# Breaking Down the Challenges of the CY 2026 Home Health Final Rule





## Presenters

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# Breaking Down the Challenges of the CY 2026 Home Health Final Rule

01 Financial Updates

02 Functional and Clinical Updates

03 F2F, QRP, OASIS and HHCAHPS Changes

04 HHVBP Changes





## Poll – What's your biggest priority in responding to the CY 2026 Final Rule?

A. Understanding and overcoming the financial impact
B. Assessing operational impacts across departments
C. Developing a strategic response
D. Training staff on new requirements
E. Growing the census in the face of cuts

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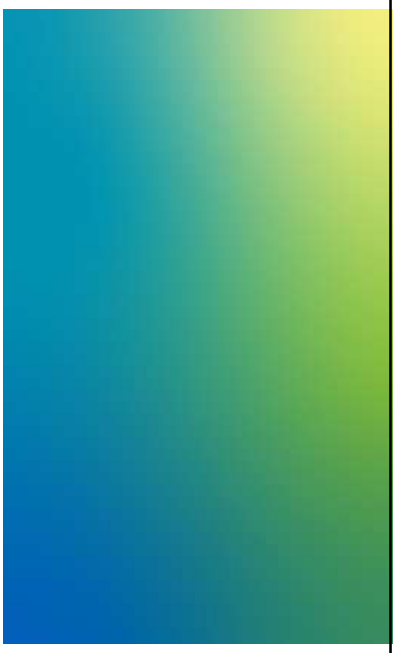
# Financial Updates





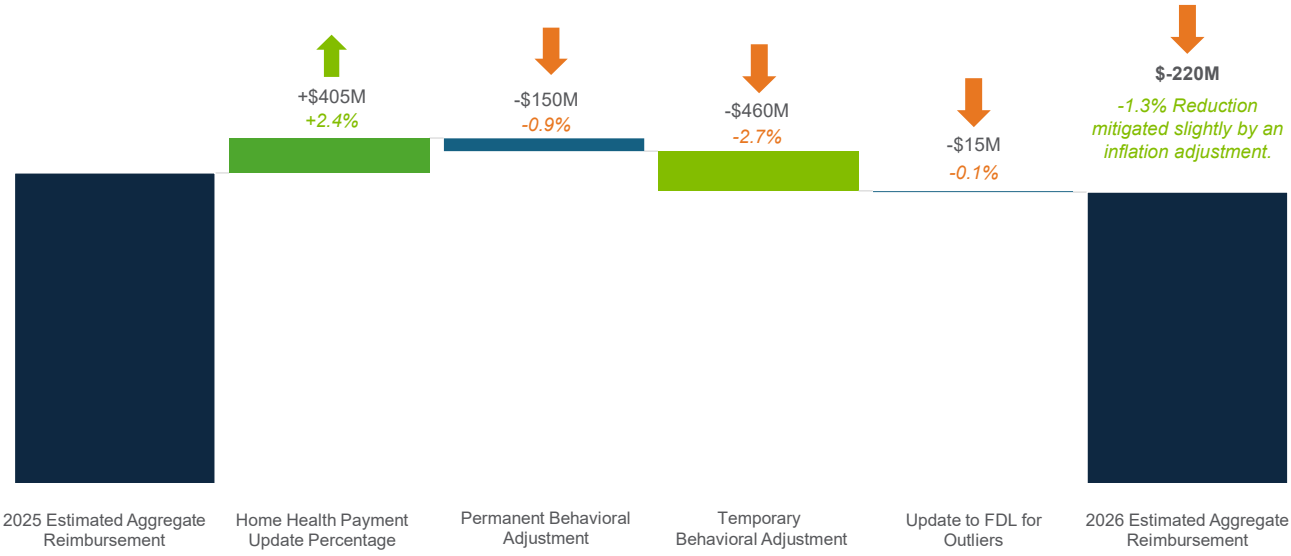


## How did we get here?

Bipartisan Budget Act of 2018

- Mandated payment reform in 2020
- Budget neutrality
- Behavioral adjustments (LUPA, comorbidities and clinical group upcoding)
- Prohibits therapy volume as a determinant of reimbursement
- 30-day payment unit

# CMS Reported Top Line Numbers








# Permanent Adjustment

Permanent Adjustment is the factor CMS believes is needed to bring payments inline with the statutory guidance of budget neutrality

**Breaking News!!** CMS agreed with some of the commenters and acknowledged that there could be other reasons why behavior has changed beyond the switch to PDGM. CMS reduced the Permanent Adjustment from a proposed -4.162% to apply an adjustment of **–1.023 %** to the CY 2026 home health payment rate.

# Permanent Adjustments

**TABLE 5: SUMMARY OF PERMANENT ADJUSTMENTS FOR CYs 2020 – 2026**

| Claims Analysis Year | Base Payment Rate used to pay HHAs in the Claims Analysis Year | Base Payment Rate that Reflects what CMS Should Have Paid | Total Permanent Adjustment* | Permanent Adjustment CMS Finalized and Implemented in Rulemaking |
|---|---|---|---|---|
| CY 2020 | $1,864.03 | $1,742.52 | -6.52% | n/a |
| CY 2021 | $1,901.12 | $1,751.90 | -7.85% | -3.925% (88 FR 66808) |
| CY 2022 | $2,031.64 | $1,839.10 | -5.78% | -2.890% (88 FR 77697) |
| CY 2023 | $2,010.69 | $1,873.17 | -3.95% | -1.975% (89 FR 88373) |
| CY 2024 | $2,038.13 | $1,914.73 | -4.162% | See final decision |
| CY 2025 | TBD | TBD | TBD | TBD |
| CY 2026 | TBD | TBD | TBD | TBD |

**Note**: With the prospective payment systems, the claims data analyzed differ from the rulemaking cycle. For example, CY 2020 claims are used in CY 2022 rulemaking.
*The total permanent adjustment accounts for prior adjustments that were finalized and implemented through rulemaking.

*We acknowledged that the full permanent adjustment in a single year may be burdensome for some providers. As shown in table 5, we finalized only half of the permanent adjustment percentages in CYs 2023 through 2025 final rules. However, we recognize that only applying half of the calculated permanent adjustments in previous years has contributed to the significant growth of the temporary adjustment.*

- *CMS CY 2026 PPS final Rule*





# Temporary Adjustment

Temporary Adjustment is the factor CMS believes is needed to begin to recoup alleged overpayments accrued since the start of PDGM.

We have considered commenters' concerns about the magnitude of a -5.0 percent temporary adjustment in tandem with any finalized permanent adjustment. As such, we are finalizing implementing a 3.0 percent reduction in CY 2026. By implementing a **-3.0 %** temporary adjustment, we can begin recoupment of retrospective overpayments.

# Temporary Adjustments

**TABLE 6: SUMMARY OF TEMPORARY ADJUSTMENTS DOLLAR AMOUNTS FOR CYs 2020 – 2026**

| Claims Analysis Year | Dollar Amount |
|---|---|
| CY 2020 | -$873,073,121 |
| CY 2021 | -$1,211,002,953 |

| Claims Analysis Year | Dollar Amount |
|---|---|
| CY 2022 | -$1,405,447,290 |
| CY 2023 | - $971,431,113 |
| CY 2024 – this final rule | - $870,279,955 |
| CY 2025 | TBD |
| CY 2026 | TBD |
| Total (through CY 2024) | -$5,331,234,432 |

**Source:** CY 2020 Home Health Claims Data, Periods that begin and end in CY 2020 accessed on the CCW July 12, 2021. CY 2021 Home Health Claims Data, Periods that end in CY 2021 accessed on the CCW July 15, 2022. CY 2022 Home Health Claims Data, Periods that end in CY 2022 accessed on CCW July 15, 2023. CY 2023 Home Health Claims Data, Periods that end in CY 2023 accessed on CCW July 11, 2024. CY 2024 Home Health Claims Data, Periods that end in CY 2024 accessed on CCW July 11, 2025.

**Note**: The anticipated temporary adjustments of approximately $5.3 billion (through CY 2024) will require temporary adjustment(s) to the base payment rate to offset for such increases in estimated aggregate expenditures. The dollar amount will be converted to a factor when implemented in future rulemaking.

*We (CMS) have stated in past rules that implementing both the permanent and temporary adjustments in the same year may be burdensome to HHAs; Beginning to apply only a portion of the temporary adjustment in CY 2026 balances the underlying statutory goal of budget neutrality against any hardship to HHAs.*

- *CMS CY 2026 PPS final Rule*





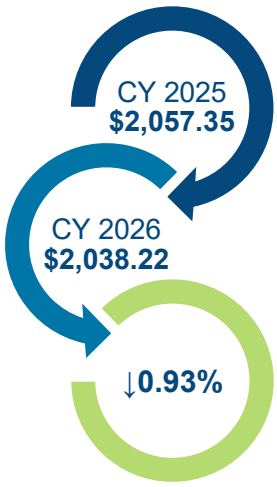
# Temporary Adjustments

- 3.0% reduction equals approximately $471 million or 10% of the $4.7B in Table 6
- Approximately, $5 billion in future recoupments on the table
- Begins precedent to have temporary adjustments each year
- CMS will evaluate for each rulemaking year

# Home Health Final Rule for CY 2026

**TABLE 14: 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 |




If the temporary adjustment were not in place for the first time, the increase in standard payment would have been 2.13%





# Case Mix Weight Comparison from 2025 vs 2026

*Changes to CMW much less than last year; Every wound HIPPS code up 2.7%-7.4%*

# Case Mix Weight (CMW) Winners

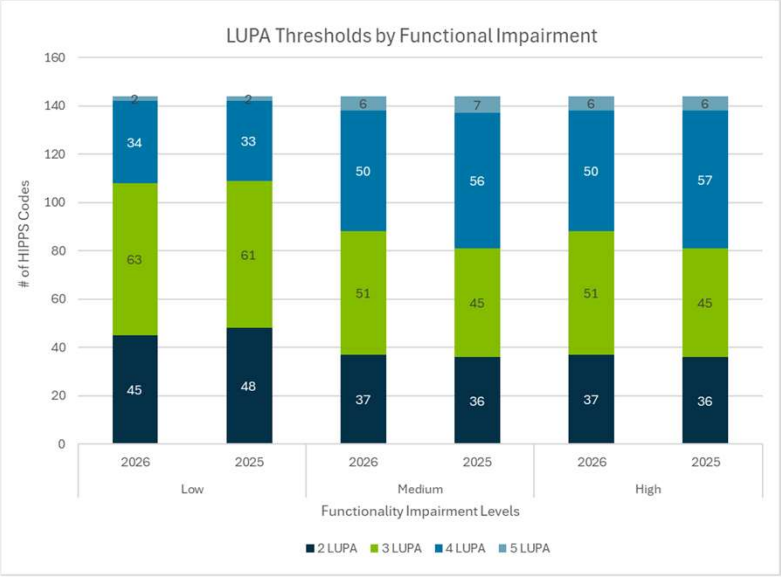
*11 HIPPS codes CMW increased by 5% or more, no CMW decreased by more than 3%*

| 3DB11 +7.7% | 3DA11 +7.3% | 3CA11 +7.2% |
|---|---|---|
| Complex | Complex | Wound |
| Community | Community | Community |
| Late | Late | Late |
| Medium Functional | Low Functional | Low Functional |
| No Comorbidity | No Comorbidity | No Comorbidity |
| | | LUPA Threshold dropped from 3 to 2 |

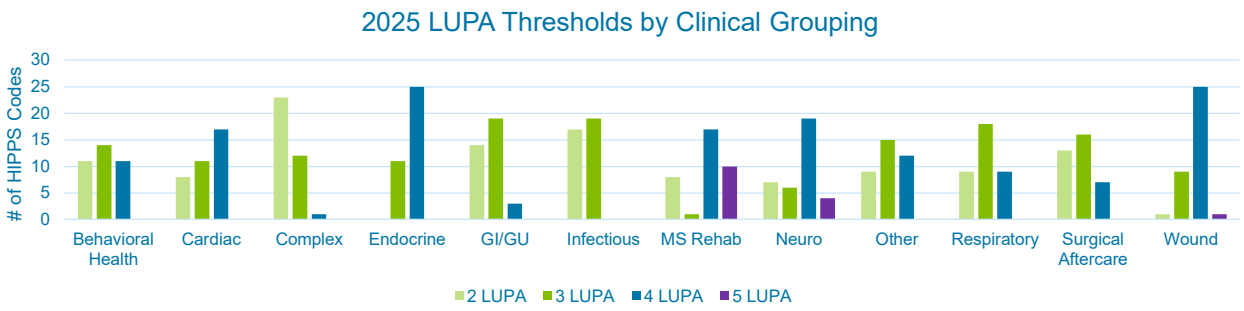


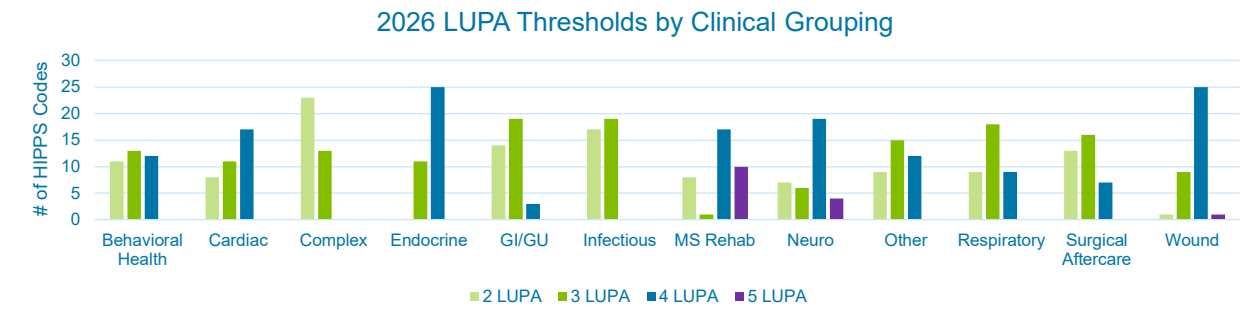


# Change in LUPA Thresholds by Functional Impairment




*Average national LUPA rates below 7% for two consecutive years*



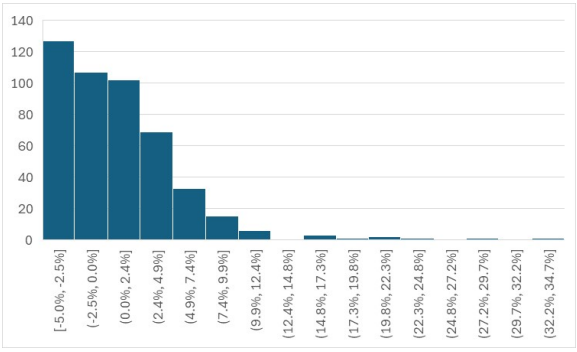







# Impact of Wage Index Changes

*Half went up and half went down*




## Winners

- The Villages, FL: +33.9%
- Rome, GA: +20.8%
- Medford, OR: +15.8%
- Harrisburg, PA + 10.6%
- Montana 29.4%

## Losers -5%

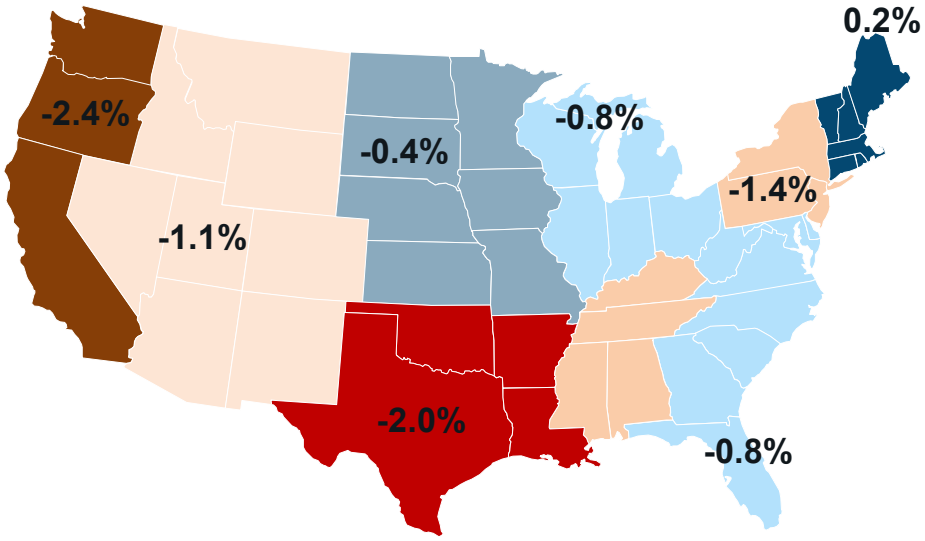
- Fort Lauderdale, FL
- Tuscaloosa, AL
- Florida Panhandle
- Santa Rosa-Petaluma, CA

## Total Impact by Census Region

New England is positive 0.2%

Pacific is -2.4%

Urban –1.4%
Rural -1.1%



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# Functional and Clinical



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# Final OASIS Points Table CY 2026

| OASIS Item | OASIS Answer | CY2025 | CY2026 |
|---|---|---|---|
| M1800 | 0 or 1 | 0 | 0 |
| | 2 or 3 | 3 | 3 |
| M1810 | 0 or 1 | 0 | 0 |
| | 2 or 3 | 5 | 5 |
| M1820 | 0 or 1 | 0 | 0 |
| | 2 | 3 | 4 |
| | 3 | 11 | 12 |
| M1830 | 0 or 1 | 0 | 0 |
| | 2 | 3 | 2 |
| | 3 or 4 | 10 | 10 |
| | 5 or 6 | 18 | 17 |
| M1840 | 0 or 1 | 0 | 0 |
| | 2, 3 or 4 | 5 | 6 |
| M1850 | 0 | 0 | 0 |
| | 1 | 1 | 1 |
| | 2,3,4 or 5 | 4 | 4 |
| M1860 | 0 or 1 | 0 | 0 |
| | 2 | 6 | 5 |
| | 3 | 2 | 1 |
| | 4,5, or 6 | 18 | 20 |
| M1033 | 4 or more items checked | 12 | 12 |





## Final CY 2026 (with comparisons) Clinical Group Threshold

| Clinical Group | Low 2025 | Low 2026 | Med 2025 | Med 2026 | Diff | High 2025 | High 2026 | Diff |
|---|---|---|---|---|---|---|---|---|
| MS Rehab | 0-29 | 0-31 | 30-43 | 32-45 | +2 | 44+ | 46+ | +2 |
| Neuro Rehab | 0-33 | 0-34 | 34-49 | 35-52 | +1 | 50+ | 53+ | +3 |
| Wound | 0-32 | 0-33 | 33-48 | 34-52 | +1 | 49+ | 53+ | +4 |
| Complex Nursing | 0-29 | 0-31 | 30-52 | 32-54 | +2 | 53+ | 55+ | +2 |
| Behavioral Health | 0-28 | 0-31 | 29-44 | 32-46 | +3 | 45+ | 47+ | +2 |
| MMTA Aftercare | 0-27 | 0-30 | 28-40 | 31-42 | +3 | 41+ | 43+ | +2 |
| MMTA Cardiac | 0-27 | 0-28 | 28-40 | 29-43 | +1 | 41+ | 44+ | +3 |
| MMTA Endocrine | 0-27 | 0-27 | 28-40 | 28-41 | +0 | 41+ | 42+ | +1 |
| MMTA GI/GU | 0-32 | 0-34 | 33-47 | 35-48 | +2 | 48+ | 49+ | +1 |
| MMTA Infection | 0-31 | 0-32 | 32-44 | 33-46 | +1 | 45+ | 47+ | +2 |
| MMTA Respiratory | 0-32 | 0-33 | 33-44 | 34-46 | +1 | 45+ | 47+ | +2 |
| MMTA Other | 0-28 | 0-30 | 29-43 | 31-45 | +2 | 44+ | 46+ | +2 |

# CY 2026 Functional Impairment Threshold

| Points | MMTAAfter | MMTA Cardiac | MMTA Endo | MMT GI/GU | MMTA Infect | MMTA Resp | MMTA Other | Neuro Rehab | Wound | Complex | MS Rehab | BH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 | Low | Low | Medium | Low | Low | Low | Low | Low | Low | Low | Low | Low |
| 29 | Low | Medium | Medium | Low | Low | Low | Low | Low | Low | Low | Low | Low |
| 30 | Low | Medium | Medium | Low | Low | Low | Low | Low | Low | Low | Low | Low |
| 31 | Medium | Medium | Medium | Low | Low | Low | Medium | Low | Low | Low | Low | Low |
| 32 | Medium | Medium | Medium | Low | Low | Low | Medium | Low | Low | Medium | Medium | Medium |
| 33 | Medium | Medium | Medium | Low | Medium | Low | Medium | Low | Low | Medium | Medium | Medium |
| 34 | Medium | Medium | Medium | Low | Medium | Medium | Medium | Low | Medium | Medium | Medium | Medium |
| 35 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 36 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 37 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 38 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 39 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 40 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 41 | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 42 | Medium | Medium | High | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 43 | High | Medium | High | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 44 | High | High | High | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 45 | High | High | High | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| 46 | High | High | High | Medium | Medium | Medium | High | Medium | Medium | Medium | High | Medium |
| 47 | High | High | High | Medium | High | High | High | Medium | Medium | Medium | High | High |
| 48 | High | High | High | Medium | High | High | High | Medium | Medium | Medium | High | High |
| 49 | High | High | High | High | High | High | High | Medium | Medium | Medium | High | High |
| 50 | High | High | High | High | High | High | High | Medium | Medium | Medium | High | High |
| 51 | High | High | High | High | High | High | High | Medium | Medium | Medium | High | High |
| 52 | High | High | High | High | High | High | High | Medium | Medium | Medium | High | High |
| 53 | High | High | High | High | High | High | High | High | High | Medium | High | High |
| 54 | High | High | High | High | High | High | High | High | High | Medium | High | High |
| 55+ | High | High | High | High | High | High | High | High | High | High | High | High |





# Low Comorbidity Adjustment Subgroups

**TABLE 10: LOW COMORBIDITY ADJUSTMENT SUBGROUPS FOR CY 2026**

| Low Comorbidity Subgroup | Description |
|---|---|
| Cerebral 4 | Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae |
| Circulatory 10 | Varicose Veins and Lymphedema |
| Circulatory 2 | Hemolytic, Aplastic, and Other Anemias |
| Circulatory 9 | Other Venous Embolism and Thrombosis |
| Endocrine 4 | Other Combined Immunodeficiencies and Malnutrition, includes graft-versus-host-disease |
| Gastrointestinal 2 | Intestinal Obstruction and Ileus |
| Heart 10 | Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter |
| Heart 11 | Heart Failure |
| Heart 5 | Atherosclerotic Heart Disease with Angina |
| Musculoskeletal 1 | Lupus |
| Neoplasms 17 | Secondary neoplasms of respiratory and GI systems. |
| Neoplasms 18 | Secondary Neoplasms of Urinary and Reproductive Systems, Skin, Brain, and Bone |
| Neoplasms 2 | Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers |
| Neoplasms 6 | Malignant neoplasms of trachea, bronchus, lung, and mediastinum |
| Neurological 10 | Diabetes with neuropathy |
| Neurological 5 | Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease |
| Neurological 7 | Paraplegia, Hemiplegia and Quadriplegia |
| Skin 1 | Cutaneous Abscess, Cellulitis, and Lymphangitis |
| Skin 3 | Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers |
| Skin 4 | Stages Two-Four and unstageable pressure ulcers by site |

Source: CY 2024 Home Health Claims Data, Periods that end in CY 2024 accessed on the CCW July 11, 2025.

## Comorbidity Changes (final)

### High Interaction List (98)

- Net gain of 6 new pairings

### Low Comorbid List (20)

- 3 New: Heart 5, MS 1, Neo 6
- 5 Removed: Endo 3, Circ 7, Neuro 11, Neuro 12, Neo 1

**Highlights:**
Removed diabetes as a low comorbidity
Anemias (Circ 2) remain



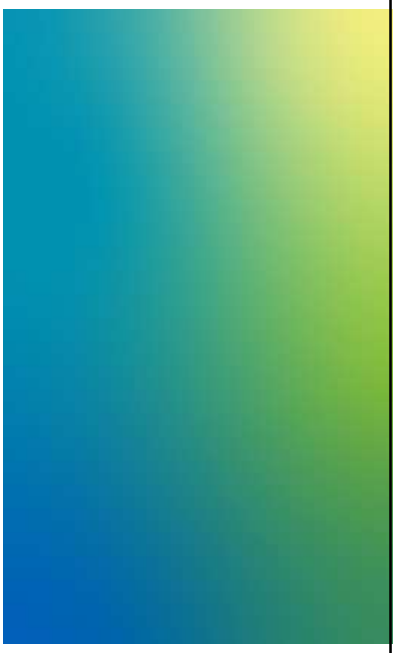


## Impact

| Low Comorbidity | | | |
|---|---|---|---|
| **Qualifying Comorbidities** | **Comorbidity Description** | **#** | **$** |
| Heart 11 | Heart Failure | 53 | $6,039.91 |
| Endocrine 3 | Type 1, Type 2, and Other Specified Diabetes | 44 | $5,014.27 |
| Circulatory 2 | Hemolytic, Aplastic, and Other Anemias | 32 | $3,646.74 |
| Heart 10 | Dysrhythmias, includes Atrial fibrillation and Atrial flutter | 29 | $3,304.86 |
| Circulatory 7 | Atherosclerosis, includes Peripheral Vascular Disease, Aortic Aneurysms and | 14 | $1,595.45 |
| Endocrine 4 | Other Combined Immunodeficiencies and Malnutrition, includes graft-versus-host- | 14 | $1,595.45 |
| Neurological 12 | Nondiabetic neuropathy | 5 | $569.80 |
| Neurological 10 | Diabetes with neuropathy | 3 | $341.88 |
| Neurological 11 | Disease of the Macula and Blindness/Low Vision | 3 | $341.88 |
| Neoplasm 2 | Malignant neoplasm of Digestive Organs, includes Gastrointestinal Cancers | 2 | $227.92 |
| Circulatory 10 | Varicose Veins and Lymphedema | 1 | $113.96 |
| Circulatory 9 | Other Venous Embolism and Thrombosis | 1 | $113.96 |
| Gastrointestinal 2 | Intestinal Obstruction and Ileus | 1 | $113.96 |
| Neoplasm 1 | Malignant neoplasm of Lip, Oral cavity and Pharynx, includes Head and Neck | 1 | $113.96 |
| Neoplasm 17 | Secondary Neoplasm of Respiratory and GI Systems | 1 | $113.96 |
| Neoplasm 18 | Secondary neoplasm of urinary and reproductive systems, skin, brain, and bone | 1 | $113.96 |
| Skin 1 | Cutaneous Abscess, Cellulitis, and Lymphangitis | 1 | $113.96 |
| **Total** | | **206** | **$23,475.89** |

9230.81

# Face-to-Face (F2F) Change







## Finalized Changes

Revise to say: 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))

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 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.

## Rule—What is the Intent?

- Allow any practitioner to perform the face-to-face encounter
  - Not limit this regulation to the certifying practitioner, a permitted NPP, or a physician or allowed practitioner *with privileges* who cared for the patient in *an acute or post-acute care facility* from which the patient was *directly admitted* to home health.
  - Does this provider have knowledge of the patient's condition?
- Does not restrict F2F for those in the same practice, in supervisory or collaborative relationships.
- Does not restrict F2F from 2 different providers in the community
- Should be able to show that the provider signing the certification is aware of the face-to-face encounter.





## F2F

***F2F***

- Physician
- Nurse practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Certified Nurse Midwife

***Certification***

- Physician
- Nurse practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Certified Nurse Midwife

Can be same or different
Can be in facility or in community
"Provider performing face-to-face encounter has firsthand information of the patient's primary reason for needing home health services and also is the most appropriate (that is, the most knowledgeable) provider to complete the face-to-face encounter."

## Encounter was related to the primary reason that home health services were needed

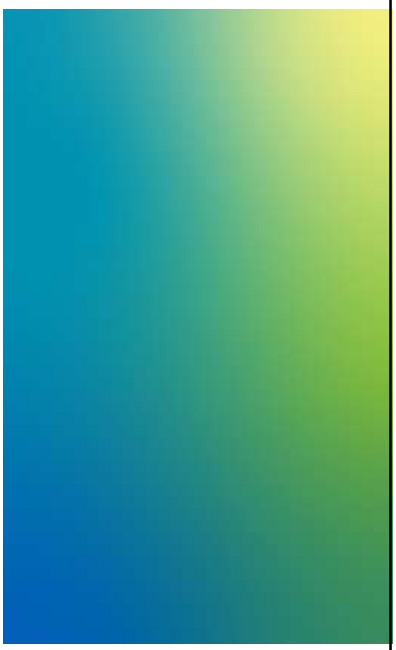
- Diagnosis codes are not required to be on the face-to-face documentation and do not exactly have to match the primary diagnosis for which the patient is receiving home health services.
- Rather, the face-to-face documentation has to sufficiently demonstrate that the encounter was related to the primary reason that home health services were needed (42 CFR 424.22(a)(1)(v)).





# QRP Changes

Includes Care Compare



CY 2026 HH QRP Measures

**TABLE C-19: MEASURES CURRENTLY ADOPTED FOR THE CY 2026 HH QRP**

| Short Name | Measure Name & Data Source |
|---|---|
| **QM Name** | **OASIS-based** |
| Ambulation | Improvement in Ambulation/Locomotion (CBE #0167). |
| Application of Falls | Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CBE #0674). |
| Bathing | Improvement in Bathing (CBE #0174). |
| Bed Transferring | Improvement in Bed Transferring (CBE # 0175). |
| Patient COVID-19 Vaccination | COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date |
| DRR | Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP. |
| DC Function | Discharge Function Score |
| Dyspnea | Improvement in Dyspnea. |
| Influenza | Influenza Immunization Received for Current Flu Season |
| Oral Medications | Improvement in Management of Oral Medications (CBE #0176). |
| Pressure Ulcer/Injury | Changes in Skin Integrity Post-Acute Care |
| Timely Care | Timely Initiation of Care (CBE #0526). |
| TOH-Provider | Transfer of Health Information to Provider-Post-Acute Care[1] |
| TOH-Patient | Transfer of Health Information to Patient-Post-Acute Care[1] |
| **QM Name** | **Claims-based** |
| DTC | Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (CBE #347 |
| MSPB | Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) HH QRP. |
| PPR | Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH Quality Reporting Program. |
| PPH | Home Health Within Stay Potentially Preventable Hospitalization |
| **QM Name** | **HHCAHPS-based** |
| CAHPS Home Health Survey | CAHPS® Home Health Care Survey (experience with care) (CBE #0517)[2]<br>- How often the HH team gave care in a professional way.<br>- How well did the HH team communicate with patients.<br>- Did the HH team discuss medicines, pain, and home safety with patients.<br>- How do patients rate the overall care from the HHA.<br>- Will patients recommend the HHA to friends and family. |

[1] Data collection delayed due to the COVID-19 public health emergency for the TOH-Patient and TOH-Provider.
[2] The HHCAHPS has five components that together are used to represent one CBE-endorsed measure.





## Deleted from QRP Effective Immediately

| O0350. Patient's COVID-19 vaccination is up to date. | |
|---|---|
| Enter Code ☐ | 0. No, patient is not up to date<br>1. Yes, patient is up to date |

Beginning with patients discharged on or after April 1, 2026, HHAs are not required to collect and submit the Patient/Resident COVID-19 Vaccine measure data to CMS.

Until that time and with the posting of this final rule, HHAs may submit any valid response (0 – No, 1-Yes or dash) on a Transfer, Death at home, or Discharge OASIS assessment, without any future quality measure implications.

## Remember these slated for 2027? Savings of $13,484,033

**R0310. Living Situation**

Enter Code ☐

What is your living situation today?

0. I have a steady place to live
1. I have a place to live today, but I **am worried** about losing it in the future
2. I do not have a steady place to live
7. Patient declines to respond
8. Patient unable to respond

*Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was d the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Associ information, please visit www.prapare.org.*

**R0320. Food**

Enter Code ☐

A. Within the past 12 months, you worried that your food would run out before you got money to buy more.

0. Often true
1. Sometimes true
2. Never true
7. Patient declines to respond
8. Patient unable to respond

Enter Code ☐

B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

0. Often true
1. Sometimes true
2. Never true
7. Patient declines to respond
8. Patient unable to respond

*Hager, E. R., Quigg, A. M., Black, M. M., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics. 126(1). 26-32. doi:10.1542/peds.2009-3146.*

**R0330. Utilities**

Enter Code ☐

In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

0. Yes
1. No
2. Already shut off
7. Patient declines to respond
8. Patient unable to respond

*Cook, J. T., Frank, D. A., Casey, P. H., et al. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. Pediatrics, 122(4), 867-875. doi:10.1542/peds.2008-0286.*





## QRP Reconsideration Policy

- Receive a letter indicating non-compliance with submitting OASIS data for QRP purposes, outlining a 2% reduction in payment
  - Check iQIES, regular mail and email now!
- Must submit a reconsideration request by the 30-day deadline
- CMS may reverse the initial finding if:

(1) the HHA provides proof of compliance with all requirements during the reporting period; or

(2) the HHA provides adequate proof of a valid or justifiable excuse for non-compliance if the HHA was not able to comply with requirements during the reporting period

## QRP Reconsideration Policy

- Permit an HHA to request, and CMS to grant, an extension to file a request for reconsideration of a non-compliance determination if, during the period to request a reconsideration as set forth in § 484.245(d), the HHA was affected by an extraordinary circumstance beyond the control of the HHA (for example, a natural or man-made disaster such as a cyber-attack, hurricane, tornado, or earthquake).
- The HHA must submit its request for an extension to file a reconsideration request to CMS via email no later than 30 calendar days from the date of the written notification of non-compliance.
- Beginning with the CY 2027 HH QRP





## RFI—Final Data Submission Deadline Period

- HHAs have approximately 4.5 months after the reporting quarter to correct any errors of their assessment-based data to calculate the measures.
- During the time of data submission for a given quarterly reporting period and up until the quarterly submission deadline, HHAs could review and perform corrections to errors in the assessment data used to calculate the measures.
- Biggest contributor to the 9- month lag between end of the data collection and when measures are publicly reported is the current 4.5-month timeframe for data submission
- Considering moving the 4.5 months to 45 days

# Finalized Changes to OASIS





## Transportation—Not in Rule, but in change table

### *Modified*

**R0340. Transportation**

| Enter Code | |
|---|---|
| ☐ | In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?<br>0. Yes<br>1. No<br>7. Patient declines to respond<br>8. Patient unable to respond |

*Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit www.prapare.org.*

### *Current*

**A1250. Transportation** *(NACHC ©)*

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

| ↓ Check all that apply | |
|---|---|
| ☐ | A. Yes, it has kept me from medical appointments or from getting my medications |
| ☐ | B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need |
| ☐ | C. No |
| ☐ | X. Patient unable to respond |
| ☐ | Y. Patient declines to respond |

*Adapted from: NACHC© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.*

**Collect at SOC/ROC only.**

# SDoH Slated for January 2027 Will Not Be Added

**R0310. Living Situation**

Enter Code ☐

What is your living situation today?

0. I have a steady place to live
1. I have a place to live today, but I **am worried** about losing it in the future
2. I do not have a steady place to live
7. Patient declines to respond
8. Patient unable to respond

*Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was d the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Associ information, please visit www.prapare.org.*

**R0320. Food**

Enter Code ☐

A. Within the past 12 months, you worried that your food would run out before you got money to buy more.

0. Often true
1. Sometimes true
2. Never true
7. Patient declines to respond
8. Patient unable to respond

Enter Code ☐

B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

0. Often true
1. Sometimes true
2. Never true
7. Patient declines to respond
8. Patient unable to respond

*Hager, E. R., Quigg, A. M., Black, M. M., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.*

**R0330. Utilities**

Enter Code ☐

In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

0. Yes
1. No
2. Already shut off
7. Patient declines to respond
8. Patient unable to respond

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# Finalized changes for OASIS-E2

## *Not in Rule*

- **Adding** A1110 – Language, B0200 – Vision, and B1000 – Hearing to the ROC time point
  - This information can be used for risk-adjustment of quality measures and must be available at the start of the quality episode (SOC/ROC).
- Changing Gender to Sex
- Skip patterns in M0102 and M1000
- https://www.cms.gov/files/document/oasise2changetable07-17-2025.pdf-0

## *In rule*

- **Retiring O0350 – Patient's COVID-19 vaccination is up to date**

## All Payor OASIS → CoP Change

- "An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each ***patient*** with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the ***patient***."
- Also changed 'beneficiary elected transfer' to 'elected transfer'



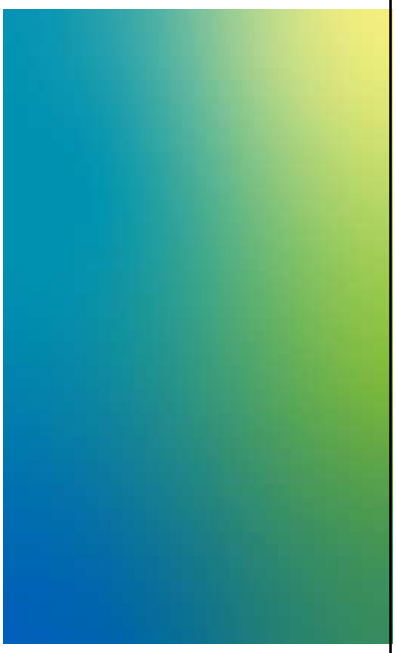


## No OASIS Required for Part B Outpatient Therapy

- OASIS submission requirements continue not to apply to patients receiving Part B outpatient therapy services provided by an HHA that elects to provide these outpatient services.
- Patients receiving Part B outpatient therapy services would not have an HHA plan of care nor would an OASIS assessment be completed on these patients.

# Changes to HHCAPHS

Will implement the revised HHCAHPS Survey beginning with the April 2026 sample month







## Patient Survey Star Rating

### *Current Components (2025)*

- Care of Patients
- Communication
- Specific Care Issues
- Overall Rating of Care
- Willingness to Recommend

### *Changes after April 2026*

- Survey Updates
  - 3 new questions
  - 8 questions removed
- Star Rating Calculation
  - Five new quality measures added
  - Weighting adjustments
  - Domains remain visible on Care Compare but underlying methodology changes

## HHCAHPS and Care Compare

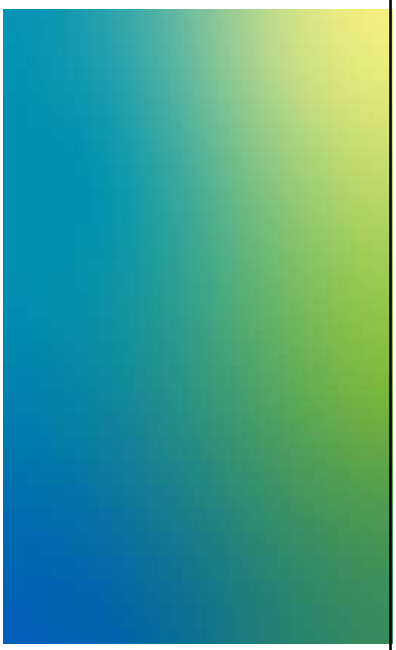
- The first Care Compare refresh in which publicly reported measures scores will be updated to include the new measures will be October 2027, with scores calculated using data from Q2 2026 through Q1 2027.
- In the interim period, measure scores will be made available to HHAs confidentially via their Provider Preview reports on the HHCAHPS Survey website after two full quarters of data are submitted

Overall Rating of Care and Willingness to Recommend will continue to be reported as there are only minor changes.





# HHVBP Changes



## Changes to VBP based on HHCAHPS

Removed the following HHCAHPS Survey-based measures from the HHVBP applicable measure set starting with CY 2026:

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

CMS needs a full year of data from new HHCAHPS items (CY2027). Needs achievement and improvement thresholds and benchmarks.

New rulemaking to add the revised items back into HHVBP.





## Addition of Medicare Spending Per Beneficiary Post-Acute Care (MSPB-PAC)

- High quality at lower cost (agencies that can deliver necessary care in fewer episodes should be recognized and rewarded).
- Preliminary benchmarks, achievement thresholds, and improvement thresholds for the MSPB-PAC measure are in the October 2025 Interim Performance Reports (IPR)
- The MSPB-PAC measure is a claims-based measure that includes price-standardized payments for Part A and Part B services.

## Addition of Medicare Spending Per Beneficiary Post-Acute Care (MSPB-PAC)

- Excludes services that are clinically unrelated to post-acute care treatment or services over which HHAs may have limited to no influence (for example, routine management of certain preexisting chronic conditions).
- The episode of care window consists of a treatment period and an associated services period (from the admission to the home health services up to 30 days after the end of the home health treatment period).
  - Medicare traditional only
  - 90 days prior through the 30 days after





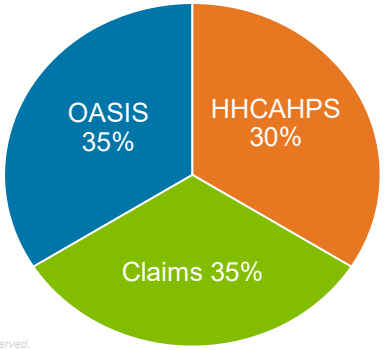
## Addition of OASIS-Based Function Measures to Supplement DC Function

- Improvement in Bathing (based on OASIS item M1830)
- Improvement in Upper Body Dressing (based on OASIS item M1810)
- Improvement in Lower Body Dressing (based on OASIS item M1820)

- Benchmarks, achievement thresholds, and improvement thresholds for the OASIS-based function measures are in the October 2025 IPRs

## 2025: Quality Measures Home Health VBP TPS

| OASIS-based Measures | Weight |
|---|---|
| Discharge Function Self-Care and Mobility (based on GG) | 20% |
| Oral Meds (M2020) | 9% |
| Dyspnea (M1400) | 6% |
| Total for OASIS-based Measures | **35.00%** |




| HHCAHPS Survey Measures | Weight |
|---|---|
| HHCAHPS Care of Patients | 6.00% |
| HHCAHPS Communication | 6.00% |
| HHCAHPS Specific Care Issues | 6.00% |
| HHCAHPS Overall Rating | 6.00% |
| HHCAHPS Willingness to Recommend | 6.00% |
| Total for HHCAHPS Survey Measures | **30.00%** |

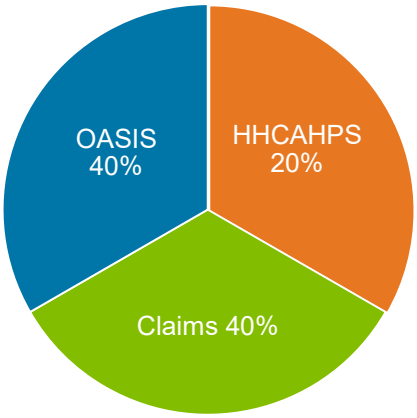
| *Claims-based Measures* | *Weight* |
|---|---|
| PPH | 26% |
| DTC | 9% |
| *Total for claims-based Measures* | ***35.00%*** |





## Updates to Individual Measure and Category Weights Performance Year 2026

| Measure | Weight |
|---|---|
| Improvement in Dyspnea | 7% |
| Improvement in Oral Med Management | 11% |
| Discharge Function | 15% |
| Improvement in Bathing | 3.5% |
| Improvement in Dressing Upper Body | 1.75% |
| Improvement in Dressing Lower Body | 1.75% |




| Measure | Weight |
|---|---|
| Willingness to Recommend | 10% |
| Overall Rating | 10% |

| Measure | Weight |
|---|---|
| PPH | 15% |
| DTC-PAC | 15% |
| MSPB | 10% |

# CY2026 Achievement Thresholds and Benchmarks

**CY 2026 Measure Set: Achievement Thresholds and Benchmarks**

| Measure | Data Period [b] | Achievement Threshold [c] | | Benchmark [c] | |
|---|---|---|---|---|---|
| | | Smaller-volume Cohort | Larger-volume Cohort | Smaller-volume Cohort | Larger-volume Cohort |
| **OASIS-based Measures** | | | | | |
| Discharge Function (DC Function) | 12-31-2023 | 51.355 | 62.350 | 91.426 | 83.179 |
| Improvement in Dyspnea | 12-31-2023 | 83.260 | 89.672 | 100.000 | 99.422 |
| Improvement in Management of Oral Medications | 12-31-2023 | 73.666 | 85.175 | 99.997 | 98.746 |
| Improvement in Bathing | 12-31-2023 | 81.771 | 89.627 | 100.000 | 99.259 |
| Improvement in Upper Body Dressing | 12-31-2023 | 82.613 | 88.966 | 100.000 | 98.570 |
| Improvement in Lower Body Dressing | 12-31-2023 | 78.871 | 87.389 | 99.859 | 98.207 |
| **Claims-based Measures** | | | | | |
| Discharge to Community – Post Acute Care (DTC-PAC) | 12-31-2023 | 75.665 | 85.161 | 93.536 | 95.089 |
| Medicare Spending Per Beneficiary - Post-Acute Care (MSPB-PAC) | 12-31-2023 | 0.912 | 0.987 | 0.653 | 0.784 |
| Potentially Preventable Hospitalizations (PPH) | 12-31-2023 | 10.066 | 10.003 | 7.565 | 6.302 |
| **HHCAHPS Survey-based Measures** | | | | | |
| Overall Rating of Home Health Care | 12-31-2023 | - | 86.328 | - | 94.687 |
| Willingness to Recommend the Agency | 12-31-2023 | - | 80.226 | - | 91.391 |





# Questions?

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