022.
- Updated tables for the CY 2021 standardized 30-day PDGM unit payment and updated CY 2021 per-visit rates used in LUPAs.
- Adoption of the revised 2018 Office of Management and Budget (OMB) statistical area delineations which includes a proposal to apply a 5 percent cap on wage index decreases in CY 2021. There is no cap on wage index increases.
- The Outlier Fixed Dollar Loss (FDL) ratio would remain at 0.56 percent, which suggests that CMS does not expect any increases or decreases in the national volume of outlier episodes. The proposed rule initially had an incorrect FDL ratio of 0.63 but that was revised by CMS.
- A continuation of the rural add-on phase-out, where most rural counties in New York will only see a 1 percent increase to their rates in CY 2021, which is lowered from the current 2 percent increase in CY 2020.
- A summary of the Medicare enrollment policies for qualified home infusion therapy suppliers and updates to the CY 2021 home infusion therapy services payment rates using the CY 2021 Physician Fee Schedule amounts.

Overall Payment Impact At-a-Glance

Under the final rule, CMS projects that total Medicare payments to Home Health Agencies (HHAs) in CY 2021 will be increased by \$390 million nationally, based on the net impact of a positive and negative adjustment. Specifically, this aggregate increase reflects the cumulative impact of the following:

- A 2.0 percent home health market basket payment rate increase (a \$410 million increase); and

- A 0.1 percent decrease in CY 2021 payments due to the rural add-on changes mandated by the Balanced Budget Act (BBA) of 2018 (a \$20 million decrease).

Final Rule in Detail

Continuation of the same Patient Driven Groupings Model (PDGM) for CY 2021

Background

In accordance with the BBA, CMS implemented 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 2021 by maintaining the following core features:

- 30-day payment units
- Major revisions to the RAP process
- Behavioral assumptions by CMS
- Payment unity timing classifications: early vs. late
- Admission source categories
- Patient clinical groupings
- Functional Impairment Levels
- A comorbidity adjustment
- Variances in the LUPA thresholds

A summary of each of these features can be found in HCA's Public Policy Memorandum for last year's CY 2020 final rule at <https://hca-nys.org/wp-content/uploads/2019/11/CMS-2020-Final-HHPPS-Rule-Memo.pdf>.

Appendix A of this memo recaps how each 30-day period of care is placed into one of the 432 Home Health Resource Groups (HHRGs) under PDGM for CY 2021.

In addition, as previously mentioned, CMS chose to maintain the current CY 2020 PDGM case-mix-weights (CMWs) and LUPA thresholds for CY 2021 which are included in **Appendix B**. HCA members can expect CMS to recalibrate the PDGM CMWs in CY 2022, once sufficient PDGM data becomes available.

Components of the Final CY 2021 HHPPS Rates

Market Basket Update

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 ten-year moving average of change in annual economy-wide private non-farm business MFP. The MFP is derived by subtracting the contributions of labor and capital input growth from output growth.

As a result of all these actions, the final home health update percentage for CY 2021 is based on the estimated home health market basket update of 2.3 percent (based on IHS Global Insight Inc.’s third quarter 2020 forecast with historical data through the second quarter 2020) which then must be reduced by a MFP adjustment currently estimated to be 0.3 percent for an overall **market basket of 2.0 percent in CY 2021**.

CMS notes that the first quarter 2020 forecast used for the CY 2021 proposed home health market basket percentage increase was developed prior to the economic impacts of the COVID-19 PHE. This lower update (2.3 percent) for CY 2021, relative to the proposed rule (3.1 percent), is primarily driven by slower anticipated compensation growth for both health-related and other occupations as labor markets are expected to be significantly impacted during the recession that started in February 2020 and throughout the anticipated recovery.

Finally, the BBA of 2018 requires that the home health update be decreased by 2 percent for those HHAs that do not submit at least 90 percent of their quality data as required by CMS. For HHAs that do not submit the required quality data beginning on or after July 1, 2019 and before July 1, 2020, the home health payment update for CY 2021 would be reduced to 0.7 percent (2.7 percent minus 2 percent).

Final CY 2021 National, Standardized 30-Day Payment Rate

For CY 2021, CMS is not making any changes in the structure of the PDGM payment model, issuing a 2.0 percent market basket or inflationary update, and finalizing significant changes in the wage index area designations, which required an updated calculation of the wage index budget neutrality factor, a continuation of the outlier payment standards and a scheduled phasing-out of the rural add-on.

Overall, this rule would bring a rare year of relative stabilization in Medicare payments for most HHAs. However, it is noteworthy that the wage index changes will have a significant impact on HHAs that serve certain geographic areas. This reimbursement factor does not get the headlines, but it can be very meaningful for some agencies.

Generally, CMS explains that it is doing very little to change the payment model and the payment rates because it has only limited data from the new PDGM model. That limitation is compounded by the chaotic impacts on patient case mix, service modalities, and patient volume triggered by the COVID-19 pandemic. Throughout 2020, HCA has advocated for CMS to roll back the 2020 behavioral adjustment that was set at a reduction of 4.36 percent due to

these impacts. In response to these inquiries, CMS felt it was premature to change course from the behavioral adjustment given what it called data limitations, even though there were strong signs pointing to a significant increase in LUPAs, contrary to CMS’s assumption that agencies would attempt to artificially decrease their LUPA volumes – which was one reason why CMS applied the behavioral adjustment in the first place.

To calculate the wage index budget neutrality factor, CMS simulated total payments for non-LUPA episodes using the final CY 2021 wage index and compared it to a simulation of total payments for non-LUPA episodes using the final CY 2020 wage index. Next, they divided the total payments for non-LUPA episodes using the final CY 2021 wage index by the total payments for non-LUPA episodes using the CY 2020 wage index. The result is a wage index budget neutrality factor of 0.9999. CMS then applies the wage index budget neutrality factor of 0.9999 to the calculation of the final CY 2021 national, standardized 30-day period payment rate.

CMS notes that in past years, a case-mix budget neutrality factor was annually applied to the HHPPS base rate to account for the change between the previous year’s case-mix weights and the newly recalibrated case-mix weights. Since CY 2020 is the first year of PDGM and CMS has already stated they have limited data due to the PHE, it would not be necessary to do a case-mix budget neutrality factor for CY 2021. However, in future years under PDGM, CMS will apply a case-mix budget neutrality factor with the annual payment update in order to account for the change between the previous year’s PDGM case-mix weights.

Finally, CMS updates the 30-day payment rate by the 2021 home health market basket update of 2.0. The final CY 2021 national standardized 30-day period payment rate is calculated in Table 1.

Table 1: Final CY 2021 30-Day HHPPS Episodic Payment Update			
CY 2020 30-Day Budget Neutral Standard Amount	Wage Index Budget Neutrality Factor (Multiply)	CY 2021 Market Basket Update (Multiply)	CY 2021 Final National Standardized 30-Day Period Payment
\$1,864.03	X 0.9999	X 1.020	\$1,901.12

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 HHAs 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 case-mix weight.
2. Divide the case-mix adjusted amount into the labor portion (76.1 percent) and non-labor portion (23.9 percent).
3. Multiply the labor portion by the applicable wage index based on the site of the beneficiary’s service.
4. Add the wage-adjusted portion to the non-labor portion, yielding the case-mix and wage-adjusted 30-day payment rate.

HHAs that did not submit the required 90 percent of its Outcome Assessment and Information Set (OASIS) assessments for episodes beginning on or after July 1, 2019 and before July 1, 2020 would additionally see their market basket update reduced by 2 percent, which results in an overall 0.0 percent market basket update and a final CY 2021 national 30-day payment rate of **\$1,863.84**.

Final 2021 National Per-Visit Rates

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

To calculate the final CY 2021 national per-visit rates (aka LUPA rates), CMS first started with the final 2020 national per-visit rates. CMS then applied a wage index budget neutrality factor of 0.9997 to ensure budget neutrality for LUPA per-visit payments and next increased each of the six per-visit rates by the 2021 market basket update of 2.0 percent.

CMS calculated the wage index budget neutrality factor by estimating total payments for LUPA episodes using the final 2021 wage index and comparing it to simulated total payments for LUPA episodes with the current 2020 wage index. CMS notes that the LUPA per-visit payments are not calculated using case-mix weights and, therefore, there is no case-mix standardization factor needed to ensure budget neutrality in LUPA payments. The final CY 2021 national per-visit rates are calculated in Table 2.

HH Disciplines	CY 2020 LUPA Rates	Wage Index Budget Neutrality Factor (Multiply)	2021 Home Health Payment Update (Multiply)	Final CY 2021 Per Visit (LUPA) Rates
Home Health Aide	\$67.78	0.9997	1.020	\$69.11
Skilled Nursing	\$149.68	0.9997	1.020	\$152.63
Physical Therapy	\$163.61	0.9997	1.020	\$166.83
Occupational Therapy	\$164.74	0.9997	1.020	\$167.98
Speech Therapy	\$177.84	0.9997	1.020	\$181.34
Medical Social Services	\$239.92	0.9997	1.020	\$244.64

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 2021) for episodes beginning on or after July 1, 2019 and before July 1, 2020 CMS would reduce their market basket update by 2 percent, resulting in an overall 0.0 percent market basket update.

No Changes to LUPA Add-on Factor Update

The CY 2021 final rule maintains the changes CMS made to the LUPA “add-on factor” in the 2014 final rule. This “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 area wage differences). The three LUPA add-on factors are as follows: 1.8451 for Skilled Nursing (SN); 1.6700 for Physical Therapy (PT); and 1.6266 for Speech Language Pathology (SLP). 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 \$281.62 (1.8451 multiplied by \$152.63).

Outlier Methodology and Fixed Dollar Loss (FDL) Ratio

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's 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 2.5 percent of the total payments estimated to be made under HHPPS, CMS established that the FDL ratio for 30-day periods of care in CY 2020 would need to be set at **0.56** for 30-day periods of care based on CMS's simulations looking at both 60-day episodes that would span into CY 2020 and 30-day periods. CMS has finalized its proposal to keep its existing outlier policies intact as well as maintain the FDL ratio of 0.56 for CY 2021.

OMB Revisions to Wage Index

The final rule discusses a notification issued in September 2018 by OMB that establishes revisions to the delineations of Metropolitan Statistical Areas (MSAs), Micropolitan Statistical Areas, and Combined Statistical Areas, and guidance on uses of the delineations in these areas. While CMS believes that HHAs should be subject to the most current OMB delineations, CMS acknowledges that the revisions in several cases can be significant for some HHAs nationwide. These include changes in status from urban to rural, rural to urban, shifts of counties from one urban Core Based Statistical Area (CBSA) to another and CBSA name and number changes. The following are the finalized changes for HHAs in New York due to the revised OMB delineations:

- The current Buffalo-Cheektowaga-Niagara Falls CBSA Title would be changed to Buffalo-Cheektowaga, NY.
- Dutchess County's current CBSA number of 20524 would change to 39100 and Dutchess County would move from the Dutchess County-Putnam County CBSA to a new CBSA named Poughkeepsie-Newburgh-Middletown NY.
- Putnam County's current CBSA number of 20524 would change to 35614. Putnam County would also move to the New York City (NYC)-Jersey City-White Plains, NY CBSA.

- Orange’s County’s current CBSA number of 35614 would change to 39100 and Orange County would move from the New York City (NYC)-Jersey City-White Plains, NY CBSA to the Poughkeepsie-Newburgh-Middletown NY CBSA.

For this reason, it is important for HHAs in those areas to examine the anticipated shifts as outlined in the rule and **Appendix C** of this memorandum.

To mitigate the impact of these changes, CMS has finalized its proposal to address any short-term instability that may arise as a result of implementing the new delineations by applying a 5 percent cap on any decrease in a geographic area’s wage index value from CY 2020 to 2021 (there is no 5 percent cap on increases in wage index). No cap will be applied in CY 2022.

Final CY 2021 Wage Index for HHAs 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 continuing this practice for CY 2021, 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. HCA has repeatedly taken issue with CMS’s wage index due to the incompatibilities of hospital cost-reporting and labor mix at the root of CMS’s 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 2021 wage adjustment to the labor portion of the HHPPS rates. For CY 2021, the updated wage data are for hospital cost reporting periods beginning on or after October 1, 2016, and before October 1, 2017 (FY 2017 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. In 2019, CMS finalized its proposal to revise the labor-related share to reflect the 2016-based home health market basket compensation. As a result, the final labor-related share was changed to 76.1 percent, resulting in a non-labor-related share of 23.9 percent.

Under the new OMB designations, there still remain 15 CBSA wage index designations in New York. The following is a summary of the finalized changes for New York HHAs for CY 2021:

- Eight CBSAs will see increases in their 2021 wage index. They include: Albany-Schenectady-Troy; Elmira; Ithaca; Kingston; Nassau-Suffolk Counties; New York City (NYC) and White Plains; Rochester NY; and the 24 counties in the NYS Rural Area designation.
- Seven CBSAs will see decreases in their 2021 wage index. They include: Binghamton; Buffalo-Cheektowaga-Niagara Falls; Glens Falls; Poughkeepsie-Newburgh-Middletown; Syracuse; Utica-Rome; and Watertown-Fort Drum.

HCA is pleased to see significant wage index increases for CY 2021 in the Rochester (5.39 percent), Nassau-Suffolk (1.66 percent), and NYC-White Plains (5.01 percent) CBSAs (Putnam County will see a 6.62 percent increase), but we are very concerned that agencies in Orange County will see a 5.00 percent decrease, Dutchess County a 4.04 percent decrease and the Syracuse area a 2.92 percent decrease.

Appendix C, attached to this Memorandum, includes a detailed New York State-specific summary of each current 2020 wage index, the final CY 2021 wage index, and the percentage difference between the two.

Tiered Rural Add-On Continues

The BBA of 2018 amended Section 421 (a) of the Medicare Modernization Act (MMA) by extending the rural add-on for five years. In its 2018 final rule, CMS finalized significant changes to the home health rural add-on between CY 2019 and CY 2022.

This extension of the rural add-on was implemented in CMS's Transmittal 2047 (March 20, 2018), available at <https://www.cms.gov/Regulations-andGuidance/Guidance/Transmittals/2018Downloads/R2047OTN.pdf>. Beginning in CY 2019 and onward, CMS has placed rural counties into one of the following three categories for purposes of the home health rural add-on payment:

- **High Utilization** – For rural counties in the highest quartile of home health usage per 100 people, based on 2015 data, the rural add-on is 1.5 percent in 2019; 0.5 percent in 2020; **and 0 percent in 2021 and 2022.**
- **Low Population Density** – For rural counties and equivalent areas with a population density of 6 individuals or fewer per square mile of land area (also known as “frontier counties”) based on 2010 Census data, the rural add-on is 4 percent in 2019; 3 percent in 2020; **2 percent in 2021;** and 1 percent in 2022.
- **All Other** – For patients being serviced in all other rural counties (outside of the previous tiers mentioned above), the add-on is 3 percent in 2019; 2 percent in 2020; **1 percent in 2021;** and 0 percent in 2022.

Based on HCA's analysis, it has been determined that Hamilton County will fall under the “Low Population Density” or “frontier” category, while the remaining 23 rural counties in New York will fall under the “All Other” category.

Use of Telehealth Under the Medicare Home Health Benefit

CMS has finalized the plan of care (POC) requirements within Section 409.43(a) related to telehealth as was issued in the Coronavirus Aid, Relief, and Economic Security (CARES) Act Interim final rule published on March 30, 2020.

The home health POC must include any provision of remote patient monitoring or other services furnished via a telecommunications system or audio-only and describes how the use of such technology is tied to the patient-specific needs as identified in the comprehensive assessment and will help to achieve the goals outlined in the POC.

The amended POC requirements in Section 409.43(a) also state that these services cannot substitute for a home visit ordered as part of the POC and cannot be considered a home visit for the purposes of **patient eligibility or home health payment**. However, CMS is allowing HHAs to continue to report the costs of telehealth/telemedicine as allowable administrative costs on line 5 of the home health agency cost report. If the remote patient monitoring is audio-only, those costs should be reported as a general expense on the cost report and would not be reported on line 5 of the home health cost report. Additionally, CMS is proposing to include not only remote patient monitoring but also other communications or monitoring services, consistent with the POC for the individual.

In late March, HCA sent members a grassroots advocacy message to speak out on this telehealth issue. The message told Congress to “now demand that federal Medicare administrators implement key home health flexibility as they interpret and act on the new relief provisions” for telehealth – most specifically allowing HHAs to bill and be paid by Medicare when conducting visits virtually using long-standardized remote health devices and procedures during the emergency period. More recently, both houses of Congress have introduced legislation that would provide a path for Medicare telehealth reimbursement to home health agencies. Our latest grassroots advocacy campaign urging support for the bill has netted over 1,000 messages to Congress. If you haven’t done so, please take action here today: <https://p2a.co/EpZtqwJ>.

Home Health Quality Reporting Program (HHQRP) Update

CMS did not propose any changes to the Home Health Quality Reporting Program (HHQRP) for CY 2021, including the Home Health Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. As in prior years, HHAs that do not submit at least 90 percent of their OASIS data beginning on or after July 1, 2019 and before July 1, 2020 will be subject to a 2 percent payment reduction.

However, CMS has finalized a proposed change to the OASIS testing requirements for new HHAs. Section 484.45(c)(2) of the home health agency conditions of participation (CoPs) will now require that new HHAs must successfully transmit test data to the Quality Improvement & Evaluation System (QIES) or CMS OASIS contractor as part of the initial process for becoming a Medicare-participating HHA. This requires a virtual private network (VPN) and use of a fake CMS Certification Number (CCN) for the test transmission since new HHAs do not yet have a CCN and CMS has limited the number of users to two.

Lastly, in its CY 2020 final rule, CMS finalizes twenty measures for the CY 2022 quality reporting program (QRP). These twenty measures are listed for reference in Table 3.

Table 3: Measures Currently Adopted for the CY 2022 HHQRP

Short Name	Measure Name and Data Source
OASIS Based	OASIS Based
Ambulation	Improvement in Ambulation/locomotion (NQF #0167).
Application of Falls	Application of percent of residents experiencing one or more falls with major injury (NQF #0674).
Application of Functional Assessment	Application of percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function (NQF #2631).
Bathing	Improvement in bathing (NQF #0174).
Bed Transferring	Improvement in bed transferring (NQF #0175).
Drug Regimen Review (DRR)	Drug regimen review conducted with follow-up for identified issues – post acute care (PAC) HHQRP.
Drug Education	Drug education on all medications provided to patient/caregiver during all episodes of care.
Dyspnea	Improvement in dyspnea.
Influenza	Influenza immunization received for current flu season.
Oral Medications	Improvement in management of oral medications (NQF #0176).
Pressure Ulcers/Injury	Changes in skin integrity PAC.
Timely Care	Timely initiation of care (NQF #0526).
Transfer of Health (TOH)-Provider	Transfer of Health Information to provider PAC.
Transfer of Health (TOH)-Patient	Transfer of Health Information to patient PAC.

Short Name	Measure Name and Data Source
Claims Based	Claims Based
ACH	Acute-Care-Hospitalization during the first 60 days of home health (NQF # 0171).
DTC	Discharge to community PAC HHQRP (NQF #3477).
ED Use	Emergency Department use without hospitalization during the first 60 days of home health (NQF #0173).
MSPB	Total estimated Medicare spending per beneficiary (MSPB) PAC HHQRP.
PBR	Potentially preventable 30-day post discharge readmission measure for HHQRP.
Home Health CAHPS Based	Home Health CAHPS Based
CAHPS Home Health Survey	CAHPS Home Health Care Survey (experience with care) NQF #0517: 1) How often does the home care team give care in a professional way; 2) How well did the home health team communicate with patients; 3) Did the home health team discuss medicines, pain, and home safety with patients; 4) How do patients rate overall care from the HHA; and 5) Will patients recommend HHA to friends and family?

Home Infusion Therapy Services

Section 5012 of the 21st Century Cures Act created a new separate Medicare Part B benefit category for coverage of home infusion therapy services, including associated professional services for administering certain drugs and biologicals through a durable medical infusion pump, training and education, and remote monitoring and monitoring services, effective **January 1, 2021**.

This benefit ensures consistency in coverage for home infusion benefits for all Medicare beneficiaries. The Cures Act sets forth elements for home infusion therapy suppliers in the following three areas: 1) ensuring that all patients have a plan of care established and updated by a physician that sets out the care and prescribed infusion therapy necessary to meet the patient-specific needs; 2) having procedures to ensure that remote monitoring services associated with administering infusion drugs in a patient's home are provided; and 3) having procedures to ensure that patients receive education and training on the effective use of medications and equipment in the home.

In its 2018 final rule, CMS implemented the following requirements for home infusion therapy suppliers:

- Ensure that all patients must have a POC established by a physician that prescribes the type, amount and duration of infusion therapy services furnished. The POC would specify the care and services necessary to meet the patient's specific needs.
- Ensure that the POC for each patient is periodically reviewed by the physician.
- Ensure that patients have infusion therapy support services at all times through the provision of professional services, including nursing services, furnished in accordance with the plan of care on a 7-day-a-week, 24-hour-a-day schedule.
- Provide patient training and education.

- Provide remote monitoring and monitoring services for the provision of home infusion therapy and home infusion drugs.

Current regulations already require all home infusion therapy suppliers to be accredited to meet requirements established by private insurers and Medicare Advantage plans and CMS is continuing this requirement under its fee-for-service Medicare program.

The following is how the home infusion therapy coordinates with the home health benefit:

- Professional services associated with this new home infusion therapy benefit must be provided by the home infusion therapy supplier under Part B, not home health beginning on January 1, 2021.
- If a beneficiary is receiving care by an HHA that is also a qualified home infusion supplier, CMS will permit the HHA to bill for the infusion therapy services separately under a new Part B home infusion benefit (2021).

In its CY 2020 final rule, CMS decided it will group home infusion drugs into three payment categories for CY 2021, each with a unit of single payment, paid at amounts in accordance with specified infusion codes and units for such codes under the Physician Fee Schedule (PFS). CMS will adjust these payment amounts by the Geographic Adjustment Factor, a weighted composite of the three geographic practice cost indices used for the PFS. CMS also will pay higher payment amounts for the first home infusion therapy visit to account for costs to initiate these services. And beginning in CY 2022, CMS will annually update the single payment amount from the prior year for each home infusion therapy payment category by the percent increase in the Consumer Price Index for all urban consumers (CPI-U) for the 12-month period ending with June of the preceding year, reduced by the ten-year moving average of changes in annual economy-wide private non-farm business multifactor productivity (MFP).

In the final rule, CMS established the Medicare provider enrollment policies for qualified home infusion therapy suppliers. Providers wanting to become a home Infusion therapy supplier must: be currently and validly accredited by a CMS-recognized home infusion therapy supplier accrediting organization (AO); comply with Home Infusion Therapy Supplier Standards; enroll in Medicare using Form CMS- 855B and pay the application fee; be in compliance with all Medicare provider enrollment requirements; and comply with screening requirements based on assigned provider risk.

Additional information on the new home infusion therapy benefit can be found at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview.html>.

HCA's Initial Analysis of the CY 2021 Final Rule

CMS's CY 2021 final rule includes both positive and negative changes. The overall 2.0 percent payment increase is helpful but can be offset negatively if your agency is located in one of the seven state CBSAs that will see a decrease to the wage index in CY 2021. Also, the majority of HCA members in rural counties will see the rural add-on percentage decrease by one percent.

CMS's decision to maintain its 4.36 percent behavioral adjustment cut does not occur in a vacuum. It applies at a time when New York providers have operated at aggregate average operating losses on Medicare for 19 years in a row

amid innumerable regulatory burdens and financial pressures, including those yet to come, like CMS's decision to eliminate RAP payments which will compromise agency cash-flow management.

November 19 CHHA Forum

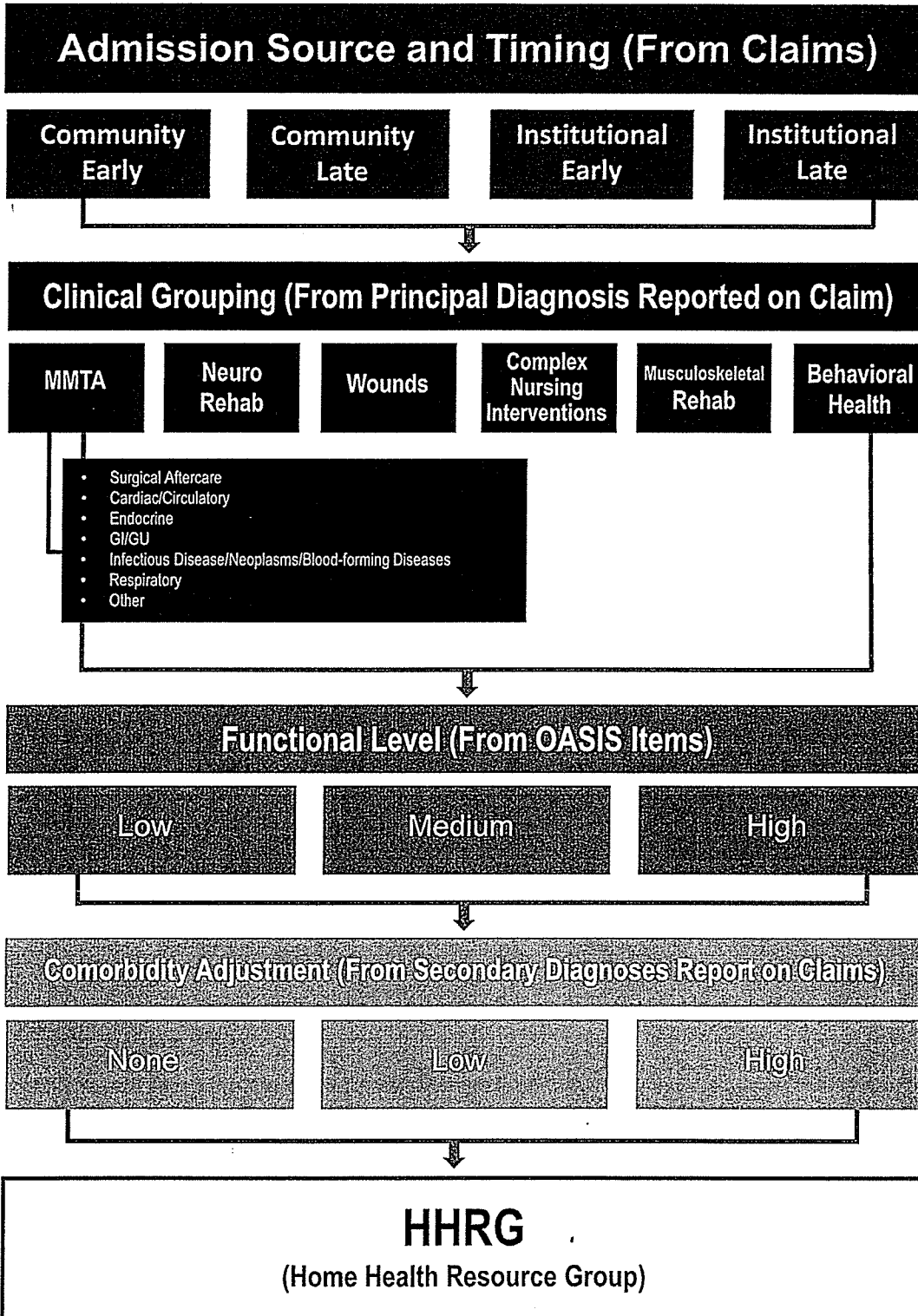
HCA is holding a Statewide CHHA Forum for members via Zoom on November 19 from 10 a.m. to 12:30 p.m. It will include a review of the final CY 2021 HHPPS payment rule, along with other updates, as well as an opportunity to exchange ideas, concerns, and feedback to HCA on issues of importance to CHHAs.

Please register in advance at

https://us02web.zoom.us/meeting/register/tZMofu6trToqEtwNSm6mLvHXprS_8eJeSzCv.

For further information on CMS's CY 2021 HHPPS final rule, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

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.

Appendix B

CY 2021 PDGM LUPA THRESHOLD AND CASE MIX WEIGHT FOR EACH HHRG PAYMENT GROUP

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment (0 = none, 1 = single comorbidity, 2 = interaction)	Visit Threshold (10th percentile or 2 - whichever is higher)	CY 2021 Weights
1FC11	Behavioral Health - High	Early - Community	0	4	1.1798
1FC21	Behavioral Health - High	Early - Community	1	4	1.2305
1FC31	Behavioral Health - High	Early - Community	2	4	1.3271
2FC11	Behavioral Health - High	Early - Institutional	0	4	1.3599
2FC21	Behavioral Health - High	Early - Institutional	1	4	1.4106
2FC31	Behavioral Health - High	Early - Institutional	2	4	1.5072
3FC11	Behavioral Health - High	Late - Community	0	2	0.7737
3FC21	Behavioral Health - High	Late - Community	1	2	0.8244
3FC31	Behavioral Health - High	Late - Community	2	3	0.9211
4FC11	Behavioral Health - High	Late - Institutional	0	3	1.2212
4FC21	Behavioral Health - High	Late - Institutional	1	3	1.2719
4FC31	Behavioral Health - High	Late - Institutional	2	3	1.3685
1FA11	Behavioral Health - Low	Early - Community	0	3	0.9284
1FA21	Behavioral Health - Low	Early - Community	1	4	0.9791
1FA31	Behavioral Health - Low	Early - Community	2	3	1.0757
2FA11	Behavioral Health - Low	Early - Institutional	0	3	1.1085
2FA21	Behavioral Health - Low	Early - Institutional	1	3	1.1592
2FA31	Behavioral Health - Low	Early - Institutional	2	3	1.2558
3FA11	Behavioral Health - Low	Late - Community	0	2	0.5223
3FA21	Behavioral Health - Low	Late - Community	1	2	0.573
3FA31	Behavioral Health - Low	Late - Community	2	2	0.6697
4FA11	Behavioral Health - Low	Late - Institutional	0	2	0.9698
4FA21	Behavioral Health - Low	Late - Institutional	1	2	1.0205
4FA31	Behavioral Health - Low	Late - Institutional	2	2	1.1171
1FB11	Behavioral Health - Medium	Early - Community	0	4	1.0907
1FB21	Behavioral Health - Medium	Early - Community	1	4	1.1414
1FB31	Behavioral Health - Medium	Early - Community	2	5	1.2381
2FB11	Behavioral Health - Medium	Early - Institutional	0	4	1.2708
2FB21	Behavioral Health - Medium	Early - Institutional	1	4	1.3216
2FB31	Behavioral Health - Medium	Early - Institutional	2	3	1.4182
3FB11	Behavioral Health - Medium	Late - Community	0	2	0.6847
3FB21	Behavioral Health - Medium	Late - Community	1	2	0.7354
3FB31	Behavioral Health - Medium	Late - Community	2	2	0.832
4FB11	Behavioral Health - Medium	Late - Institutional	0	3	1.1321
4FB21	Behavioral Health - Medium	Late - Institutional	1	3	1.1828
4FB31	Behavioral Health - Medium	Late - Institutional	2	3	1.2795
1DC11	Complex - High	Early - Community	0	3	1.2086
1DC21	Complex - High	Early - Community	1	2	1.2594
1DC31	Complex - High	Early - Community	2	2	1.356
2DC11	Complex - High	Early - Institutional	0	4	1.3888
2DC21	Complex - High	Early - Institutional	1	4	1.4395
2DC31	Complex - High	Early - Institutional	2	4	1.5361
3DC11	Complex - High	Late - Community	0	2	0.8026
3DC21	Complex - High	Late - Community	1	2	0.8533
3DC31	Complex - High	Late - Community	2	2	0.95
4DC11	Complex - High	Late - Institutional	0	3	1.25
4DC21	Complex - High	Late - Institutional	1	3	1.3008
4DC31	Complex - High	Late - Institutional	2	3	1.3974
1DA11	Complex - Low	Early - Community	0	3	0.953
1DA21	Complex - Low	Early - Community	1	3	1.0037
1DA31	Complex - Low	Early - Community	2	2	1.1004
2DA11	Complex - Low	Early - Institutional	0	3	1.1331
2DA21	Complex - Low	Early - Institutional	1	3	1.1839
2DA31	Complex - Low	Early - Institutional	2	3	1.2805

3DA11	Complex - Low	Late - Community	0	2	0.547
3DA21	Complex - Low	Late - Community	1	2	0.5977
3DA31	Complex - Low	Late - Community	2	2	0.6943
4DA11	Complex - Low	Late - Institutional	0	2	0.9944
4DA21	Complex - Low	Late - Institutional	1	2	1.0452
4DA31	Complex - Low	Late - Institutional	2	2	1.1418
1DB11	Complex - Medium	Early - Community	0	3	1.1464
1DB21	Complex - Medium	Early - Community	1	3	1.1972
1DB31	Complex - Medium	Early - Community	2	2	1.2938
2DB11	Complex - Medium	Early - Institutional	0	4	1.3266
2DB21	Complex - Medium	Early - Institutional	1	4	1.3773
2DB31	Complex - Medium	Early - Institutional	2	4	1.4739
3DB11	Complex - Medium	Late - Community	0	2	0.7404
3DB21	Complex - Medium	Late - Community	1	2	0.7911
3DB31	Complex - Medium	Late - Community	2	2	0.8878
4DB11	Complex - Medium	Late - Institutional	0	3	1.1878
4DB21	Complex - Medium	Late - Institutional	1	3	1.2386
4DB31	Complex - Medium	Late - Institutional	2	3	1.3352
1HC11	MMTA - Cardiac - High	Early - Community	0	5	1.2297
1HC21	MMTA - Cardiac - High	Early - Community	1	5	1.2804
1HC31	MMTA - Cardiac - High	Early - Community	2	4	1.377
2HC11	MMTA - Cardiac - High	Early - Institutional	0	4	1.4098
2HC21	MMTA - Cardiac - High	Early - Institutional	1	4	1.4605
2HC31	MMTA - Cardiac - High	Early - Institutional	2	5	1.5571
3HC11	MMTA - Cardiac - High	Late - Community	0	2	0.8236
3HC21	MMTA - Cardiac - High	Late - Community	1	2	0.8743
3HC31	MMTA - Cardiac - High	Late - Community	2	3	0.971
4HC11	MMTA - Cardiac - High	Late - Institutional	0	4	1.2711
4HC21	MMTA - Cardiac - High	Late - Institutional	1	3	1.3218
4HC31	MMTA - Cardiac - High	Late - Institutional	2	4	1.4184
1HA11	MMTA - Cardiac - Low	Early - Community	0	4	0.9668
1HA21	MMTA - Cardiac - Low	Early - Community	1	4	1.0176
1HA31	MMTA - Cardiac - Low	Early - Community	2	4	1.1142
2HA11	MMTA - Cardiac - Low	Early - Institutional	0	4	1.1469
2HA21	MMTA - Cardiac - Low	Early - Institutional	1	4	1.1977
2HA31	MMTA - Cardiac - Low	Early - Institutional	2	4	1.2943
3HA11	MMTA - Cardiac - Low	Late - Community	0	2	0.5608
3HA21	MMTA - Cardiac - Low	Late - Community	1	2	0.6115
3HA31	MMTA - Cardiac - Low	Late - Community	2	2	0.7081
4HA11	MMTA - Cardiac - Low	Late - Institutional	0	3	1.0082
4HA21	MMTA - Cardiac - Low	Late - Institutional	1	3	1.059
4HA31	MMTA - Cardiac - Low	Late - Institutional	2	3	1.1556
1HB11	MMTA - Cardiac - Medium	Early - Community	0	5	1.1179
1HB21	MMTA - Cardiac - Medium	Early - Community	1	5	1.1686
1HB31	MMTA - Cardiac - Medium	Early - Community	2	5	1.2652
2HB11	MMTA - Cardiac - Medium	Early - Institutional	0	5	1.298
2HB21	MMTA - Cardiac - Medium	Early - Institutional	1	4	1.3487
2HB31	MMTA - Cardiac - Medium	Early - Institutional	2	5	1.4453
3HB11	MMTA - Cardiac - Medium	Late - Community	0	2	0.7118
3HB21	MMTA - Cardiac - Medium	Late - Community	1	2	0.7625
3HB31	MMTA - Cardiac - Medium	Late - Community	2	3	0.8592
4HB11	MMTA - Cardiac - Medium	Late - Institutional	0	3	1.1593
4HB21	MMTA - Cardiac - Medium	Late - Institutional	1	3	1.21
4HB31	MMTA - Cardiac - Medium	Late - Institutional	2	4	1.3066
1IC11	MMTA - Endocrine - High	Early - Community	0	5	1.3874
1IC21	MMTA - Endocrine - High	Early - Community	1	5	1.4381
1IC31	MMTA - Endocrine - High	Early - Community	2	5	1.5348
2IC11	MMTA - Endocrine - High	Early - Institutional	0	4	1.5675
2IC21	MMTA - Endocrine - High	Early - Institutional	1	4	1.6182
2IC31	MMTA - Endocrine - High	Early - Institutional	2	4	1.7149
3IC11	MMTA - Endocrine - High	Late - Community	0	3	0.9813
3IC21	MMTA - Endocrine - High	Late - Community	1	3	1.0321
3IC31	MMTA - Endocrine - High	Late - Community	2	3	1.1287
4IC11	MMTA - Endocrine - High	Late - Institutional	0	4	1.4288
4IC21	MMTA - Endocrine - High	Late - Institutional	1	3	1.4795

4IC31	MMTA - Endocrine - High	Late - Institutional	2	3	1.5762
1IA11	MMTA - Endocrine - Low	Early - Community	0	4	1.0979
1IA21	MMTA - Endocrine - Low	Early - Community	1	4	1.1486
1IA31	MMTA - Endocrine - Low	Early - Community	2	4	1.2453
2IA11	MMTA - Endocrine - Low	Early - Institutional	0	3	1.278
2IA21	MMTA - Endocrine - Low	Early - Institutional	1	3	1.3288
2IA31	MMTA - Endocrine - Low	Early - Institutional	2	4	1.4254
3IA11	MMTA - Endocrine - Low	Late - Community	0	2	0.6919
3IA21	MMTA - Endocrine - Low	Late - Community	1	2	0.7426
3IA31	MMTA - Endocrine - Low	Late - Community	2	3	0.8392
4IA11	MMTA - Endocrine - Low	Late - Institutional	0	3	1.1393
4IA21	MMTA - Endocrine - Low	Late - Institutional	1	3	1.19
4IA31	MMTA - Endocrine - Low	Late - Institutional	2	3	1.2867
1IB11	MMTA - Endocrine - Medium	Early - Community	0	5	1.2712
1IB21	MMTA - Endocrine - Medium	Early - Community	1	5	1.3219
1IB31	MMTA - Endocrine - Medium	Early - Community	2	4	1.4186
2IB11	MMTA - Endocrine - Medium	Early - Institutional	0	5	1.4513
2IB21	MMTA - Endocrine - Medium	Early - Institutional	1	4	1.502
2IB31	MMTA - Endocrine - Medium	Early - Institutional	2	5	1.5987
3IB11	MMTA - Endocrine - Medium	Late - Community	0	3	0.8651
3IB21	MMTA - Endocrine - Medium	Late - Community	1	3	0.9159
3IB31	MMTA - Endocrine - Medium	Late - Community	2	3	1.0125
4IB11	MMTA - Endocrine - Medium	Late - Institutional	0	3	1.3126
4IB21	MMTA - Endocrine - Medium	Late - Institutional	1	3	1.3633
4IB31	MMTA - Endocrine - Medium	Late - Institutional	2	4	1.46
1JC11	MMTA - GI/GU - High	Early - Community	0	4	1.1975
1JC21	MMTA - GI/GU - High	Early - Community	1	3	1.2482
1JC31	MMTA - GI/GU - High	Early - Community	2	3	1.3449
2JC11	MMTA - GI/GU - High	Early - Institutional	0	4	1.3776
2JC21	MMTA - GI/GU - High	Early - Institutional	1	4	1.4283
2JC31	MMTA - GI/GU - High	Early - Institutional	2	4	1.525
3JC11	MMTA - GI/GU - High	Late - Community	0	2	0.7914
3JC21	MMTA - GI/GU - High	Late - Community	1	2	0.8422
3JC31	MMTA - GI/GU - High	Late - Community	2	2	0.9388
4JC11	MMTA - GI/GU - High	Late - Institutional	0	3	1.2389
4JC21	MMTA - GI/GU - High	Late - Institutional	1	3	1.2896
4JC31	MMTA - GI/GU - High	Late - Institutional	2	4	1.3863
1JA11	MMTA - GI/GU - Low	Early - Community	0	3	0.9559
1JA21	MMTA - GI/GU - Low	Early - Community	1	3	1.0066
1JA31	MMTA - GI/GU - Low	Early - Community	2	3	1.1032
2JA11	MMTA - GI/GU - Low	Early - Institutional	0	3	1.136
2JA21	MMTA - GI/GU - Low	Early - Institutional	1	3	1.1867
2JA31	MMTA - GI/GU - Low	Early - Institutional	2	4	1.2833
3JA11	MMTA - GI/GU - Low	Late - Community	0	2	0.5498
3JA21	MMTA - GI/GU - Low	Late - Community	1	2	0.6005
3JA31	MMTA - GI/GU - Low	Late - Community	2	2	0.6972
4JA11	MMTA - GI/GU - Low	Late - Institutional	0	3	0.9973
4JA21	MMTA - GI/GU - Low	Late - Institutional	1	3	1.048
4JA31	MMTA - GI/GU - Low	Late - Institutional	2	3	1.1446
1JB11	MMTA - GI/GU - Medium	Early - Community	0	4	1.1106
1JB21	MMTA - GI/GU - Medium	Early - Community	1	4	1.1614
1JB31	MMTA - GI/GU - Medium	Early - Community	2	4	1.258
2JB11	MMTA - GI/GU - Medium	Early - Institutional	0	4	1.2907
2JB21	MMTA - GI/GU - Medium	Early - Institutional	1	4	1.3415
2JB31	MMTA - GI/GU - Medium	Early - Institutional	2	4	1.4381
3JB11	MMTA - GI/GU - Medium	Late - Community	0	2	0.7046
3JB21	MMTA - GI/GU - Medium	Late - Community	1	2	0.7553
3JB31	MMTA - GI/GU - Medium	Late - Community	2	2	0.852
4JB11	MMTA - GI/GU - Medium	Late - Institutional	0	3	1.152
4JB21	MMTA - GI/GU - Medium	Late - Institutional	1	3	1.2028
4JB31	MMTA - GI/GU - Medium	Late - Institutional	2	4	1.2994
1KC11	MMTA - Infectious - High	Early - Community	0	3	1.2283
1KC21	MMTA - Infectious - High	Early - Community	1	3	1.279
1KC31	MMTA - Infectious - High	Early - Community	2	3	1.3757
2KC11	MMTA - Infectious - High	Early - Institutional	0	3	1.4084

2KC21	MMTA - Infectious - High	Early - Institutional	1	3	1.4591
2KC31	MMTA - Infectious - High	Early - Institutional	2	4	1.5558
3KC11	MMTA - Infectious - High	Late - Community	0	2	0.8222
3KC21	MMTA - Infectious - High	Late - Community	1	2	0.873
3KC31	MMTA - Infectious - High	Late - Community	2	2	0.9696
4KC11	MMTA - Infectious - High	Late - Institutional	0	3	1.2697
4KC21	MMTA - Infectious - High	Late - Institutional	1	3	1.3204
4KC31	MMTA - Infectious - High	Late - Institutional	2	3	1.4171
1KA11	MMTA - Infectious - Low	Early - Community	0	3	0.9888
1KA21	MMTA - Infectious - Low	Early - Community	1	3	1.0396
1KA31	MMTA - Infectious - Low	Early - Community	2	3	1.1362
2KA11	MMTA - Infectious - Low	Early - Institutional	0	3	1.1689
2KA21	MMTA - Infectious - Low	Early - Institutional	1	3	1.2197
2KA31	MMTA - Infectious - Low	Early - Institutional	2	4	1.3163
3KA11	MMTA - Infectious - Low	Late - Community	0	2	0.5828
3KA21	MMTA - Infectious - Low	Late - Community	1	2	0.6335
3KA31	MMTA - Infectious - Low	Late - Community	2	2	0.7301
4KA11	MMTA - Infectious - Low	Late - Institutional	0	2	1.0302
4KA21	MMTA - Infectious - Low	Late - Institutional	1	3	1.081
4KA31	MMTA - Infectious - Low	Late - Institutional	2	3	1.1776
1KB11	MMTA - Infectious - Medium	Early - Community	0	3	1.1147
1KB21	MMTA - Infectious - Medium	Early - Community	1	3	1.1655
1KB31	MMTA - Infectious - Medium	Early - Community	2	4	1.2621
2KB11	MMTA - Infectious - Medium	Early - Institutional	0	3	1.2948
2KB21	MMTA - Infectious - Medium	Early - Institutional	1	4	1.3456
2KB31	MMTA - Infectious - Medium	Early - Institutional	2	4	1.4422
3KB11	MMTA - Infectious - Medium	Late - Community	0	2	0.7087
3KB21	MMTA - Infectious - Medium	Late - Community	1	2	0.7594
3KB31	MMTA - Infectious - Medium	Late - Community	2	2	0.856
4KB11	MMTA - Infectious - Medium	Late - Institutional	0	3	1.1561
4KB21	MMTA - Infectious - Medium	Late - Institutional	1	3	1.2069
4KB31	MMTA - Infectious - Medium	Late - Institutional	2	4	1.3035
1AC11	MMTA - Other - High	Early - Community	0	4	1.2436
1AC21	MMTA - Other - High	Early - Community	1	4	1.2943
1AC31	MMTA - Other - High	Early - Community	2	4	1.391
2AC11	MMTA - Other - High	Early - Institutional	0	4	1.4237
2AC21	MMTA - Other - High	Early - Institutional	1	4	1.4744
2AC31	MMTA - Other - High	Early - Institutional	2	5	1.5711
3AC11	MMTA - Other - High	Late - Community	0	2	0.8375
3AC21	MMTA - Other - High	Late - Community	1	2	0.8883
3AC31	MMTA - Other - High	Late - Community	2	2	0.9849
4AC11	MMTA - Other - High	Late - Institutional	0	3	1.285
4AC21	MMTA - Other - High	Late - Institutional	1	3	1.3357
4AC31	MMTA - Other - High	Late - Institutional	2	3	1.4324
1AA11	MMTA - Other - Low	Early - Community	0	4	1.0124
1AA21	MMTA - Other - Low	Early - Community	1	4	1.0631
1AA31	MMTA - Other - Low	Early - Community	2	4	1.1597
2AA11	MMTA - Other - Low	Early - Institutional	0	3	1.1925
2AA21	MMTA - Other - Low	Early - Institutional	1	3	1.2432
2AA31	MMTA - Other - Low	Early - Institutional	2	3	1.3398
3AA11	MMTA - Other - Low	Late - Community	0	2	0.6063
3AA21	MMTA - Other - Low	Late - Community	1	2	0.657
3AA31	MMTA - Other - Low	Late - Community	2	2	0.7537
4AA11	MMTA - Other - Low	Late - Institutional	0	3	1.0538
4AA21	MMTA - Other - Low	Late - Institutional	1	3	1.1045
4AA31	MMTA - Other - Low	Late - Institutional	2	3	1.2011
1AB11	MMTA - Other - Medium	Early - Community	0	5	1.1454
1AB21	MMTA - Other - Medium	Early - Community	1	5	1.1962
1AB31	MMTA - Other - Medium	Early - Community	2	4	1.2928
2AB11	MMTA - Other - Medium	Early - Institutional	0	4	1.3255
2AB21	MMTA - Other - Medium	Early - Institutional	1	4	1.3763
2AB31	MMTA - Other - Medium	Early - Institutional	2	5	1.4729
3AB11	MMTA - Other - Medium	Late - Community	0	2	0.7394
3AB21	MMTA - Other - Medium	Late - Community	1	2	0.7901
3AB31	MMTA - Other - Medium	Late - Community	2	3	0.8867

4AB11	MMTA - Other - Medium	Late - Institutional	0	3	1.1868
4AB21	MMTA - Other - Medium	Late - Institutional	1	3	1.2376
4AB31	MMTA - Other - Medium	Late - Institutional	2	4	1.3342
1LC11	MMTA - Respiratory - High	Early - Community	0	4	1.2089
1LC21	MMTA - Respiratory - High	Early - Community	1	4	1.2596
1LC31	MMTA - Respiratory - High	Early - Community	2	4	1.3563
2LC11	MMTA - Respiratory - High	Early - Institutional	0	4	1.389
2LC21	MMTA - Respiratory - High	Early - Institutional	1	4	1.4398
2LC31	MMTA - Respiratory - High	Early - Institutional	2	4	1.5364
3LC11	MMTA - Respiratory - High	Late - Community	0	2	0.8029
3LC21	MMTA - Respiratory - High	Late - Community	1	2	0.8536
3LC31	MMTA - Respiratory - High	Late - Community	2	3	0.9502
4LC11	MMTA - Respiratory - High	Late - Institutional	0	3	1.2503
4LC21	MMTA - Respiratory - High	Late - Institutional	1	3	1.301
4LC31	MMTA - Respiratory - High	Late - Institutional	2	3	1.3977
1LA11	MMTA - Respiratory - Low	Early - Community	0	4	0.9633
1LA21	MMTA - Respiratory - Low	Early - Community	1	4	1.0141
1LA31	MMTA - Respiratory - Low	Early - Community	2	4	1.1107
2LA11	MMTA - Respiratory - Low	Early - Institutional	0	4	1.1434
2LA21	MMTA - Respiratory - Low	Early - Institutional	1	4	1.1942
2LA31	MMTA - Respiratory - Low	Early - Institutional	2	4	1.2908
3LA11	MMTA - Respiratory - Low	Late - Community	0	2	0.5573
3LA21	MMTA - Respiratory - Low	Late - Community	1	2	0.608
3LA31	MMTA - Respiratory - Low	Late - Community	2	2	0.7047
4LA11	MMTA - Respiratory - Low	Late - Institutional	0	3	1.0047
4LA21	MMTA - Respiratory - Low	Late - Institutional	1	3	1.0555
4LA31	MMTA - Respiratory - Low	Late - Institutional	2	3	1.1521
1LB11	MMTA - Respiratory - Medium	Early - Community	0	4	1.1011
1LB21	MMTA - Respiratory - Medium	Early - Community	1	5	1.1518
1LB31	MMTA - Respiratory - Medium	Early - Community	2	5	1.2484
2LB11	MMTA - Respiratory - Medium	Early - Institutional	0	4	1.2812
2LB21	MMTA - Respiratory - Medium	Early - Institutional	1	4	1.3319
2LB31	MMTA - Respiratory - Medium	Early - Institutional	2	5	1.4285
3LB11	MMTA - Respiratory - Medium	Late - Community	0	2	0.695
3LB21	MMTA - Respiratory - Medium	Late - Community	1	2	0.7457
3LB31	MMTA - Respiratory - Medium	Late - Community	2	2	0.8424
4LB11	MMTA - Respiratory - Medium	Late - Institutional	0	3	1.1425
4LB21	MMTA - Respiratory - Medium	Late - Institutional	1	3	1.1932
4LB31	MMTA - Respiratory - Medium	Late - Institutional	2	4	1.2898
1GC11	MMTA - Surgical Aftercare - High	Early - Community	0	4	1.2226
1GC21	MMTA - Surgical Aftercare - High	Early - Community	1	5	1.2733
1GC31	MMTA - Surgical Aftercare - High	Early - Community	2	4	1.37
2GC11	MMTA - Surgical Aftercare - High	Early - Institutional	0	5	1.4027
2GC21	MMTA - Surgical Aftercare - High	Early - Institutional	1	5	1.4535
2GC31	MMTA - Surgical Aftercare - High	Early - Institutional	2	5	1.5501
3GC11	MMTA - Surgical Aftercare - High	Late - Community	0	2	0.8166
3GC21	MMTA - Surgical Aftercare - High	Late - Community	1	2	0.8673
3GC31	MMTA - Surgical Aftercare - High	Late - Community	2	2	0.9639
4GC11	MMTA - Surgical Aftercare - High	Late - Institutional	0	4	1.264
4GC21	MMTA - Surgical Aftercare - High	Late - Institutional	1	4	1.3147
4GC31	MMTA - Surgical Aftercare - High	Late - Institutional	2	4	1.4114
1GA11	MMTA - Surgical Aftercare - Low	Early - Community	0	3	0.9117
1GA21	MMTA - Surgical Aftercare - Low	Early - Community	1	3	0.9624
1GA31	MMTA - Surgical Aftercare - Low	Early - Community	2	4	1.0591
2GA11	MMTA - Surgical Aftercare - Low	Early - Institutional	0	3	1.0918
2GA21	MMTA - Surgical Aftercare - Low	Early - Institutional	1	4	1.1426
2GA31	MMTA - Surgical Aftercare - Low	Early - Institutional	2	4	1.2392
3GA11	MMTA - Surgical Aftercare - Low	Late - Community	0	2	0.5057
3GA21	MMTA - Surgical Aftercare - Low	Late - Community	1	2	0.5564
3GA31	MMTA - Surgical Aftercare - Low	Late - Community	2	2	0.653
4GA11	MMTA - Surgical Aftercare - Low	Late - Institutional	0	3	0.9531
4GA21	MMTA - Surgical Aftercare - Low	Late - Institutional	1	3	1.0038
4GA31	MMTA - Surgical Aftercare - Low	Late - Institutional	2	4	1.1005
1GB11	MMTA - Surgical Aftercare - Medium	Early - Community	0	4	1.0647
1GB21	MMTA - Surgical Aftercare - Medium	Early - Community	1	4	1.1154

1GB31	MMTA - Surgical Aftercare - Medium	Early - Community	2	5	1.2121
2GB11	MMTA - Surgical Aftercare - Medium	Early - Institutional	0	4	1.2448
2GB21	MMTA - Surgical Aftercare - Medium	Early - Institutional	1	5	1.2956
2GB31	MMTA - Surgical Aftercare - Medium	Early - Institutional	2	5	1.3922
3GB11	MMTA - Surgical Aftercare - Medium	Late - Community	0	2	0.6587
3GB21	MMTA - Surgical Aftercare - Medium	Late - Community	1	2	0.7094
3GB31	MMTA - Surgical Aftercare - Medium	Late - Community	2	2	0.806
4GB11	MMTA - Surgical Aftercare - Medium	Late - Institutional	0	3	1.1061
4GB21	MMTA - Surgical Aftercare - Medium	Late - Institutional	1	4	1.1568
4GB31	MMTA - Surgical Aftercare - Medium	Late - Institutional	2	4	1.2535
1EC11	MS Rehab - High	Early - Community	0	5	1.3465
1EC21	MS Rehab - High	Early - Community	1	5	1.3972
1EC31	MS Rehab - High	Early - Community	2	5	1.4938
2EC11	MS Rehab - High	Early - Institutional	0	6	1.5266
2EC21	MS Rehab - High	Early - Institutional	1	6	1.5773
2EC31	MS Rehab - High	Early - Institutional	2	6	1.6739
3EC11	MS Rehab - High	Late - Community	0	2	0.9404
3EC21	MS Rehab - High	Late - Community	1	2	0.9911
3EC31	MS Rehab - High	Late - Community	2	3	1.0878
4EC11	MS Rehab - High	Late - Institutional	0	4	1.3879
4EC21	MS Rehab - High	Late - Institutional	1	4	1.4386
4EC31	MS Rehab - High	Late - Institutional	2	5	1.5352
1EA11	MS Rehab - Low	Early - Community	0	5	1.0813
1EA21	MS Rehab - Low	Early - Community	1	5	1.1321
1EA31	MS Rehab - Low	Early - Community	2	5	1.2287
2EA11	MS Rehab - Low	Early - Institutional	0	5	1.2614
2EA21	MS Rehab - Low	Early - Institutional	1	5	1.3122
2EA31	MS Rehab - Low	Early - Institutional	2	5	1.4088
3EA11	MS Rehab - Low	Late - Community	0	2	0.6753
3EA21	MS Rehab - Low	Late - Community	1	2	0.726
3EA31	MS Rehab - Low	Late - Community	2	2	0.8226
4EA11	MS Rehab - Low	Late - Institutional	0	4	1.1227
4EA21	MS Rehab - Low	Late - Institutional	1	3	1.1735
4EA31	MS Rehab - Low	Late - Institutional	2	4	1.2701
1EB11	MS Rehab - Medium	Early - Community	0	5	1.1915
1EB21	MS Rehab - Medium	Early - Community	1	5	1.2422
1EB31	MS Rehab - Medium	Early - Community	2	5	1.3389
2EB11	MS Rehab - Medium	Early - Institutional	0	5	1.3716
2EB21	MS Rehab - Medium	Early - Institutional	1	6	1.4223
2EB31	MS Rehab - Medium	Early - Institutional	2	6	1.519
3EB11	MS Rehab - Medium	Late - Community	0	2	0.7854
3EB21	MS Rehab - Medium	Late - Community	1	2	0.8362
3EB31	MS Rehab - Medium	Late - Community	2	3	0.9328
4EB11	MS Rehab - Medium	Late - Institutional	0	4	1.2329
4EB21	MS Rehab - Medium	Late - Institutional	1	4	1.2836
4EB31	MS Rehab - Medium	Late - Institutional	2	4	1.3803
1BC11	Neuro - High	Early - Community	0	5	1.4548
1BC21	Neuro - High	Early - Community	1	5	1.5055
1BC31	Neuro - High	Early - Community	2	5	1.6021
2BC11	Neuro - High	Early - Institutional	0	5	1.6349
2BC21	Neuro - High	Early - Institutional	1	5	1.6856
2BC31	Neuro - High	Early - Institutional	2	5	1.7823
3BC11	Neuro - High	Late - Community	0	2	1.0487
3BC21	Neuro - High	Late - Community	1	3	1.0994
3BC31	Neuro - High	Late - Community	2	3	1.1961
4BC11	Neuro - High	Late - Institutional	0	4	1.4962
4BC21	Neuro - High	Late - Institutional	1	4	1.5469
4BC31	Neuro - High	Late - Institutional	2	4	1.6435
1BA11	Neuro - Low	Early - Community	0	5	1.1928
1BA21	Neuro - Low	Early - Community	1	5	1.2435
1BA31	Neuro - Low	Early - Community	2	4	1.3401
2BA11	Neuro - Low	Early - Institutional	0	5	1.3729
2BA21	Neuro - Low	Early - Institutional	1	5	1.4236
2BA31	Neuro - Low	Early - Institutional	2	5	1.5203
3BA11	Neuro - Low	Late - Community	0	2	0.7867

3BA21	Neuro - Low	Late - Community	1	2	0.8374
3BA31	Neuro - Low	Late - Community	2	2	0.9341
4BA11	Neuro - Low	Late - Institutional	0	3	1.2342
4BA21	Neuro - Low	Late - Institutional	1	4	1.2849
4BA31	Neuro - Low	Late - Institutional	2	4	1.3815
1BB11	Neuro - Medium	Early - Community	0	5	1.3525
1BB21	Neuro - Medium	Early - Community	1	5	1.4032
1BB31	Neuro - Medium	Early - Community	2	5	1.4998
2BB11	Neuro - Medium	Early - Institutional	0	6	1.5326
2BB21	Neuro - Medium	Early - Institutional	1	6	1.5833
2BB31	Neuro - Medium	Early - Institutional	2	6	1.68
3BB11	Neuro - Medium	Late - Community	0	2	0.9464
3BB21	Neuro - Medium	Late - Community	1	2	0.9971
3BB31	Neuro - Medium	Late - Community	2	3	1.0938
4BB11	Neuro - Medium	Late - Institutional	0	4	1.3939
4BB21	Neuro - Medium	Late - Institutional	1	4	1.4446
4BB31	Neuro - Medium	Late - Institutional	2	5	1.5412
1CC11	Wound - High	Early - Community	0	5	1.5156
1CC21	Wound - High	Early - Community	1	5	1.5663
1CC31	Wound - High	Early - Community	2	5	1.6629
2CC11	Wound - High	Early - Institutional	0	5	1.6957
2CC21	Wound - High	Early - Institutional	1	5	1.7464
2CC31	Wound - High	Early - Institutional	2	5	1.843
3CC11	Wound - High	Late - Community	0	3	1.1095
3CC21	Wound - High	Late - Community	1	3	1.1602
3CC31	Wound - High	Late - Community	2	3	1.2569
4CC11	Wound - High	Late - Institutional	0	4	1.557
4CC21	Wound - High	Late - Institutional	1	4	1.6077
4CC31	Wound - High	Late - Institutional	2	4	1.7043
1CA11	Wound - Low	Early - Community	0	5	1.2468
1CA21	Wound - Low	Early - Community	1	4	1.2976
1CA31	Wound - Low	Early - Community	2	4	1.3942
2CA11	Wound - Low	Early - Institutional	0	4	1.4269
2CA21	Wound - Low	Early - Institutional	1	4	1.4777
2CA31	Wound - Low	Early - Institutional	2	4	1.5743
3CA11	Wound - Low	Late - Community	0	2	0.8408
3CA21	Wound - Low	Late - Community	1	3	0.8915
3CA31	Wound - Low	Late - Community	2	3	0.9881
4CA11	Wound - Low	Late - Institutional	0	3	1.2882
4CA21	Wound - Low	Late - Institutional	1	3	1.339
4CA31	Wound - Low	Late - Institutional	2	3	1.4356
1CB11	Wound - Medium	Early - Community	0	5	1.3911
1CB21	Wound - Medium	Early - Community	1	5	1.4418
1CB31	Wound - Medium	Early - Community	2	5	1.5385
2CB11	Wound - Medium	Early - Institutional	0	5	1.5712
2CB21	Wound - Medium	Early - Institutional	1	5	1.6219
2CB31	Wound - Medium	Early - Institutional	2	5	1.7186
3CB11	Wound - Medium	Late - Community	0	3	0.985
3CB21	Wound - Medium	Late - Community	1	3	1.0358
3CB31	Wound - Medium	Late - Community	2	3	1.1324
4CB11	Wound - Medium	Late - Institutional	0	4	1.4325
4CB21	Wound - Medium	Late - Institutional	1	4	1.4832
4CB31	Wound - Medium	Late - Institutional	2	4	1.5799

Source: CY 2018 Medicare claims data for episodes ending on or before December 31, 2018 (as of July 31, 2019) for which we had a linked OASIS assessment. LUPA episodes, outlier episodes, and episodes with PEP adjustments were excluded.

Final CY 2021 Home Health Wage Index for Rural & Urban Areas Appendix C

Previous CBSA	New CBSA	County Name	Urban / Rural	CBSA Name	Final CY 2020 Wage Index	CY 2021 Final Wage Index New CBSA Designation & 5% Cap	% Difference Final CY 2021 Wage Index vs Final CY 2020 Wage Index
99933	99933	ALLEGANY	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CATTARAUGUS	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CAYUGA	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CHAUTAUQUA	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CHENANGO	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CLINTON	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	COLUMBIA	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	CORTLAND	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	DELAWARE	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	ESSEX	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	FRANKLIN	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	FULTON	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	GENESEE	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	GREENE	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	HAMILTON	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	LEWIS	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	MONTGOMERY	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	OTSEGO	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	ST. LAWRENCE	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	SCHUYLER	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	SENECA	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	STEUBEN	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	SULLIVAN	RURAL	New York	0.8448	0.8595	1.74%
99933	99933	WYOMING	RURAL	New York	0.8448	0.8595	1.74%
10580	10580	ALBANY	URBAN	Albany-Schenectady-Troy, NY	0.8239	0.8259	0.24%
10580	10580	RENSSELAER	URBAN	Albany-Schenectady-Troy, NY	0.8239	0.8259	0.24%
10580	10580	SARATOGA	URBAN	Albany-Schenectady-Troy, NY	0.8239	0.8259	0.24%
10580	10580	SCHENECTADY	URBAN	Albany-Schenectady-Troy, NY	0.8239	0.8259	0.24%
10580	10580	SCHOHARIE	URBAN	Albany-Schenectady-Troy, NY	0.8239	0.8259	0.24%
13780	13780	BROOME	URBAN	Binghamton, NY	0.8409	0.8343	-0.78%
13780	13780	TIOGA	URBAN	Binghamton, NY	0.8409	0.8343	-0.78%
15380	15380	ERIE	URBAN	Buffalo-Cheektowaga NY-Niagara Falls NY	1.0487	1.0442	-0.43%
15380	15380	NIAGARA	URBAN	Buffalo-Cheektowaga NY-Niagara Falls NY	1.0487	1.0442	-0.43%
21300	21300	CHEMUNG	URBAN	Elmira, NY	0.8572	0.8710	1.61%
24020	24020	WARREN	URBAN	Glens Falls, NY	0.8036	0.7740	-3.68%
24020	24020	WASHINGTON	URBAN	Glens Falls, NY	0.8036	0.7740	-3.68%
27060	27060	TOMPKINS	URBAN	Ithaca, NY	0.9165	0.9547	4.17%
28740	28740	ULSTER	URBAN	Kingston, NY	0.8878	0.9306	4.82%
35004	35004	NASSAU	URBAN	Nassau County-Suffolk County, NY	1.2874	1.3088	1.66%
35004	35004	SUFFOLK	URBAN	Nassau County-Suffolk County, NY	1.2874	1.3088	1.66%
35614	35614	BRONX	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
35614	35614	KINGS	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
35614	35614	NEW YORK	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
20524	35614	PUTNAM	URBAN	New York-Jersey City-White Plains, NY	1.2553	1.3384	6.62%
35614	35614	QUEENS	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
35614	35614	RICHMOND	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
35614	35614	ROCKLAND	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
35614	35614	WESTCHESTER	URBAN	New York-Jersey City-White Plains, NY	1.2745	1.3384	5.01%
20524	39100	DUTCHESS	URBAN	Poughkeepsie-Newburgh-Middletown NY	1.2553	1.2046	-4.04%
35614	39100	ORANGE	URBAN	Poughkeepsie-Newburgh-Middletown NY	1.2745	1.2108	-5.00%
40380	40380	LIVINGSTON	URBAN	Rochester, NY	0.8466	0.8922	5.39%
40380	40380	MONROE	URBAN	Rochester, NY	0.8466	0.8922	5.39%
40380	40380	ONTARIO	URBAN	Rochester, NY	0.8466	0.8922	5.39%
40380	40380	ORLEANS	URBAN	Rochester, NY	0.8466	0.8922	5.39%
40380	40380	WAYNE	URBAN	Rochester, NY	0.8466	0.8922	5.39%
40380	40380	YATES	URBAN	Rochester, NY	0.8466	0.8922	5.39%
45060	45060	MADISON	URBAN	Syracuse, NY	1.0156	0.9859	-2.92%
45060	45060	ONONDAGA	URBAN	Syracuse, NY	1.0156	0.9859	-2.92%
45060	45060	OSWEGO	URBAN	Syracuse, NY	1.0156	0.9859	-2.92%
46540	46540	HERKIMER	URBAN	Utica-Rome, NY	0.9224	0.9026	-2.15%
46540	46540	ONEIDA	URBAN	Utica-Rome, NY	0.9224	0.9026	-2.15%
48060	48060	JEFFERSON	URBAN	Watertown-Fort Drum, NY	0.9111	0.8876	-2.58%