maintenance plan and 2002 base-year inventory for the Warren County Area because it meets the requirements of section 110(a)(1) of the CAA. EPA is soliciting public comments on the issues discussed in this document. These comments will be considered before taking final action.

# IV. Statutory and Executive Order Reviews

Under the CAA, the Administrator is required to approve a SIP submission that complies with the provisions of the Act and applicable Federal regulations. 42 U.S.C. 7410(k); 40 CFR 52.02(a). Thus, in reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the CAA. Accordingly, this action merely proposes to approve state law as meeting Federal requirements and does not impose additional requirements beyond those imposed by state law. For that reason, this proposed

- Is not a "significant regulatory action" subject to review by the Office of Management and Budget under Executive Order 12866 (58 FR 51735, October 4, 1993);
- Does not impose an information collection burden under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*);
- Is certified as not having a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*);
- Does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4);
- Does not have Federalism implications as specified in Executive Order 13132 (64 FR 43255, August 10, 1999);
- Is not an economically significant regulatory action based on health or safety risks subject to Executive Order 13045 (62 FR 19885, April 23, 1997);
- Is not a significant regulatory action subject to Executive Order 13211 (66 FR 28355, May 22, 2001);
- Is not subject to requirements of Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) because application of those requirements would be inconsistent with the CAA; and
- Does not provide EPA with the discretionary authority to address, as appropriate, disproportionate human health or environmental effects, using practicable and legally permissible methods, under Executive Order 12898 (59 FR 7629, February 16, 1994).

In addition, this proposed rule to approve the maintenance plan and the 2002 base-year inventory for the Warren County Area in the Commonwealth of Pennsylvania does not have tribal implications as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), because the SIP is not approved to apply in Indian country located in the state, and EPA notes that it will not impose substantial direct costs on tribal governments or preempt tribal law.

#### List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Nitrogen dioxide, Ozone, Reporting and recordkeeping requirements, Volatile organic compounds.

Authority: 42 U.S.C. 7401 et seq.

Dated: April 24, 2008.

#### William T. Wisniewski,

Acting Regional Administrator, Region III. [FR Doc. E8–9613 Filed 4–30–08; 8:45 am] BILLING CODE 6560–50–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Medicare & Medicaid Services

42 CFR Part 418

[CMS-1548-P]

RIN 0938-AP14

# Medicare Program; Proposed Hospice Wage Index for Fiscal Year 2009

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Proposed rule.

**SUMMARY:** This proposed rule proposes the hospice wage index for fiscal year 2009. This proposed rule also proposes to phase-out the Medicare hospice budget neutrality adjustment factor and clarify two wage index issues, pertaining to the definition of rural and urban areas and to multi-campus hospital facilities.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on June 27, 2008.

**ADDRESSES:** In commenting, please refer to file code CMS-1548-P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically*. You may submit electronic comments on this regulation

to http://www.regulations.gov. Follow the instructions for "Comment or Submission" and enter the filecode to find the document accepting comments.

2. By regular mail. You may mail written comments (one original and two copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1548-P, P.O. Box 8012, Baltimore, MD 21244-1850.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

- 3. By express or overnight mail. You may send written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1548–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.
- 4. By hand or courier. If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to either of the following addresses:
- a. Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

#### FOR FURTHER INFORMATION CONTACT:

Randy Throndset (410) 786–0131 or Katie Lucas (410) 786–7723.

#### SUPPLEMENTARY INFORMATION:

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS–1548–P and the specific "issue identifier" that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: http://

www.regulations.gov. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

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#### Part 418—Hospice Care

### I. Background

A. General

#### 1. Hospice Care

Hospice care is an approach to treatment that recognizes that the impending death of an individual warrants a change in the focus from curative care to palliative care for relief of pain and for symptom management. The goal of hospice care is to help terminally ill individuals continue life with minimal disruption to normal activities while remaining primarily in the home environment. A hospice uses an interdisciplinary approach to deliver medical, nursing, social, psychological, emotional, and spiritual services through use of a broad spectrum of professional and other caregivers, with the goal of making the individual as physically and emotionally comfortable as possible. Counseling services and inpatient respite services are available to the family of the hospice patient. Hospice programs consider both the patient and the family as a unit of care.

Section 1861(dd) of the Social Security Act (the Act) provides for coverage of hospice care for terminally ill Medicare beneficiaries who elect to receive care from a participating hospice. Section 1814(i) of the Act provides payment for Medicare participating hospices.

### 2. Medicare Payment for Hospice Care

Our regulations at 42 CFR part 418 establish eligibility requirements, payment standards and procedures, define covered services, and delineate the conditions a hospice must meet to be approved for participation in the Medicare program. Part 418 subpart G provides for payment in one of four prospectively-determined rate categories (routine home care, continuous home care, inpatient respite care, and general inpatient care) to hospices based on each day a qualified Medicare beneficiary is under a hospice election.

#### B. Hospice Wage Index

Our regulations at § 418.306(c) require each hospice's labor market to be established using the most current hospital wage data available, including any changes by OMB to the Metropolitan Statistical Areas (MSAs) definitions. OMB revised the MSA definitions beginning in 2003 with new designations called the Core Based Statistical Areas (CBSAs). For the purposes of the hospice benefit, the term "MSA-based" refers to wage index values and designations based on the previous MSA designations before 2003.

Conversely, the term "CBSA-based" refers to wage index values and designations based on the OMB revised MSA designations in 2003, which now include CBSAs. In the August 11, 2004 IPPS final rule (69 FR 48916, 49026), revised labor market area definitions were adopted at § 412.64(b), which were effective October 1, 2004 for acute care hospitals. CMS also revised the labor market areas for hospices using the new OMB standards that included CBSAs. In the FY 2006 hospice wage index final rule (70 FR 45130), we implemented a 1-year transition policy using a 50/50 blend of the CBSA-based wage index values and the Metropolitan Statistical Area (MSA)-based wage index values for FY 2006. The one-year transition policy ended on September 30, 2006. For FY 2007 and FY 2008 we used wage index values based on CBSA designations.

The hospice wage index is used to adjust payment rates for hospice agencies under the Medicare program to reflect local differences in area wage levels. The original hospice wage index was based on the 1981 Bureau of Labor Statistics hospital data and had not been updated since 1983. In 1994, because of disparity in wages from one geographical location to another, a committee was formulated to negotiate a wage index methodology that could be accepted by the industry and the government. This committee, functioning under a process established by the Negotiated Rulemaking Act of 1990, was comprised of national hospice associations; rural, urban, large and small hospices; multi-site hospices; consumer groups; and a government representative. On April 13, 1995, the Hospice Wage Index Negotiated Rulemaking Committee signed an agreement for the methodology to be used for updating the hospice wage

In the August 8, 1997 Federal Register (62 FR 42860), we published a final rule implementing a new methodology for calculating the hospice wage index based on the recommendations of the negotiated rulemaking committee. The committee statement was included in the appendix of that final rule (62 FR 42883). The hospice wage index is updated annually. Our most recent annual update notice published in the Federal Register (72 FR 50214) on August 31, 2007 set forth updates to the hospice wage index for FY 2008. On October 1, 2007, we published a correction notice in the Federal Register (72 FR 55672) to correct technical errors that appeared in the August 31, 2007 final rule.

1. Raw Wage Index Values (Pre-Floor, Pre-Reclassified Hospital Wage Index)

As described in the August 8, 1997 hospice wage index final rule (62 FR 42860), the pre-floor and pre-reclassified hospital wage index is used as the raw wage index for the hospice benefit. These raw wage index values are then subject to either a budget neutrality adjustment or application of the hospice floor to compute the hospice wage index used to determine payments to hospices.

Pre-floor, pre-reclassified hospital wage index values of 0.8 or greater are adjusted by the BNAF. Pre-floor, prereclassified hospital wage index values below 0.8 are adjusted by the greater of: (1) The hospice BNAF; or (2) the hospice floor (which is a 15 percent increase) subject to a maximum wage index value of 0.8. For example, if County A has a pre-floor, prereclassified hospital wage index (raw wage index) value of 0.4000, we would perform the following calculations using the budget neutrality factor (which for this example is 1.060988) and the hospice floor to determine County A's hospice wage index:

Pre-floor, pre-reclassified hospital wage index value below 0.8 multiplied by the BNAF: (0.4000 × 1.060988 = 0.4244)

Pre-floor, pre-reclassified hospital wage index value below 0.8 multiplied by the hospice floor:  $(0.4000 \times 1.15 = 0.4600)$ 

Based on these calculations, County A's hospice wage index would be 0.4600.

As decided upon by the Hospice Wage Index Negotiated Rulemaking Committee, budget neutrality means that, in a given year, estimated aggregate payments for Medicare hospice services using the updated hospice values will equal estimated payments that would have been made for these services if the 1983 hospice wage index values had remained in effect, after adjusting the payment rates for inflation.

The BNAF has been computed and applied annually to the labor portion of the hospice payment. Currently, the labor portion of the payment rates is as follows: for Routine Home Care, 68.71 percent; for Continuous Home Care, 68.71 percent; for General Inpatient Care, 64.01 percent; and for Respite Care, 54.13 percent. The non-labor portion is equal to 100 percent minus the labor portion for each level of care. Therefore the non-labor portion of the payment rates is as follows: for Routine Home Care, 31.29 percent; for Continuous Home Care, 31.29 percent; for General Inpatient Care, 35.99

percent; and for Respite Care, 45.87 percent.

2. Changes to Core-Based Statistical Area (CBSA) Designations

The annual update to the hospice wage index is published in the Federal Register and is based on the most current available hospital wage data, as well as any changes by the Office of Management and Budget (OMB) to the definitions of MSAs, which now include CBSA designations. The August 4, 2005 final rule (70 FR 45130) set forth the adoption of the changes discussed in the OMB Bulletin No. 03-04 (June 6, 2003), which announced revised definitions for Micropolitan Statistical Areas and the creation of MSAs and Combined Statistical Areas. In adopting the OMB CBSA geographic designations, we provided for a 1-year transition with a blended hospice wage index for all hospices for FY 2006. For FY 2006, the hospice wage index for each provider consisted of a blend of 50 percent of the FY 2006 MSA-based hospice wage index and 50 percent of the FY 2006 CBSA-based hospice wage index. Fiscal years 2007 and 2008 used the full CBSA-based hospice wage index values as discussed in their respective notices or rules (71 FR 52080 and 72 FR 50214).

#### 3. Definition of Rural and Urban Areas

Each hospice's labor market is determined based on definitions of MSAs issued by OMB. In general, an urban area is defined as an MSA or New England County Metropolitan Area (NECMA) as defined by OMB. Under § 412.64(b)(1)(ii)(C), a rural area is defined as any area outside of the urban area. The urban and rural area geographic classifications are defined in § 412.64(b)(1)(ii)(A) through (C), and have been used for the Medicare hospice benefit since implementation.

### 4. Areas Without Hospital Wage Data

When adopting OMB's new labor market designations in FY 2006, we identified some geographic areas where there were no hospitals, and thus, no hospital wage index data on which to base the calculation of the hospice wage index. Beginning in FY 2006, we adopted a policy to use the FY 2005 prefloor, pre-reclassified hospital wage index value for rural areas when no hospital wage data were available. We also adopted the policy that for urban labor markets without a hospital from which a hospital wage index data could be derived, all of the CBSAs within the State would be used to calculate a statewide urban average pre-floor, prereclassified hospital wage index value to use as a reasonable proxy for these areas. Consequently, in the FY 2006 final rule, the FY 2007 update notice, and the FY 2008 final rule, we applied the average pre-floor, pre-reclassified hospital wage index data from all urban areas in that state to urban areas without a hospital. The only affected CBSA is 25980, Hinesville-Fort Stewart, Georgia.

Under the CBSA labor market areas, there are no hospitals in rural locations in Massachusetts and Puerto Rico. Since there was no rural proxy for more recent rural data within those areas, in the FY 2006 hospice wage index proposed rule (70 FR 22394, 22398), we proposed applying the FY 2005 pre-floor, prereclassified hospital wage index value to rural areas where no hospital wage data were available. In the FY 2006 final rule and in the FY 2007 update notice, we applied the FY 2005 pre-floor, prereclassified hospital wage index data for areas lacking hospital wage data in both FY 2006 and FY 2007 for rural Massachusetts and rural Puerto Rico.

In the FY 2008 final rule (72 FR 50214, 50217) we considered alternatives to our methodology to update the pre-floor, pre-reclassified hospital wage index for rural areas without hospital wage data. We indicated that we believed that the best imputed proxy for rural areas, would: (1) Use pre-floor, pre-reclassified hospital data; (2) use the most local data available to impute a rural pre-floor, pre-reclassified hospital wage index; (3) be easy to evaluate; and, (4) be easy to update from year-to-year.

Therefore, in FY 2008, in cases where there was a rural area without rural hospital wage data, we used the average pre-floor, pre-reclassified hospital wage index data from all contiguous CBSAs to represent a reasonable proxy for the rural area. This approach does not use rural data, however, the approach uses pre-floor, pre-reclassified hospital wage data, is easy to evaluate, is easy to update from year-to-year, and uses the most local data available. In the FY 2008 rule (72 FR at 50217), we noted that in determining an imputed rural pre-floor, pre-reclassified hospital wage index, we interpret the term "contiguous" to mean sharing a border. For example, in the case of Massachusetts, the entire rural area consists of Dukes and Nantucket counties. We determined that the borders of Dukes and Nantucket counties are contiguous with Barnstable and Bristol counties. Under the adopted methodology, the pre-floor, prereclassified hospital wage index values for the counties of Barnstable (CBSA 12700, Barnstable Town, MA) and Bristol (CBSA 39300, Providence-New Bedford-Fall River, RI-MA) would be

averaged resulting in an imputed prefloor, pre-reclassified rural hospital wage index for FY 2008. We noted in the FY 2008 final hospice wage index rule that while we believe that this policy could be readily applied to other rural areas that lack hospital wage data (possibly due to hospitals converting to a different provider type, such as a Critical Access Hospital, that does not submit the appropriate wage data), if a similar situation arose in the future, we would re-examine this policy.

We also noted that we do not believe that this policy would be appropriate for Puerto Rico, as there are sufficient economic differences between hospitals in the United States and those in Puerto Rico, including the payment of hospitals in Puerto Rico using blended Federal/ Commonwealth-specific rates. Therefore we believe that a separate and distinct policy for Puerto Rico is necessary. Any alternative methodology for imputing a pre-floor, pre-reclassified hospital wage index for rural Puerto Rico would need to take into account the economic differences between hospitals in the United States and those in Puerto Rico. Our policy of imputing a rural pre-floor, pre-reclassified hospital wage index based on the pre-floor, pre-reclassified hospital wage index(es) of CBSAs contiguous to the rural area in question does not recognize the unique circumstances of Puerto Rico. While we have not vet identified an alternative methodology for imputing a pre-floor, pre-reclassified hospital wage index for rural Puerto Rico, we will continue to evaluate the feasibility of using existing hospital wage data and, possibly, wage data from other sources. For FY 2008, we used the most recent pre-floor, prereclassified hospital wage index available for Puerto Rico, which is 0.4047.

#### 5. CBSA Nomenclature Changes

The Office of Management and Budget (OMB) regularly publishes a bulletin that updates the titles of certain CBSAs. In the FY 2008 Final Rule (72 FR 50218) we noted that the FY 2008 rule and all subsequent hospice wage index rules and notices would incorporate CBSA changes from the most recent OMB bulletins. The OMB bulletins may be accessed at <a href="http://www.whitehouse.gov/omb/bulletins/index.html">http://www.whitehouse.gov/omb/bulletins/index.html</a>.

#### 6. Hospice Payment Rates

Section 4441(a) of the Balanced Budget Act of 1997 (BBA) amended section 1814(i)(1)(C)(ii) of the Act to establish updates to hospice rates for FYs 1998 through 2002. Hospice rates were to be updated by a factor equal to the market basket index, minus 1 percentage point. However, neither the BBA nor subsequent legislation specified alteration to the market basket adjustment to be used to compute payment for fiscal years beyond 2002. Payment rates for FYs since 2002 have been updated according to section 1814(i)(1)(C)(ii)(VII) of the Act, which states that the update to the payment rates for subsequent fiscal years will be the market basket percentage for the fiscal year. It has been longstanding practice to use the inpatient hospital market basket as a proxy for a hospice market basket.

Historically, the rate update has been published through a separate administrative instruction issued annually in July to provide adequate time to implement system change requirements. Providers determine their payments by applying the hospice wage index in this notice to the labor portion of the published hospice rates.

#### II. Provisions of the Proposed Rule

A. Clarification of New England Deemed Counties

We are taking the opportunity to address the change in the designation of "New England deemed counties," which are listed in  $\S 412.64(b)(1)(ii)(B)$ . These counties were deemed to be parts of urban areas under section 601(g) of the Social Security Amendments of 1983, yet the OMB designates these counties as rural. In the FY 2008 Inpatient Prospective Payment System (IPPS) final rule, IPPS adopted the OMB designation for the pre-floor, prereclassified hospital wage index. The counties include Litchfield County, Connecticut; York County, Maine; Sagadahoc County, Maine; Merrimack County, New Hampshire; and Newport County, Rhode Island. Of these five "New England deemed counties," three (York County, Sagadahoc County, and Newport County) are also included in metropolitan statistical areas defined by OMB and are considered urban under the current IPPS labor market area definitions in  $\S 412.64(b)(1)(ii)(A)$ .

The remaining two, Litchfield County and Merrimack County, are geographically located in areas that are considered rural under the current IPPS labor market area definitions. However, they have been previously deemed urban under the IPPS in certain circumstances as discussed below. In the FY 2008 IPPS final rule with comment period (72 FR 47130, August 22, 2007), § 412.64(b)(1)(ii)(B) was revised such that the two "New England deemed counties" that are still considered rural by OMB (Litchfield County, CT and Merrimack County, NH)

are no longer considered urban effective for discharges occurring on or after October 1, 2007. Therefore, these two counties are considered rural in accordance with  $\S 412.64(b)(1)(ii)(C)$ . However, for purposes of payment under the IPPS, acute care hospitals located within those areas are treated as being reclassified to their deemed urban area effective for discharges occurring on or after October 1, 2007 (see 72 FR 47337 through 47338). We also noted in this discussion that this policy change was limited to the "New England deemed counties" IPPS hospitals only, and that any change to non-IPPS provider wage indexes would be addressed in the respective payment system rules. The hospice program does not provide for such geographic reclassification as the IPPS does, and we are taking this opportunity to clarify treatment of "New England deemed counties" under the hospice program in this proposed rule.

As discussed, our regulations at § 418.306(c) require each hospice's labor market to be established using the most current hospital wage data available. The original hospice wage index was based on the 1981 Bureau of Labor Statistics hospital data. In 1994, a committee functioning under a process established by the Negotiated Rulemaking Act of 1990, was formed to negotiate a hospice wage index methodology that could be accepted by the industry and the government. The revised hospice wage index was based on the recommendations of the Negotiated Rulemaking Advisory Committee. This committee was established to provide advice and make recommendations to the Secretary on the hospice wage index used to adjust payment rates for hospices under the Medicare program, to reflect local differences in area wage levels. The Committee recommended that the revised hospice wage index be based on the most current available data for each fiscal year, which would be used to construct a pre-floor, pre-reclassified hospital wage index under the prospective payment system before adjustments were made to take into account the geographic reclassification of hospitals in accordance with sections 1886(d)(8)(B) and (d)(10) of the Act, as well as each hospice's labor market area as established by OMB. The reason the unadjusted hospital wage data were recommended was to avoid further reductions in certain rural statewide wage index values that would result from reclassification. The recommendations are codified in

§ 418.306(c) of our regulations; however, there is no reference to § 412.64.

In other words, while § 412.64 is not explicitly noted, the hospice program has used the urban definition in § 412.64(b)(1)(ii)(A) and (B), and the rural definition as any area outside of an urban area in § 412.64(b)(1)(ii)(C). Historical changes to the labor market area/geographic classifications and annual updates to the hospice wage index values have been made effective October 1 each year. When we established the hospice wage index values effective October 1, 2007 through September 30, 2008, we considered the "New England deemed counties" (including Litchfield County, CT and Merrimack County, NH) as urban for FY 2008 in accordance with the definitions of urban and rural areas in the FY 2008 hospice final rule (72 FR 50216). Therefore, Litchfield County was listed as one of the constituent counties of urban CBSA 25540 (Hartford-West Hartford-East Hartford, CT), and Merrimack County was listed as one of the constituent counties of urban CBSA 31700 (Manchester-Nashua, NH) (72 FR 50236 and 50239, respectively). As noted above, the terms "rural" and ''urban'' areas are defined in IPPS according to the definitions of those terms in § 412.64(b)(1)(ii)(A) through (C). Litchfield county, CT and Merrimack county, NH are considered rural areas for hospital IPPS purposes in accordance with § 412.64. Under this proposal, effective October 1, 2008, Litchfield county, CT would no longer be considered part of urban CBSA 25540 (Hartford-West Hartford-East Hartford, CT), and Merrimack County, NH would no longer be considered part of urban CBSA 31700 (Manchester-Nashua, NH). Rather, these counties would be considered to be rural areas within their respective states under the hospice payment system. This proposed policy is consistent with our policy of not taking into account IPPS geographic reclassifications in determining payments under the hospice wage index. We propose to amend § 418.306(c) to cross-reference to the definitions of urban and rural in the IPPS regulations in 42 CFR part 412 subpart D.

#### B. Wage Data for Multi-Campus Hospitals

In the 2007 IPPS final rule, we changed in the way that we treat multicampus hospital wage data in the creation of the pre-floor, pre-reclassified hospital wage index. The IPPS wage data used to determine the proposed FY 2009 hospice wage index values now apportion the wage data for multi-

campus hospitals located in different labor market areas (CBSAs) to the CBSAs where the campuses are located (see 72 FR 47317 through 47320). Historically, the hospice wage index is derived from the pre-floor, prereclassified hospital wage index. Consequently, for this proposed rule we propose to continue to use the most recent available pre-floor, prereclassified hospital wage index in computing the hospice wage index. The pre-floor, pre-reclassified hospital wage index values for the following CBSAs are affected by this change in how wage data from multi-campus hospitals are used in the computation of the pre-floor, pre-reclassified hospital wage index: Boston-Quincy, MA (CBSA 14484), Providence-New Bedford-Falls River, RI-MA (CBSA 39300), Chicago-Naperville-Joliet, IL (CBSA 16974) and Lake-County-Kenosha County, IL-WI (CBSA 29404).

#### C. FY 2009 Hospice Wage Index With Phase-Out of the Budget Neutrality Adjustment Factor (BNAF)

[If you choose to comment on issues in this section, please include the caption, "FY 2009 Hospice Wage Index with Phase-out of the Budget Neutrality Adjustment Factor (BNAF)" at the beginning of your comments.]

#### 1. Background

The hospice final rule published in the Federal Register on December 16, 1983 (48 FR 56008) provided for adjustment to hospice payment rates to reflect differences in area wage levels. We apply the appropriate hospice wage index value to the labor portion of the hospice payment rates based on the geographic area where hospice care was furnished. As noted earlier, each hospice's labor market area is based on definitions of Metropolitan Statistical Areas (MSAs) issued by the OMB. For FY 2009, we propose to again use a prefloor, pre-reclassified hospital wage index based solely on the CBSA designations.

As noted above, our hospice payment rules utilize the wage adjustment factors used by the Secretary for purposes of section 1886(d)(3)(E) of the Act for hospital wage adjustments. We are proposing again to use the pre-floor and pre-reclassified hospital wage index data to adjust the labor portion of the hospice payment rates based on the geographic area where the beneficiary receives hospice care. We believe the use of the pre-floor, pre-reclassified hospital wage index data results in the appropriate adjustment to the labor portion of the costs. For the FY 2009 update to hospice payment rates, we

propose to continue to use the most recent pre-floor, pre-reclassified hospital wage index available at the time of publication.

### 2. Areas Without Hospital Wage Data

In adopting the CBSA designations, we identified some geographic areas where there are no hospitals, and thus no hospital wage data on which to base the calculation of the hospice wage index. These areas were described in section I.B.4 of this proposed rule. Beginning in FY 2006, we adopted a policy that, for urban labor markets without an urban hospital from which a pre-floor, pre-reclassified hospital wage index can be derived, all of the urban CBSA pre-floor, pre-reclassified hospital wage index values within the State would be used to calculate a statewide urban average pre-floor, pre-reclassified hospital wage index to use as a reasonable proxy for these areas. Currently, the only CBSA that would be affected by this policy is CBSA 25980, Hinesville, Georgia. We propose to continue this policy for FY 2009.

Currently, the only rural areas where there are no hospitals from which to calculate a pre-floor, pre-reclassified hospital wage index are Massachusetts and Puerto Rico. In August 2007 (72 FR 50217) we adopted the following methodology for imputing rural prefloor, pre-reclassified hospital wage index values for areas where no hospital wage data are available as an acceptable proxy. We imputed an average pre-floor, pre-reclassified hospital wage index value by averaging the pre-floor, prereclassified hospital wage index values from contiguous CBSAs as a reasonable proxy for rural areas with no hospital wage data from which to calculate a prefloor, pre-reclassified hospital wage index. In determining an imputed rural pre-floor, pre-reclassified hospital wage index, we define "contiguous" as sharing a border. For Massachusetts, rural Massachusetts currently consists of Dukes and Nantucket Counties. We determined that the borders of Dukes and Nantucket counties are "contiguous" with Barnstable and Bristol counties. We are again proposing to apply this methodology for imputing a rural pre-floor, pre-reclassified hospital wage index for those rural areas without rural hospital wage data in FY 2009.

However, as we noted in our final rule at 72 FR 50218, we do not believe that this policy is appropriate for Puerto Rico. We noted that there are sufficient economic differences between the hospitals in the United States and those in Puerto Rico, including the fact that hospitals in Puerto Rico are paid on

blended Federal/Commonwealthspecific rates, to make a separate
distinct policy for Puerto Rico
necessary. For FY 2009, we again
propose to continue to use the most
recent pre-floor, pre-reclassified
hospital wage index value available for
Puerto Rico, which is 0.4047. This prefloor, pre-reclassified hospital wage
index value is then adjusted upward by
the hospice floor in the computing of
the proposed FY 2009 hospice wage
index.

# 3. Phase-Out of the Budget Neutrality Adjustment Factor (BNAF)

As noted in section 1.B of this proposed rule, the current hospice wage index methodology was developed through a negotiated rule making process and implemented in 1997. The rule making committee sought to address the inaccuracies in the original Bureau of Labor Statistics (BLS)-based hospice wage index, account better for disparities from one geographic location to another, and develop a wage index that would be as accurate, reliable and equitable as possible. The resulting hospice wage index reflects a special adjustment (a BNAF) to ensure payments in the aggregate are budget neutral to payments using the original 1983 hospice wage index. The adjustment, still in place today, results in providers currently receiving about 4 percent more in payments than they would receive if the adjustment factor were not applied. The rationale for maintaining this adjustment is outdated given the time that has elapsed since it was put into place and the growth that is occurring in the hospice benefit. In this section, we propose to phase-out this adjustment over 3 years, reducing it by 25 percent in FY 2009, by an additional 50 percent for a total of 75 percent in FY 2010, and eliminating it completely in FY 2011. We also provide our rationale for the phase-out.

As discussed in section I.B of this proposed rule, the original hospice wage index was based on the 1981 Bureau of Labor Statistics (BLS) hospital data and had not been updated since 1983. During earlier attempts to update the hospice wage index, the hospice industry raised concerns over the adverse financial impact of a new wage index on individual hospices and a possible overall reduction in Medicare payments. Thus, the result was that in the absence of agreement on a new wage index, we continued to use a wage index that was clearly obsolete for geographically adjusting Medicare hospice payments (see "Medicare Program; Notice Containing the Statement Drafted by the Committee

Established to Negotiate the Wage Index to be Used to Adjust Hospice Payment Rates Under Medicare," November 29, 1995, 60 FR 61264).

Changing to a new but more accurate wage index would result in some areas gaining as their wage index value would increase, but in other areas seeing declines in payments as their wage index value dropped. In 1994 we noted that a majority of hospices would have their wage index reduced with the new wage index based on using the pre-floor, pre-reclassified hospital wage index. These reductions would have occurred for two key reasons: (1) Hospices were located in areas where the original hospice wage index was artificially high due to flaws in the 1981 BLS data, and (2) hospices were located in areas where wages had gone down relative to other geographic areas (see "Hospice Services Under Medicare Program: Intent to Form Negotiated Rulemaking Committee," October 14, 1994, 59 FR

Because of the negative impact to certain areas that was expected with the change to a new wage index, a committee was formulated in 1994, under the process established by the Negotiated Rulemaking Act of 1990 (Pub. L. 101–648). The Committee was established to negotiate the hospice wage index methodology rather than to go through the usual rulemaking process. On September 4, 1996, we published a proposed rule (61 FR 46579) in which we proposed a methodology to update the hospice wage index used to adjust Medicare hospice payment rates.

In formulating the provisions of that proposed rule, the Committee considered criteria in evaluating the available data sources. The need for fundamental equity of the wage index; data that reflected actual work performed by hospice personnel; compatibility with wage indexes used by CMS for other Medicare providers; and availability of the data for timely implementation were considered.

The Committee agreed that the hospice wage index be derived from the 1993 hospital cost report data and that these data, prior to reclassification, would form the basis for the FY 1997 hospice wage index. That is the prefloor, pre-reclassified hospital wage index would not be adjusted to take into account the geographic reclassification of hospitals in accordance with sections  $1886(\bar{d})(8)(B)$  and 1886(d)(10) of the Act. The methodology is codified in § 418.306(c). The hospice wage index for subsequent years would be based on pre-floor, pre-reclassified hospital wage index data for a subsequent year.

The Committee was also concerned that while some hospices would see increases, use of the pre-floor, prereclassified hospital wage index as the wage index for hospices would result in a net reduction in aggregate Medicare payments for hospices. As noted above, a majority of hospices would have had their wage index lowered by using the new wage index because the prior hospice wage indices were based on outdated data which were artificially high due to flaws in the 1981 BLS data, and because some hospices were located in areas where wages had gone down relative to other geographic areas. The reduction in overall Medicare payments if a new wage index were adopted was noted in the November 29, 1995 final rule (60 FR 61264). Therefore, the Committee also decided that, each vear in updating the hospice wage index, aggregate Medicare payments to hospices would remain budget neutral to payments as if the 1983 wage index had been used.

As decided upon by the Hospice Wage Index Negotiated Rulemaking Committee, budget neutrality means that, in a given year, estimated aggregate payments for Medicare hospice services using the updated hospice values will equal estimated payments that would have been made for these services if the 1983 hospice wage index values had remained in effect, after adjusting the payment rates for inflations. Being budget neutral does not take into account annual market basket updates to hospice payment rates. Therefore, although payments to individual hospice programs may change each year, the total payments each year to hospices would not be affected by using the updated hospice wage index because total payments would be budget neutral as if the 1983 wage index had been used. To implement this provision a BNAF would be computed and applied annually.

The BNAF is calculated by computing estimated payments using the most recent completed year of hospice claims data. The units (days or hours) from those claims are multiplied by the updated hospice payment rates to calculate estimated payments. The updated hospice wage index values are then applied to the labor portion of the payments. For this proposed rule, that means estimating payments for FY 2009 using FY 2006 hospice claims data, and applying the estimated updated FY 2009 hospice payment rates (updating the FY 2008 rates by the estimated FY 2009 market basket update). The proposed FY 2009 hospice wage index values are then applied to the labor portion only. The procedure is repeated using the

same claims data and payment rates, but using the 1983 BLS-based wage index instead of the updated pre-floor, pre-reclassified hospital wage index. The total payments are then compared, and the adjustment required to make total payments equal is computed; that adjustment factor is the BNAF. In 1998, the BNAF increased all wage index values by just over 2 percent.

All pre-floor, pre-reclassified hospital wage index values of 0.8 or greater would be adjusted by the BNAF. Also, all pre-floor, pre-reclassified hospital wage index values below 0.8 would receive the greater of the following: (1) A 15-percent increase subject to a maximum hospice wage index value of 0.8; or (2) an adjustment by the BNAF. All hospice wage index values of 0.8 or greater would be adjusted by the BNAF. The BNAF would be calculated and applied annually.

While the Committee sought to adopt a wage index methodology that would be as accurate, reliable, and equitable as possible, the Committee also decided to incorporate a BNAF into the calculation of the hospice wage index that would

otherwise apply in order to mitigate adverse financial impacts some hospices would experience through a decrease in their wage index value by transitioning to a pre-floor, pre-reclassified hospital

wage index.

In the August 8, 1997 final rule (62 FR 42860), we indicated that the annual updates of the hospice wage index values would be made in accordance with the methodology agreed to by the rulemaking committee. We also noted that in the event that if we decide to change this methodology by which the hospice wage index is computed, it would be reflected in a proposed rule published in the **Federal Register**. In this proposed rule, we now propose to change this methodology.

In FY 1998, the BNAF was 1.020768; in FY 2008 it was 1.066671. In other words, any pre-floor, pre-reclassified hospital wage index value greater than 0.8 was increased by over 2 percent in FY 1998 and increased by almost 7 percent in FY 2008. In FY 2008, this adjustment resulted in hospice providers receiving about 4 percent more in payments than they would have received if the BNAF had not been

The negotiating committee also recommended that the transition to the new hospice wage index occur over 3 years, from FY 1998 to FY 2001. The intent of both the three year transition and the budget neutrality adjustment was to mitigate the negative financial impact to many hospices resulting from the wage index change. Additionally,

the committee sought to ensure that access to hospice care was not jeopardized as a result of the wage index change.

We believe that the rationale for maintaining this adjustment is outdated for several reasons.

First, the original purpose of the BNAF was to prevent reductions in payments to the majority of hospices whose wage index was based on the original hospice wage index which was artificially high due to flaws in the 1981 BLS data. While incorporating a BNAF into hospice wage indices could be rationalized in 1997 as a way to smooth the transition from an old wage index to a new one, since hospices have had plenty of time to adjust to the new wage index, it is difficult to justify maintaining in perpetuity a BNAF which was in part compensating for artificially high data to begin with.

Second, the new wage index adopted in 1997 resulted in increases in wage index values for hospices in certain areas. The BNAF applies to hospices in all areas. Thus, hospices in areas that would have had increases without the BNAF received an artificial boost in the wage index for the past 11 years. We believe that continuation of this excess payment can no longer be justified.

Third, an adjustment factor that is based on 24-year old wage index values is contrary to our goal of using a hospice wage index that is as accurate, reliable and equitable as possible in accounting for geographic variation in wages. We believe that those goals can be better achieved by using the pre-floor, prereclassified hospital wage index, without an outdated BNAF, consistent with other providers. For instance, Medicare payments to home health agencies, that utilize a similar labor mix, are adjusted by the pre-floor, prereclassified hospital wage index, without any budget neutrality adjustment. We believe that using the unadjusted pre-floor, pre-reclassified hospital wage index provides a good measure of area wage differences for both these home-based reimbursement systems.

Fourth, in the 13 years since concerns about the impact of switching from an old to a new wage index were voiced, the hospice industry and hospice payments have grown substantially. Hospice expenditures in 2006 were \$9.2 billion, compared to about \$2.2 billion in 1998, a growth rate of almost 20 percent per year. Aggregate hospice expenditures are increasing at a rate of about \$1 billion per year. MedPAC projects that expenditures will continue to grow at a rate of 9 percent per year through 2015, outpacing the growth rate

of projected expenditures for hospitals, skilled nursing facilities, and physician and home health services. We believe that this growth in Medicare spending for hospice indicates that the original rationale of the BNAF, to cushion the impact of using the new wage index, is no longer justified. These spending growth figures also indicate that any negative financial impact to the hospice industry as a result of eliminating the BNAF is no longer present, and thus the need for a transitional adjustment has passed.

Fifth, 13 years ago the industry also voiced concerns about the negative financial impact on individual hospices that could occur by adopting a new wage index. In August 1994 there were 1,602 hospices; currently there are 2,986 hospices. Clearly any negative financial impact from adopting a new wage index in 1997 is no longer present, or we would not have seen an 86 percent increase in the number of hospices since 1994. The number of Medicare-certified hospices has continued to increase, with a 26 percent increase in the number of hospice providers from 2001 to 2005. This ongoing growth in the industry also suggests that phasing out the BNAF would not have a negative impact on access to care.

Therefore for these reasons, we believe that continuing to apply a BNAF for the purpose of mitigating any adverse financial impact on hospices or negative impact on access to care is no longer necessary. We are proposing to phase out the BNAF over a 3-year period, reducing the BNAF by 25 percent in FY 2009, by 75 percent in FY 2010, and eliminating it in FY 2011. We believe that the proposed 3-year phaseout period will reduce any adverse financial impact that the industry might experience if we eliminated the BNAF in a single year. However, depending on the comments received, updated data, and subsequent analysis, for the final rule we may determine that a different percentage reduction in the BNAF (for any of the years) or a different phase-out timeframe would be more appropriate. Specifically, it may be determined that a more aggressive phase-out alternative (e.g. a 50 percent reduction in the BNAF in FY 2009, a 75 percent reduction in the BNAF in FY 2010, and elimination of the BNAF in FY 2011) is more appropriate. Consequently, we will continue to look at reduction percentages and timeframe alternatives for the phase-out of the BNAF and, for the final rule, will implement what is determined to be the most appropriate option based on the above information. We propose to maintain the hospice floor, which offers protection to

hospices with pre-floor, pre-reclassified hospital wage index values less than

We believe that we should have addressed this issue in previous years. We believe that using the BNAF has resulted in Medicare spending for hospice services in excess of what spending should have been in the absence of such an adjustment. However, we are not proposing to reduce Medicare payments to hospices for prior years. We are only proposing to remove the application of the BNAF on a prospective basis, beginning on October 1, 2008.

Section II.C.3.a below discusses the effects of phasing out the BNAF over three years using the data from the published FY 2008 hospice wage index; by basing the analysis on this data, our simulations hold claims data, the wage index values, and payment rates constant, with the only change being the reduction in the BNAF. Section II.C.3.b discusses the effects of reducing the BNAF for FY 2009 using the proposed FY 2009 hospice wage index.

a. Effects of Phasing-Out the BNAF Using the Published FY 2008 Hospice Wage Index

For this proposed rule, we will use the FY 2008 hospice wage index (72 FR 50214, published August 31, 2007) to illustrate the effects of phasing out the BNAF over 3 years. This analysis and discussion is for illustrative purposes only and does not affect any of the hospice wage index values for FY 2008.

The BNAF that was calculated and applied to the 2007 pre-floor, prereclassified hospital wage index values was 6.6671 percent. We propose reducing the BNAF by 25 percent for FY 2009, by 75 percent for FY 2010, and eliminating it altogether for FY 2011 and beyond. A 25 percent reduction in the BNAF can be accomplished by blending 75 percent of the FY 2008 hospice wage index that applied the full 6.6671 percent BNAF with 25 percent of the FY 2008 hospice wage index that used no BNAF. This is mathematically equivalent to taking 75 percent of the full BNAF value, or multiplying 0.066671 by 0.75, which equals 0.050003, or 5.0003 percent. The BNAF of 5.0003 percent reflects a 25 percent reduction in the BNAF. The 25 percent reduction in the BNAF of 5.0003 percent would be applied to the prefloor, pre-reclassified hospital wage index values of 0.8 or greater used in the published FY 2008 hospice wage index.

The hospice floor calculation would still apply to any pre-floor, prereclassified hospital wage index values less then 0.8. Currently, the floor

calculation has 4 steps. Pre-floor, prereclassified hospital wage index values that are less than 0.8 are first multiplied by 1.15; second, the minimum of 0.8 or the pre-floor, pre-reclassified hospital wage index value times 1.15 is chosen as the preliminary hospice wage index value. Third, the pre-floor, prereclassified hospital wage index value is multiplied by BNAF. Finally, the greater result of either step 2 or step 3 is chosen as the final hospice wage index value. We propose to leave the hospice floor unchanged, noting that steps 3 and 4 will become unnecessary once the BNAF is eliminated.

For the simulations of the BNAF phase-out for FY 2010 and FY 2011, we used the same pre-floor, pre-reclassified hospital wage index values and claims data as the example above, and simply changed the value of the BNAF to reflect either a 75 percent reduction for FY 2010 or a 100 percent reduction for FY 2011. In both cases we started with the full BNAF of 6.6671 percent. We changed the calculation to take 25 percent of the full BNAF to reflect a 75 percent reduction for FY 2010, or eliminated the BNAF altogether to reflect a 100 percent reduction for FY 2011. For FY 2010, the reduced BNAF or the hospice floor was then applied to the 2008 pre-floor, pre-reclassified hospital wage index as described previously. For FY 2011 and subsequent years, the pre-floor, pre-reclassified hospital wage index values would be unadjusted unless they are less than 0.8, in which case the hospice floor calculation would be applied.

For our simulations, the calculations of the BNAF are as follows:

- A 75 percent reduction to the BNAF in FY 2010 would be 0.066671 × 0.25 = 0.016668 or 1.6668 percent
- A 100 percent reduction or elimination of the BNAF in FY 2011 would be  $0.066671 \times 0.0 = 0.0$  or 0 percent

We examined the effects of phasing out the BNAF versus using the full BNAF of 6.6671 percent on the FY 2008 hospice wage index. The FY 2009 BNAF reduction of 25 percent resulted in approximately a 1.55 to 1.57 percent reduction in the hospice wage index value. The FY 2010 BNAF reduction of 75 percent would result in an estimated additional 3.12 to 3.13 percent reduction from the FY 2009 hospice wage index values. The elimination of the BNAF in FY 2011 would result in an estimated final reduction of the FY 2011 hospice wage index values of approximately 1.55 to 1.57 percent compared to FY 2010 hospice wage index values.

Those CBSAs whose pre-floor, prereclassified hospital wage index values had the hospice floor calculation applied prior to the BNAF reduction would not be affected by this proposed phase-out of the BNAF. These CBSAs, which typically include rural areas, are protected by the hospice floor calculation. Additionally, those CBSAs whose hospice wage index values were previously 0.8 or greater after the BNAF was applied, but which would have values less than 0.8 after the reduced BNAF was applied would see a smaller reduction in their hospice wage index values since the hospice floor calculation would apply. We have estimated the number of CBSAs that would have their pre-floor, prereclassified hospital wage index value eligible for the floor calculation after applying the 25, 75, and 100 percent reductions in the BNAF. Three CBSAs would be affected by the 25 percent reduction, 12 would be affected by the 75 percent reduction, and 22 would be affected by the 100 percent reduction. Because of the protection given by the hospice floor calculation, these CBSAs would see smaller percentage decreases in their hospice wage index values than those CBSAs that are not eligible for the floor calculation. This will benefit those hospices with lower hospice wage index values, which are typically in rural areas.

Finally, the hospice wage index values only apply to the labor portion of the payment rates; the labor portion was described in Section I.B.1 of this proposed rule. Therefore the estimated reduction in payments due to this proposed phase-out of the BNAF would be less than the percentage reductions to the hospice wage index values that would result from reducing or eliminating the BNAF. In addition, the effects of the proposed phase-out of the BNAF could also be mitigated by a hospital market basket update in payments, which in FY 2008 was a 3.3 percent increase in payment rates. We will not have the final market basket update for FY 2009 until the summer, but the current estimate of the hospital market basket update is expected to be around 3.0 percent. This update will be communicated through an administrative instruction and not through rulemaking. The estimated effects on payment described in column 5 of Table 1 in section IV.B of this proposed rule include the projected effect of an estimated 3.0 percent hospital market basket update. CMS may implement updates to the payment rates in future rulemaking.

b. Effects of Phasing-Out the BNAF Using the Updated Pre-floor, Prereclassified Hospital Wage Index Data (FY 2009 Proposal)

For FY 2009, we propose updating the hospice wage index using the 2008 prefloor, pre-reclassified hospital wage index and the most complete claims data available (FY 2006 claims). Using these data, we computed a full BNAF of 6.5357 percent. For the first year of the BNAF phase-out (FY 2009), the BNAF would be reduced by 25 percent, or  $0.065357 \times 0.75 = 0.049018$ , to 4.9018 percent. This would decrease hospice wage index values by approximately 1.53 to 1.54 percent from wage index values with the full BNAF applied. As noted in the previous discussion on the effects of the BNAF reduction in the published FY 2008 hospice wage index, those CBSAs which already have prefloor, pre-reclassified hospital wage index values that have the hospice floor applied prior to implementing a proposed BNAF reduction would be completely unaffected by this proposed BNAF reduction. Those CBSAs which previously had hospice wage index values above 0.8 after applying the full BNAF, but which now are below 0.8 with the 25 percent reduction in the BNAF would be less affected by the BNAF reduction than those CBSAs which are 0.8 or above after applying the BNAF, as they are protected by the hospice floor calculation. Additionally, as mentioned in section I.B.1 of this proposed rule, the final hospice wage index is only applied to the labor portion of the payment rates, so the actual effect on estimated payment would be less than the anticipated 1.53 to 1.54 percent reduction in the hospice wage index value. Furthermore, that effect may be mitigated by a market basket update. As noted earlier, the market basket update will not be available until the summer, but estimates of the update are at about 3.0 percent.

Column 3 of Table 1 (section IV of this proposed rule) shows the impact of using the most recent wage index data (the 2008 pre-floor, pre-reclassified hospital wage index not including any reclassification under section 1886(d)(8)(B) of the Act) compared to the 2007 pre-floor, pre-reclassified hospital wage index data which was used to derive the FY 2008 hospice wage index. Column 4 of Table 1 in Section IV of this proposed rule shows the impact of incorporating the 25 percent reduction in the BNAF in the proposed FY 2009 hospice wage index along with using the most recent wage index data (2008 pre-floor, prereclassified hospital wage index). Finally, column 5 of Table 1 shows the combined effects of using the updated pre-floor, pre-reclassified hospital wage index, the 25 percent reduced BNAF, and an estimated market basket update of 3.0 percent. The proposed FY 2009 rural and urban hospice wage indexes can be found in Addenda A and B of this proposed rule. The pre-floor, pre-reclassified hospital wage index values were adjusted by the 25 percent reduced BNAF or by the hospice floor.

# D. Summary of the Provisions of the Proposed Rule

- We propose to clarify that the hospice benefit will follow the definition of "urban" specified in § 412.64(b)(1)(ii)(A) and (B), and the rural definition as any area outside of an urban area in § 412.64(b)(1)(ii)(C). The regulatory text of § 418.306(c) will be amended to reference § 412.64(b)(1)(ii)(A) through (C). This affects two New England "deemed" counties that meet the OMB definition of rural, but were previously counted as urban; these two counties would now be considered rural. See section II.A of this proposed rule for details.
- As a basis for the hospice wage index, we propose to continue to use the pre-floor, pre-reclassified hospital wage index, which includes a change to how wage data from multi-campus hospitals are apportioned. See section II.B of this proposed rule for more details.
- We propose to continue to use a pre-floor, pre-reclassified hospital wage index based solely on the CBSA designations, using the most recent pre-floor and pre-reclassified hospital wage index available at the time of publication. See section II.C.1 of this proposed rule for details.
- We propose to continue the policy that for urban labor markets without an urban hospital from which a pre-floor, pre-reclassified hospital wage index could be derived, all of the urban CBSA pre-floor, pre-reclassified hospital wage index values within the State would be used to calculate a statewide urban average pre-floor, pre-reclassified hospital wage index to use as a reasonable proxy for these areas. See section II.C.2 of this proposed rule for details.
- We propose to continue the policy that we impute an average pre-floor, pre-reclassified rural hospital wage index value by averaging the pre-floor, pre-reclassified hospital wage index values from contiguous CBSAs as a reasonable proxy for rural areas with no hospital wage data from which to calculate a pre-floor, pre-reclassified

hospital wage index. See section II.C.2 f of this proposed rule or details.

- We propose to continue to utilize the most recent pre-floor, prereclassified hospital wage index value available for Puerto Rico. See section II.C.2 of this proposed rule for details.
- We propose to phase-out the hospice BNAF over 3 years, reducing it by 25 percent for FY 2009, by 75 percent for FY 2010, and eliminating it completely for FY 2011. See sections II.C.3.a and II.C.3.b of this proposed rule for details. As stated in section II.C.3, based on comments received, updated data, and subsequent analysis, for the final rule we may determine that a different percentage reduction in the BNAF (for any of the years) or a different phase-out timeframe would be more appropriate. Specifically, it may be determined that a more aggressive alternative (e.g., a 50 percent reduction in the BNAF in FY 2009, a 75 percent reduction in the BNAF in FY 2010, and elimination of the BNAF in FY 2011) is more appropriate. Consequently, we will continue to look at reduction percentages and time period alternatives for the phase-out of the BNAF and, for the final rule, will implement what is determined to be the most appropriate option based on the above information.
- We propose to continue to maintain the hospice floor calculation. See section II.C.3 of this proposed rule for details.

Addendum A reflects the proposed FY 2009 hospice wage index values for urban areas designations. Addendum B reflects the proposed FY 2009 hospice wage index values for rural areas designations.

# III. Collection of Information Requirements

This document does not impose any information collection and recordkeeping requirements. Consequently, it does not need to be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

#### **IV. Regulatory Impact Analysis**

#### A. Overall Impact

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), Executive Order 13132 on Federalism, and the Congressional Review Act (5 U.S.C. 804(2)). We

estimated the impact on hospices, as a result of the changes to the proposed FY 2009 hospice wage index and of reducing the BNAF by 25 percent. As discussed previously, the methodology for computing the hospice wage index was determined through a negotiated rulemaking committee and implemented in the August 8, 1997 final rule (62 FR 42860). This rule proposes updates to the hospice wage index in accordance with our regulation but proposes to revise the Negotiated Rulemaking Committee methodology of including a BNAF.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits including potential economic, environmental, public health and safety effects, distributive impacts, and equity. A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). We have determined that this proposed rule is an economically significant rule under this Executive Order.

Column 4 of Table 1 shows the combined effects of the proposed 25 percent reduction in the BNAF and of the updated wage data, comparing estimated payments for FY 2009 to estimated payments for FY 2008. We estimate that the total hospice payments for FY 2009 will decrease by \$100 million as a result of the application of the 25 percent reduction in the BNAF and the updated wage data. This estimate does not take into account any market basket update, which is currently forecast to be about 3.0 percent. The final market basket update will not be available until some time later this year and will be communicated through an administrative instruction. The estimated effect of a 3.0 percent forecasted market basket update on payments to hospices is approximately \$280 million. If we were to take into account an estimated 3.0 percent market basket update, in addition to the 25 percent reduction in the BNAF and the updated wage data, it is estimated that hospice payments would increase by approximately \$180 million (\$280 million - \$100 million = \$180 million).The percent change in payments to hospices due to the combined effects of the 25 percent reduction in the BNAF, the updated wage data, and the estimated market basket update of 3.0

percent is reflected in column 5 of the impact table (Table 1).

The RFA requires agencies to analyze options for regulatory relief of small businesses, if a rule has a significant impact on a substantial number of small entities. The great majority of hospices and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of less than \$6.5 million to \$31.5 million in any one year (for details, see the Small Business Administration's regulation at 65 FR 69432, that sets forth size standards for health care industries). As indicated in Table 1 below, there are 2,986 hospices as of February 2008. Approximately 52.7 percent of Medicare certified hospices are identified as voluntary, government, or other agencies and, therefore, are considered small entities. Most of these and most of the remainder are also small hospice entities because their revenues fall below the SBA size thresholds. We note that the hospice wage index methodology was previously guided by consensus, through a negotiated rulemaking committee that included representatives of national hospice associations, rural, urban, large and small hospices, multisite hospices, and consumer groups. Based on all of the options considered, the committee agreed on the methodology described in the committee statement, and after notice and comment, it was adopted into regulation in the August 8, 1997 final rule. In developing the process for updating the hospice wage index in the 1997 final rule, we considered the impact of this methodology on small hospice entities and attempted to mitigate any potential negative effects. Small hospice entities are more likely to be in rural areas, which are less affected by the BNAF reduction than entities in urban areas. Generally, hospices in rural areas are protected by the hospice floor, which mitigates the effect of the BNAF reduction. The effects of this rule on hospices, as illustrated in Table 1, are small. Overall, Medicare payments to all hospices will decrease by an estimated 1.1 percent, reflecting the combined effects of the 25 percent reduction in the BNAF and the updated wage data. Within the hospice subgroups, Medicare payments will decrease by no more than 1.6 percent. Furthermore, when including the estimated market basket update of 3.0 percent into these figures, the combined effects of Medicare payment changes to all hospices will result in an increase of approximately 1.9 percent. Overall average hospice revenue effects will be slightly less than

these estimates since according the

National Hospice and Palliative Care Organization, about 16 percent of hospice caseload is non-Medicare. Longstanding HHS practice in interpreting the RFA is to consider effects economically "significant" only if they reach a threshold of 3 to 5 percent or more. Accordingly, we have determined that this proposed rule does not create a significant economic impact on a substantial number of small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside a CBSA and has fewer than 100 beds. We have determined that this proposed rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of about \$130 million or more (the threshold in the statute, updated for inflation through 2008). This proposed rule is not anticipated to have an effect on State, local, or tribal governments or on the private sector of \$130 million or more.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have reviewed this proposed rule under the threshold criteria of Executive Order 13132, Federalism, and have determined that it will not have an impact on the rights, roles, and responsibilities of State, local, or tribal governments.

#### B. Anticipated Effects

This section discusses the impact of the projected effects of the proposed provisions of this rule, including the estimated effects of a projected 3.0 percent market basket update that will be communicated separately through an administrative instruction. The proposed provisions include continuing to use the CBSA-based pre-floor, pre-reclassified hospital wage index (to include the clarification of New England "deemed" counties and a change in the way that multi-campus hospital wage

data are treated in the creation of the pre-floor, pre-reclassified hospital wage index), continuing the use the same policies for treatment of areas (rural and urban) without hospital wage data, and reducing the BNAF by 25 percent for the first year of a 3-year BNAF phase-out. The proposed FY 2009 hospice wage index is based upon the 2008 pre-floor, pre-reclassified hospital wage index and the most complete claims data available (FY 2006) with a 25 percent reduction in the BNAF.

For the purposes of our impacts, our baseline is estimated FY 2008 payments using the 2007 pre-floor, pre-reclassified hospital wage index. Our first comparison (column 3, Table 1)

compares our baseline to estimated FY 2009 payments (holding payment rates constant) using the updated wage data (2008 pre-floor, pre-reclassified hospital wage index). Consequently, the estimated effects illustrated in column 3 of Table 1 are for the updated wage data only. The effects of using the updated pre-floor, pre-reclassified hospital wage index data combined with the 25 percent reduction in the BNAF are illustrated in column 4 of Table 1.

Even though the market basket update is not part of this proposed rule, we have included a comparison of the combined effects of the 25 percent BNAF reduction, the updated pre-floor, pre-reclassified hospital wage index,

and an estimated 3.0 percent market basket increase for FY 2009 (Table 1, column 5). Presenting this data gives the hospice industry a more complete picture of the effects of the proposed changes in this rule and the market basket update. Certain events may limit the scope or accuracy of our impact analysis, because such an analysis is susceptible to forecasting errors due to other changes in the forecasted impact time period. The nature of the Medicare program is such that the changes may interact, and the complexity of the interaction of these changes could make it difficult to predict accurately the full scope of the impact upon hospices.

TABLE 1.—ANTICIPATED IMPACT ON MEDICARE HOSPICE PAYMENTS OF REDUCING THE BNAF, UPDATING THE PRE-FLOOR, PRE-RECLASSIFIED HOSPITAL WAGE INDEX DATA, AND APPLYING AN ESTIMATED 3.0 PERCENT MARKET BAS-KET UPDATE FOR THE PROPOSED FY 2009 HOSPICE WAGE INDEX, COMPARED TO THE PUBLISHED FINAL FY 2008 HOSPICE WAGE INDEX

	Number of hospices*	Number of routine home care days in thousands	Percent change in payments due to the effects of the updated wage data (FY 2009 Proposed Wage Index)	Percent change in payments due to the combined ef- fects of the 25% reduction in the BNAF and the up- dated wage data (FY 2009 Pro- posed Wage Index)	Percent change in payments due to the combined effects of the 25% reduction in the BNAF, the updated wage data (FY 2009 Proposed Wage Index), and estimated market basket update (3.0%)
	(1)	(2)	(3)	(4)	(5)
ALL HOSPICES	2,986	61,351	-0.1	-1.1	1.9
	1,996	52,642	-0.1	-1.1	1.8
	990	8,709	-0.1	-0.9	2.1
NEW ENGLANDSUBJECT OF THE SOUTH ATLANTICEAST NORTH CENTRALEAST SOUTH CENTRAL	113	1,787	0.3	-0.8	2.2
	201	5,250	- 0.5	-1.6	1.4
	288	11,388	- 0.1	-1.1	1.8
	296	7,638	- 0.3	-1.4	1.6
	160	4,365	- 0.4	-1.3	1.7
WEST NORTH CENTRAL	152	3,413	0.0	-1.0	1.9
	339	7,131	-0.2	-1.2	1.7
	183	4,543	0.0	-1.1	1.9
	230	6,330	0.8	-0.4	2.6
PUERTO RICO BY REGION—RURAL: NEW ENGLAND MIDDLE ATLANTIC	26 43	797 147 408	-1.1 -0.4 0.3	-1.1 -1.4 -0.7	1.9 1.5 2.3
SOUTH ATLANTICEAST NORTH CENTRALEAST SOUTH CENTRAL	125	1,759	0.0	-0.9	2.0
	140	1,148	0.0	-1.0	1.9
	145	2,017	-0.4	-1.1	1.8
WEST NORTH CENTRAL	189 165 104 52	945 1,325 580 372 7	-0.3 -0.6 0.4 1.5 0.0	-1.3 -0.8 -0.6 0.4 0.0	1.7 2.2 2.4 3.4 3.0
ROUTINE HOME CARE DAYS: 0-3499 DAYS (small)	631 1,445 910	1,060 14,385 45,906	0.0 - 0.1 - 0.1	-0.9 -1.1 -1.1	2.0 1.9 1.9
TYPE OF OWNERSHIP: VOLUNTARY PROPRIETARY GOVERNMENT OTHER	1,194	27,185	-0.2	-1.2	1.8
	1,412	30,017	0.0	-1.0	1.9
	192	986	0.1	-0.8	2.2
	188	3,163	0.0	-1.0	2.0
HOSPICE BASE: FREESTANDINGHOME HEALTH AGENCYHOSPITAL	1,807	45,473	-0.1	-1.1	1.8
	597	8,908	0.0	-1.0	2.0
	567	6,756	0.0	-1.1	1.9

Table 1.—Anticipated Impact on Medicare Hospice Payments of Reducing the BNAF, Updating the Pre-Floor, Pre-Reclassified Hospital Wage Index Data, and Applying an Estimated 3.0 Percent Market Basket Update for the Proposed FY 2009 Hospice Wage Index, Compared to the Published Final FY 2008 Hospice Wage Index—Continued

	Number of hospices*	Number of routine home care days in thousands	Percent change in payments due to the effects of the updated wage data (FY 2009 Proposed Wage Index)	Percent change in payments due to the combined ef- fects of the 25% reduction in the BNAF and the up- dated wage data (FY 2009 Pro- posed Wage Index)	Percent change in payments due to the combined effects of the 25% reduction in the BNAF, the updated wage data (FY 2009 Proposed Wage Index), and estimated market basket update (3.0%)
	(1)	(2)	(3)	(4)	(5)
SKILLED NURSING FACILITY	15	213	-0.6	-1.7	1.2

BNAF = Budget Neutrality Adjustment Factor. \* As of February 2008.

Table 1 shows the results of our analysis. In column 1, we indicate the number of hospices included in our analysis as of February 2008. In column 2, we indicate the number of routine home care days that were included in our analysis, although the analysis was performed on all types of hospice care. Column 3 shows the percentage change in estimated Medicare payments from FY 2008 to FY 2009 due to the effects of the updated wage data only. Column 4 shows the percentage change in estimated hospice payments from FY 2008 to FY 2009 due to the combined effects of using the 2008 pre-floor, prereclassified hospital wage index and reducing the BNAF by 25 percent. Column 5 shows the percentage change in estimated hospice payments from FY 2008 to FY 2009 due to the combined effects of using updated wage data, a 25 percent BNAF reduction, and a 3.0 percent estimated market basket update.

Table 1 also categorizes hospices by various geographic and provider characteristics. The first row of data displays the aggregate result of the impact for all Medicare-certified hospices. The second and third rows of the table categorize hospices according to their geographic location (urban and rural). Our analysis indicated that there are 1,996 hospices located in urban areas and 990 hospices located in rural areas. The next two row groupings in the table indicate the number of hospices by census region, also broken down by urban and rural hospices. The next grouping shows the impact on hospices based on the size of the hospice's program. We determined that the majority of hospice payments are made at the routine home care rate. Therefore, we based the size of each individual hospice's program on the number of routine home care days

provided in FY 2006. The next grouping shows the impact on hospices by type of ownership. The final grouping shows the impact on hospices defined by whether they are provider-based or freestanding.

As indicated in Table 1 below, there are 2,986 hospices. Approximately 52.7 percent of Medicare-certified hospices are identified as voluntary, government, or other agencies and, therefore, are considered small entities. Because the National Hospice and Palliative Care Organization estimates that approximately 83.7 percent of hospice patients are Medicare beneficiaries, we have not considered other sources of revenue in this analysis. As noted earlier, those CBSAs which had the hospice floor applied prior to our proposal to reduce the BNAF are unaffected by this proposed change in methodology. Those CBSAs that were not previously less than 0.8 after applying the full BNAF but which now are less than 0.8 after applying the reduced BNAF will see less of a reduction in payments as the floor protects their hospice wage index value.

As stated previously, the following discussions are limited to demonstrating trends rather than projected dollars. We used the pre-floor, pre-reclassified hospital wage indexes as well as the most complete claims data available (FY 2006) in developing the impact analysis. The FY 2009 payment rates will be adjusted to reflect the full hospital market basket, as required by section 1814(i)(1)(C)(ii)(VII) of the Act. As previously noted, we publish these rates through administrative instructions rather than in a proposed rule. The FY 2008 update was 3.3 percent, and the FY 2009 update will not be available until the summer. Currently the FY 2009 update is estimated to be 3.0

percent; however this figure is subject to change. Since the inclusion of the effect of a market basket increase provides a more complete picture of estimated hospice payments for FY 2009, the last column of Table 1 shows the combined impacts of the 25 percent BNAF reduction, the updated wage index, and a projected 3.0 percent market basket update factor.

As discussed in the FY 2006 final rule (70 FR 45129), hospice agencies may use multiple hospice wage index values to compute their payments based on potentially different geographic locations. Before January 1, 2008, the location of the beneficiary was used to determine the CBSA for routine and continuous home care and the location of the hospice agency was used to determine the CBSA for respite and general inpatient care. Beginning January 1, 2008, the hospice wage index utilized is based on the location of the site of service. As the location of the beneficiary's home and the location of the facility may vary, there will still be variability in geographic location for an individual hospice. We anticipate that the location of the various sites will usually correspond with the geographic location of the hospice, and thus we will continue to use the location of the hospice for our analyses of the impact of the proposed changes to the hospice wage index in this rule. For this analysis, we use payments to the hospice in the aggregate based on the location of the hospice.

The impact of hospice wage index changes has been analyzed according to the type of hospice, geographic location, type of ownership, hospice base, and size. Our analysis shows that most hospices are in urban areas and provide the vast majority of routine home care days. Most hospices are medium-sized

followed by large hospices. Hospices are almost equal in numbers by ownership with 1,574 designated as non-profit and 1,412 as proprietary. The vast majority of hospices are freestanding.

#### 1. Hospice Size

Under the Medicare hospice benefit, hospices can provide four different levels of care days. The majority of the days provided by a hospice are routine home care (RHC) days representing about 97 percent of the services provided by a hospice. Therefore, the number of RHC days can be used as a proxy for the size of the hospice, that is, the more days of care provided, the larger the hospice. As discussed in the August 4, 2005 final rule, we currently use three size designations to present the impact analyses. The three categories are: (1) Small agencies having 0 to 3,499 RHC days; (2) medium agencies having 3,500 to 19,999 RHC days; and (3) large agencies having 20,000 or more RHC days. The proposed FY 2009 wage index values without the BNAF reduction are anticipated to have virtually no impact on small hospice providers, with a slight decrease of 0.1 percent anticipated for medium and large hospices (column 3); the proposed FY 2009 wage index values with the 25 percent BNAF reduction and the updated wage data are anticipated to decrease estimated payments by 0.9 percent to small hospices and by 1.1 percent to medium and large hospices (column 4); and finally, the proposed FY 2009 wage index values with the 25 percent BNAF reduction, the updated wage data, and the estimated 3.0 percent market basket update are projected to increase estimated payments by 2.0 percent for small hospices and by 1.9 percent for medium and large hospices (column 5).

### 2. Geographic Location

Column 3 of Table 1 shows that FY 2009 wage index values without the BNAF reduction will result in little change in estimated payments with rural and urban hospices anticipated to experience a slight decrease of 0.1 percent. For urban hospices, the greatest increase of 0.8 percent is anticipated to be experienced by the Pacific regions, followed by an increase for New England of 0.3 percent and no change for the West North Central and Mountain regions. The remaining urban regions are anticipated to experience a decrease ranging from 0.1 percent in the South Atlantic region 1.1 percent is for Puerto Rico.

Column 3 shows that for rural hospices, Puerto Rico, the South Atlantic, and the East North Central regions are anticipated to experience no change. Four regions are anticipated to experience a decrease ranging from 0.3 percent for the West North Central region to 0.6 percent for West South Central region. The remaining regions are anticipated to experience an increase ranging from 0.3 percent for the Middle Atlantic region to 1.5 percent for the Pacific region.

Column 4 shows the combined effect of the 25 percent BNAF reduction and the updated pre-floor, pre-reclassified hospital wage index values on estimated payments, as compared to the published FY 2008 payments. Overall urban hospices are anticipated to experience a 1.1 percent decrease in payments, while rural hospices expect a 0.9 percent decrease. The estimated percent decrease in payment for urban hospices ranged from 0.4 percent for Pacific hospices to 1.6 percent for Middle Atlantic hospices.

The estimated percent decrease in payment for rural hospices ranged from 0.6 percent for Mountain hospices to 1.4 percent for New England hospices. Rural Puerto Rico's estimated payments were unaffected, and the Pacific region saw a 0.4 percent increase in estimated payments.

Column 5 shows the combined effects of the proposed FY 2009 wage index values with the 25 percent BNAF reduction, the updated wage data, and the estimated 3.0 percent market basket update on estimated payments as compared to the published FY 2008 payments. Overall, urban hospices are anticipated to experience a 1.8 percent increase in payments while rural hospices should experience a 2.1 percent increase in payments. Urban hospices are anticipated to see an increase in estimated payments ranging from 1.4 percent for the Middle Atlantic region to 2.6 percent for the Pacific region. Rural hospices are estimated to see an increase in estimated payments ranging from 1.5 percent for the New England region to 3.4 percent for the Pacific region.

#### 3. Type of Ownership

Column 3 demonstrates the effect of the updated pre-floor, pre-reclassified hospital wage index on FY 2009 estimated payments versus FY 2008 estimated payments. We anticipate that using the updated pre-floor, pre-reclassified hospital wage index data will have no effect on proprietary hospices. While we estimate a slight decrease in estimated payments for voluntary (non-profit) hospices (0.2 percent), other hospices are expected to experience no effect and government hospices are expected to experience a

slight increase in payments (0.1 percent).

Column 4 demonstrates the combined effects of using updated pre-floor, pre-reclassified hospital wage index data and of incorporating a 25 percent BNAF reduction. Estimated payments to proprietary hospices are anticipated to decrease by 1.0 percent, while voluntary (non-profit), other, and government hospices are anticipated to experience decreases of 1.2 percent, 1.0 percent, and 0.8 percent, respectively.

Column 5 shows the combined effects of the updated pre-floor, pre-reclassified hospital wage index values with the 25 percent BNAF reduction, the updated wage data, and the estimated 3.0 percent market basket update on estimated payments, comparing FY 2009 to FY 2008. Estimated FY 2009 payments are anticipated to increase for all hospices, regardless of ownership type. Estimated payments are forecast to increase from 1.8 percent for voluntary hospices to 2.2 percent for government hospices.

#### 4. Hospice Base

Column 3 demonstrates the effect of using the updated pre-floor, pre-reclassified hospital wage index values, comparing estimated payments for FY 2009 to FY 2008. Estimated payments are anticipated to decrease by 0.1 percent for freestanding facilities and by 0.6 percent for skilled nursing facilities. Home health and hospital based facilities are anticipated to experience no change in estimated payments.

Column 4 shows the combined effects of reducing the BNAF by 25 percent and updating the pre-floor, pre-reclassified hospital wage index values, comparing FY 2009 to FY 2008 estimated payments. Skilled nursing facility based hospices are estimated to see a 1.7 percent decline, while hospital based hospices and freestanding hospices are each anticipated to experience a 1.1 percent decrease in payments. Home health agency based hospices are expected to experience a 1.0 percent decrease.

Column 5 shows the combined effects of the 25 percent BNAF reduction, the updated pre-floor, pre-reclassified hospital wage index, and the estimated 3.0 percent market basket update on estimated payments, comparing FY 2009 to FY 2008. Estimated increases in payments range from 1.2 percent for skilled nursing facility based hospices to 2.0 percent for home health agency based hospices.

We note that the President's budget includes a proposal for a zero percent payment update for hospices in FY 2009. The impacts outlined in Column 5 of Table 1 in this proposed rule, which include the effects of a 3.0 percent market basket update, would need to change in the final rule to reflect any legislation that the Congress might enact which would affect the market basket update.

### C. Accounting Statement

As required by OMB Circular A-4 (available at http:// www.whitehouse.gov/omb/circulars/ a004/a-4.pdf), in Table 2 below, we have prepared an accounting statement showing the classification of the expenditures associated with the proposed provisions of this rule. This table provides our best estimate of the decrease in Medicare payments under the hospice benefit as a result of the changes presented in this proposed rule on data for 2,086 hospices in our database. All expenditures are classified as transfers to Medicare providers (that is, hospices).

TABLE 2.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EX-PENDITURES, FROM FY 2008 TO FY 2009 [IN MILLIONS]

Category	Transfers
Annualized Monetized Transfers.	\$ <b>-</b> 100*.

TABLE 2.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EX-PENDITURES, FROM FY 2008 TO FY 2009 [IN MILLIONS]—Continued

Category	Transfers
From Whom to Whom	Federal Government to Hospices.

"The \$100 million reduction in transfers includes the 25 percent reduction in the BNAF and the updated wage data. It does not include the market basket update, which is currently forecast to be about 3.0%.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

#### List of Subjects in 42 CFR Part 418

Health facilities, Health professions, Medicare, and Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare and Medicare Services proposes to amend 42 CFR chapter IV as set forth below:

#### **PART 418—HOSPICE CARE**

1. The authority citation for part 418 continues to read as follows:

**Authority:** Secs 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

#### Subpart G—Payment for Hospice Care

2. Section § 418.306 is amended by revising paragraph (c) to read as follows:

§ 418.306 Determination of payment rates.

(c) Each hospice's labor market is determined based on definitions of Metropolitan Statistical Areas (MSAs) issued by OMB. CMS will issue annually, in the Federal Register, a hospice wage index based on the most current available CMS hospital wage data, including changes to the definition of MSAs. The urban and rural area geographic classifications are defined in § 412.64(b)(1)(ii)(A) through (C) of this chapter. The payment rates established by CMS are adjusted by the intermediary to reflect local differences in wages according to the revised wage data.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

**Note:** The following addendums will not appear in the Code of Federal Regulations.

Dated: March 14, 2008.

#### Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: April 7, 2008.

### Michael O. Leavitt,

Secretary.

#### ADDENDUM A.—PROPOSED HOSPICE WAGE INDEX FOR URBAN AREAS BY CBSA—FY 2009

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
10180	Abilene, TX	0.8347
	Callahan County, TX.	
	Jones County, TX.	
	Taylor County, TX.	
10380	Aguadilla-Isabela-San Sebastián, PR	0.3965
	Aguada Municipio, PR.	
	Aguadilla Municipio, PR.	
	Añasco Municipio, PR.	
	Isabela Municipio, PR.	
	Lares Municipio, PR.	
	Moca Municipio, PR.	
	Rincón Municipio, PR.	
10400	San Sebastián Municipio, PR.	0.0005
10420	Akron, OH	0.9225
	Portage County, OH.	
10500	Summit County, OH. Albany, GA	0.8931
10300	Baker County, GA.	0.0931
	Dougherty County, GA.	
	Lee County, GA.	
	Terrell County, GA.	
	Worth County, GA.	
10580	Albany-Schenectady-Troy, NY	0.9009
	Albany County, NY.	
	Rensselaer County, NY.	
	Saratoga County, NY.	
	Schenectady County, NY.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Schoharie County, NY.	
10740	Albuquerque, NM	1.002
	Bernalillo County, NM.	
	Sandoval County, NM. Torrance County, NM.	
	Valencia County, NM.	
10780		0.837
	Grant Parish, LA.	
10000	Rapides Parish, LA.	1 004
10900	. Allentown-Bethlehem-Easton, PA-NJ	1.034
	Carbon County, PA.	
	Lehigh County, PA.	
44000	Northampton County, PA.	0.004
11020	.   Altoona, PA	0.904
11100		0.956
	Armstrong County, TX.	
	Carson County, TX.	
	Potter County, TX.	
11180	Randall County, TX. Ames, IA	1.0538
	Story County, IA.	1.000
11260		1.2497
	Anchorage Municipality, AK.	
11300	Matanuska-Susitna Borough, AK. Anderson, IN	0.9260
11300	Madison County, IN.	0.3200
11340		0.953
	Anderson County, SC.	
11460		1.1056
11500	Washtenaw County, MI. Anniston-Oxford, AL	0.8315
	Calhoun County, AL.	0.0010
11540	FF = /	1.0068
	Calumet County, WI.	
11700	Outagamie County, WI. Asheville, NC	0.9635
11700	Buncombe County, NC.	0.3000
	Haywood County, NC.	
	Henderson County, NC.	
12020	Madison County, NC. Athens-Clarke County, GA	1.1033
12020	Clarke County, GA.	1.1033
	Madison County, GA.	
	Oconee County, GA.	
10000	Oglethorpe County, GA.	4 004
12060	Atlanta-Sandy Springs-Marietta, GA	1.0310
	Bartow County, GA.	
	Butts County, GA.	
	Carroll County, GA.	
	Cherokee County, GA.	
	Clayton County, GA. Cobb County, GA.	
	Coweta County, GA.	
	Dawson County, GA.	
	DeKalb County, GA.	
	Douglas County, GA	
	Fayette County, GA. Forsyth County, GA.	
	Fulton County, GA.	
	Gwinnett County, GA.	
	Haralson County, GA.	
	Heard County, GA.	
	Henry County, GA.  Jasper County, GA.	
	Lamar County, GA.	
	Meriwether County, GA.	
	Newton County, GA.	
	Paulding County, GA.	1

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
	Pickens County, GA.	
	Pike County, GA.	
	Rockdale County, GA.	
	Spalding County, GA.	
	Walton County, GA.	
2100	· · · · · · · · · · · · · · · · · · ·	1.279
	Atlantic County, NJ.	
2220		0.848
	Lee County, AL.	
2260		1.011
	Burke County, GA.	
	Columbia County, GA.  McDuffie County, GA.	
	Richmond County, GA.	
	Aiken County, SC.	
	Edgefield County, SC.	
2420		1.00
	Bastrop County, TX.	
	Caldwell County, TX.	
	Hays County, TX.	
	Travis County, TX.	
	Williamson County, TX.	
2540		1.159
	Kern County, CA.	
.580		1.06
	Anne Arundel County, MD.	
	Baltimore County, MD.	
	Carroll County, MD.	
	Harford County, MD.	
	Howard County, MD. Queen Anne's County, MD.	
	Baltimore City, MD.	
.620		1.04
.020	Penobscot County, ME.	
2700		1.32
	Barnstable County, MA.	
2940	Baton Rouge, LA	0.84
	Ascension Parish, LA.	
	East Baton Rouge Parish, LA.	
	East Feliciana Parish, LA.	
	Iberville Parish, LA.	
	Livingston Parish, LA.	
	Pointe Coupee Parish, LA.	
	St. Helena Parish, LA.	
	West Baton Rouge Parish, LA.	
000	West Feliciana Parish, LA.	1.00
980		1.06
020	Calhoun County, MI. Bay City, MI	0.93
020	Bay County, MI.	0.93
140		0.89
170	Hardin County, TX.	0.00
	Jefferson County, TX.	
	Orange County, TX.	
380		1.20
	Whatcom County, WA.	0
460		1.14
	Deschutes County, OR.	
644	Bethesda-Frederick-Gaithersburg, MD	1.10
	Frederick County, MD.	
	Montgomery County, MD.	
740	Billings, MT	0.90
	Carbon County, MT.	
	Yellowstone County, MT.	
780		0.93
	Broome County, NY.	
	Tioga County, NY.	_
nnnΛ	Birmingham-Hoover, AL	0.93
820		
620	Bibb County, AL. Blount County, AL.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index 1
	Jefferson County, AL.	
	St. Clair County, AL.	
	Shelby County, AL.	
3900	Walker County, AL. Bismarck, ND	0.800
3900	Burleigh County, ND.	0.800
	Morton County, ND.	
3980	Blacksburg-Christiansburg-Radford, VA	0.859
	Giles County, VA. Montgomery County, VA.	
	Pulaski County, VA.	
	Radford City, VA.	
14020	Bloomington, IN	0.935
	Greene County, IN.	
	Monroe County, IN. Owen County, IN.	
4060	Bloomington-Normal, IL	0.978
	McLean County, IL.	
4260	Boise City-Nampa, ID	0.992
	Ada County, ID. Boise County, ID.	
	Canyon County, ID.	
	Gem County, ID.	
14404	Owyhee County, ID.	4 007
4484	Boston-Quincy, MA	1.237
	Plymouth County, MA.	
	Suffolk County, MA.	
4500	Boulder, CO	1.093
14540	Boulder County, CO. Bowling Green, KY	0.8559
14040	Edmonson County, KY.	0.000
	Warren County, KY.	
14740	Bremerton-Silverdale, WA	1.1438
14860	Kitsap County, WA. Bridgeport-Stamford-Norwalk, CT	1.3359
14000	Fairfield County, CT.	1.000
15180	Brownsville-Harlingen, TX	0.935
15000	Cameron County, TX.	0.000
15260	Brunswick, GA	0.9939
	Glynn County, GA.	
	McIntosh County, GA.	
15380	Buffalo-Niagara Falls, NY	1.003
	Erie County, NY. Niagara County, NY.	
15500	Burlington, NC	0.9176
	Alamance County, NC.	
15540	Burlington-South Burlington, VT	1.0134
	Chittenden County, VT. Franklin County, VT.	
	Grand Isle County, VT.	
15764	Cambridge-Newton-Framingham, MA	1.176
15004	Middlesex County, MA.	4 000
15804	Camden, NJ  Burlington County, NJ.	1.092
	Camden County, NJ.	
	Gloucester County, NJ.	
15940	Canton-Massillon, OH	0.937
	Carroll County, OH. Stark County, OH.	
15980	Cape Coral-Fort Myers, FL	0.985
	Lee County, FL.	
6180	Carson City, NV	1.0493
16220	Carson City, NV. Casper, WY	0.004
10220	Natrona County, WY.	0.984
16300	Cedar Rapids, IA	0.9286
	Benton County, IA.	
	Jones County, IA.	1

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
16580	Champaign-Urbana, IL	0.985
	Champaign County, IL.	
	Ford County, IL.	
16620	Piatt County, IL. Charleston, WV	0.869
10020	Boone County, WV.	0.008
	Clay County, WV.	
	Kanawha County, WV.	
	Lincoln County, WV.	
16700	Putnam County, WV. Charleston-North Charleston, SC	0.957
10700	Berkeley County, SC.	0.937
	Charleston County, SC.	
	Dorchester County, SC.	
16740		0.998
	Anson County, NC. Cabarrus County, NC.	
	Gaston County, NC.	
	Mecklenburg County, NC.	
	Union County, NC.	
10000	York County, SC.	0.070
16820	Charlottesville, VA	0.973
	Fluvanna County, VA.	
	Greene County, VA.	
	Nelson County, VA.	
	Charlottesville City, VA.	0.046
16860	Chattanooga, TN-GA	0.943
	Dade County, GA.	
	Walker County, GA.	
	Hamilton County, TN.	
	Marion County, TN.	
16940	Sequatchie County, TN.	0.976
10940	Cheyenne, WY	0.976
16974	1	1.124
	Cook County, IL.	
	DeKalb County, IL.	
	DuPage County, IL. Grundy County, IL.	
	Kane County, IL.	
	Kendall County, IL.	
	McHenry County, IL.	
	Will County, IL.	
17020		1.184
17140	Butte County, CA. Cincinnati-Middletown, OH-KY-IN	1.026
17 140	Dearborn County, IN.	1.020
	Franklin County, IN.	
	Ohio County, IN.	
	Boone County, KY.	
	Bracken County, KY. Campbell County, KY.	
	Gallatin County, KY.	
	Grant County, KY.	
	Kenton County, KY.	
	Pendleton County, KY.	
	Brown County, OH.	
	Butler County, OH. Clermont County, OH.	
	Hamilton County, OH.	
	Warren County, OH.	
17300	Clarksville, TN-KY	0.865
	Christian County, KY.	
	Trigg County, KY.	
	Montgomery County, TN. Stewart County, TN.	
17420	Cleveland, TN	0.844
	Bradley County, TN.	0.044
	Polk County, TN.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
17460	Cleveland-Elyria-Mentor, OH	0.9797
	Cuyahoga County, OH.	
	Geauga County, OH.	
	Lake County, OH. Lorain County, OH.	
	Medina County, OH.	
7660	Coeur d'Alene, ID	0.9999
	Kootenai County, ID.	
7780	College Station-Bryan, TX	0.9817
	Brazos County, TX.	
	Burleson County, TX. Robertson County, TX.	
7820	Colorado Springs, CO	1.0195
	El Paso County, CO.	
	Teller County, CO.	
7860	Columbia, MO	0.9082
	Boone County, MO.	
7900	Howard County, MO. Columbia, SC	0.9231
7000	Calhoun County, SC.	0.0201
	Fairfield County, SC.	
	Kershaw County, SC.	
	Lexington County, SC.	
	Richland County, SC.	
7980	Saluda County, SC. Columbus, GA-AL	0.9157
7900	Russell County, AL.	0.9137
	Chattahoochee County, GA.	
	Harris County, GA.	
	Marion County, GA.	
0000	Muscogee County, GA.	4 000 4
8020	Columbus, IN	1.0004
8140	Columbus, OH	1.0579
0110	Delaware County, OH.	1.0070
	Fairfield County, OH.	
	Franklin County, OH.	
	Licking County, OH.	
	Madison County, OH. Morrow County, OH.	
	Pickaway County, OH.	
	Union County, OH.	
18580	Corpus Christi, TX	0.9009
	Aransas County, TX.	
	Nueces County, TX.	
18700	San Patricio County, TX. Corvallis, OR	1.1496
6700	Benton County, OR.	1.1490
19060	Cumberland, MD-WV	0.8701
	Allegany County, MD.	
	Mineral County, WV.	
9124	Dallas-Plano-Irving, TX	1.0401
	Collin County, TX.	
	Dallas County, TX. Delta County, TX.	
	Denton County, TX.	
	Ellis County, TX.	
	Hunt County, TX.	
	Kaufman County, TX.	
04.40	Rockwall County, TX.	0.0100
9140	Dalton, GA	0.9189
	Murray County, GA. Whitfield County, GA.	
9180	Danville, IL	0.9396
	Vermilion County, IL.	0.5550
9260	Danville, VA	0.8644
	Pittsylvania County, VA.	
100.40	Danville City, VA.	0.000
U:4/II)	Davenport-Moline-Rock Island, IA-IL	0.9263
19340	Henry County, IL.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Rock Island County, IL.	
19380	Scott County, IA. Dayton, OH	0.9640
19300	Greene County, OH.	0.9040
	Miami County, OH.	
	Montgomery County, OH.	
	Preble County, OH.	
19460	Decatur, AL	0.8272
	Lawrence County, AL.	
10500	Morgan County, AL.	0.0470
19500	Decatur, IL	0.8470
19660	Deltona-Daytona Beach-Ormond Beach, FL	0.9474
10000	Volusia County, FL.	0.5474
19740	Denver-Aurora, CO	1.1243
	Adams County, CO.	
	Arapahoe County, CO.	
	Broomfield County, CO.	
	Clear Creek County, CO.	
	Denver County, CO.	
	Douglas County, CO. Elbert County, CO.	
	Gilpin County, CO.	
	Jefferson County, CO.	
	Park County, CO.	
19780	Des Moines-West Des Moines, IA	0.9678
	Dallas County, IA.	
	Guthrie County, IA.	
	Madison County, IA.	
	Polk County, IA.	
19804	Warren County, IA. Detroit-Livonia-Dearborn, MI	1.0489
19004	Wayne County, MI.	1.0469
20020	Dothan, AL	0.8000
	Geneva County, AL.	0.000
	Henry County, AL.	
	Houston County, AL.	
20100	Dover, DE	1.0594
2222	Kent County, DE.	0.0500
20220	Dubuque, IA	0.9502
20260	Dubuque County, IA. Duluth, MN-WI	1.0464
20200	Carlton County, MN.	1.0404
	St. Louis County, MN.	
	Douglas County, WI.	
20500	Durham, NC	1.0297
	Chatham County, NC.	
	Durham County, NC.	
	Orange County, NC.	
00740	Person County, NC.	0.0000
20740	Eau Claire, WI	0.9939
	Eau Claire County, WI.	
20764	Edison, NJ	1.1729
	Middlesex County, NJ.	
	Monmouth County, NJ.	
	Ocean County, NJ.	
	Somerset County, NJ.	
20940	El Centro, CA	0.9351
04000	Imperial County, CA.	0.0400
21060	Elizabethtown, KY	0.9138
	Hardin County, KY. Larue County, KY.	
21140	Elkhart-Goshen, IN	1.0082
∠::TU	Elkhart County, IN.	1.0002
21300	Elmira, NY	0.8669
> ······	Chemung County, NY.	
21340	El Paso, TX	0.9430
	El Paso County, TX.	
21500	Erie, PA	0.8911
21500	Erie, PA Erie County, PA.	0.8

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
21660	Eugene-Springfield, ORLane County, OR.	1.1468
21780	Evansville, IN-KY Gibson County, IN. Posey County, IN. Vanderburgh County, IN. Warrick County, IN. Henderson County, KY. Webster County, KY.	0.9087
21820	Fairbanks, AK  Fairbanks North Star Borough, AK.	1.1592
21940	Fajardo, PR. Ceiba Municipio, PR. Fajardo Municipio, PR. Luquillo Municipio, PR.	0.5031
22020	Fargo, ND-MN	0.8436
22140	Farmington, NM	1.0057
22180	Fayetteville, NC	0.9827
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR. Madison County, AR. Washington County, AR. McDonald County, MO.	0.9171
22380	Flagstaff, AZ	1.2260
22420	Flint, MI	1.1770
22500	Florence, SC	0.8653
22520	Florence-Muscle Śhoals, AL	0.8056
22540	Fond du Lac, WI	1.0141
22660	Fort Collins-Loveland, CO	1.0382
22744	Broward County, FL.	1.0730
22900	Fort Smith, AR-OK Crawford County, AR. Franklin County, AR. Sebastian County, AR. Le Flore County, OK. Seguoyah County, OK.	0.8322
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL.	0.9172
23060	Fort Wayne, IN  Allen County, IN.  Wells County, IN.  Whitley County, IN.	0.9739
23104	Fort Worth-Arlington, TX Johnson County, TX. Parker County, TX. Tarrant County, TX. Wise County, TX.	1.0168
23420	Fresno County, CA.	1.1532
23460	Gadsden, AL	0.8559
23540	Gainesville, FL	0.9647
23580	Gainesville, GA Hall County, GA.	0.9668
23844	Gary, IN	0.9676

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
	Jasper County, IN.	
	Lake County, IN.	
	Newton County, IN.	
04000	Porter County, IN.	0.866
24020	Glens Falls, NY	
	Washington County, NY.	
24140		0.974
	Wayne County, NC.	
24220		0.826
	Polk County, MN.	
24300	Grand Forks County, ND. Grand Junction, CO	1.034
24000	Mesa County, CO.	1.00-
24340		0.977
	Barry County, MI.	
	Ionia County, MI.	
	Kent County, MI.	
24500	Newaygo County, MI. Great Falls, MT	0.910
24500	Cascade County, MT.	0.910
24540		1.013
	Weld County, CO.	
24580	Green Bay, WI	1.020
	Brown County, WI.	
	Kewaunee County, WI.	
24660	Oconto County, WI. Greensboro-High Point, NC	0.945
24000	Guilford County, NC.	0.945
	Randolph County, NC.	
	Rockingham County, NC.	
24780		0.986
	Greene County, NC.	
24860	Pitt County, NC. Greenville, SC	1.034
24000	Greenville County, SC.	1.034
	Laurens County, SC.	
	Pickens County, SC.	
25020	· · · · · · · · · · · · · · · ·	0.352
	Arroyo Municipio, PR.	
	Guayama Municipio, PR.	
25060	Patillas Municipio, PR. Gulfport-Biloxi, MS	0.920
23000	Hancock County, MS.	0.920
	Harrison County, MS.	
	Stone County, MS.	
25180		0.945
	Washington County, MD.	
	Berkeley County, WV.	
25260	Morgan County, WV. Hanford-Corcoran, CA	1.101
23260	Kings County, CA.	1.101
25420		0.973
	Cumberland County, PA.	
	Dauphin County, PA.	
	Perry County, PA.	
25500		0.930
	Rockingham County, VA. Harrisonburg City, VA.	
25540		1.149
200-10	Hartford County, CT.	
	Middlesex County, CT.	
	Tolland County, CT.	
25620	1	0.800
	Forrest County, MS.	
	Lamar County, MS.	
25960	Perry County, MS. Hickory-Lenoir-Morganton, NC	0.947
25860	Alexander County, NC.	0.947
	Burke County, NC.	
	Caldwell County, NC.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index 1
	Catawba County, NC.	
25980		0.9637
	Liberty County, GA. Long County, GA.	
26100		0.9447
	Ottawa County, MI.	
26180		1.2122
26300	Honolulu County, HI. Hot Springs, AR	0.9556
20300	Garland County, AR.	0.9556
26380		0.8279
	Lafourche Parish, LA.	
00400	Terrebonne Parish, LA.	4 0 4 0 4
26420	Houston-Sugar Land-Baytown, TX	1.0426
	Brazoria County, TX.	
	Chambers County, TX.	
	Fort Bend County, TX.	
	Galveston County, TX.	
	Harris County, TX. Liberty County, TX.	
	Montgomery County, TX.	
	San Jacinto County, TX.	
	Waller County, TX.	
26580		0.9484
	Boyd County, KY. Greenup County, KY.	
	Lawrence County, OH.	
	Cabell County, WV.	
	Wayne County, WV.	
26620		0.9594
	Limestone County, AL.  Madison County, AL.	
26820		0.9718
	Bonneville County, ID.	
	Jefferson County, ID.	
26900		1.0327
	Boone County, IN. Brown County, IN.	
	Hamilton County, IN.	
	Hancock County, IN.	
	Hendricks County, IN.	
	Johnson County, IN. Marion County, IN.	
	Morgan County, IN.	
	Putnam County, IN.	
	Shelby County, IN.	
26980		1.0037
	Johnson County, IA. Washington County, IA.	
27060		1.0102
	Tompkins County, NY.	
27100		0.9786
27110	Jackson County, MI.	0.040
27140	Jackson, MS	0.8404
	Hinds County, MS.	
	Madison County, MS.	
	Rankin County, MS.	
274.00	Simpson County, MS.	0.040
27180	Jackson, TN	0.910
	Madison County, TN.	
27260	Jacksonville, FL	0.9463
	Baker County, FL.	
	Clay County, FL.	
	Duval County, FL.	
	Nassau County, FL. St. Johns County, FL.	
27340		0.847
	Onslow County, NC.	1

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
27500	Janesville, WI	1.0178
07000	Rock County, WI.	0.0004
27620	Jefferson City, MO	0.8894
	Cole County, MO.	
	Moniteau County, MO.	
07740	Osage County, MO.	0.0050
27740	Johnson City, TN  Carter County, TN.	0.8053
	Unicoi County, TN.	
	Washington County, TN.	
27780	Johnstown, PA	0.8000
27860		0.8172
	Craighead County, AR.	
	Poinsett County, AR.	
27900	Joplin, MO	0.9390
	Newton County, MO.	
28020		1.0944
	Kalamazoo County, MI.	
00100	Van Buren County, MI.	1.0740
28100	Kankakee-Bradley, İL	1.0740
28140		0.9970
	Franklin County, KS.	
	Johnson County, KS.	
	Leavenworth County, KS. Linn County, KS.	
	Miami County, KS.	
	Wyandotte County, KS.	
	Bates County, MO.	
	Caldwell County, MO. Cass County, MO.	
	Clay County, MO.	
	Clinton County, MO.	
	Jackson County, MO.	
	Lafayette County, MO. Platte County, MO.	
	Ray County, MO.	
28420		1.0569
	Benton County, WA.	
00000	Franklin County, WA.	0.0050
28660	Killeen-Temple-Fort Hood, TX	0.8653
	Coryell County, TX.	
	Lampasas County, TX.	
28700	Kingsport-Bristol-Bristol, TN-VA	0.8033
	Hawkins County, TN. Sullivan County, TN.	
	Bristol City, VA.	
	Scott County, VA.	
	Washington County, VA.	
28740	Kingston, NY	1.0024
28940		0.8430
200 10	Anderson County, TN.	0.0100
	Blount County, TN.	
	Knox County, TN.	
	Loudon County, TN. Union County, TN.	
29020		1.0061
	Howard County, IN.	
	Tipton County, IN.	
29100		1.0160
	Houston County, MN. La Crosse County, WI.	
29140		0.9304
	Benton County, IN.	1.0004
	Carroll County, IN.	
	Tippecanoe County, IN.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
29180	Lafayette, LA	0.865
	Lafayette Parish, LA.	0.000
	St. Martin Parish, LA.	
29340	Lake Charles, LA	0.815
	Calcasieu Parish, LA.	
	Cameron Parish, LA.	
29404		1.112
	Lake County, IL.	
00.100	Kenosha County, WI.	0.070
29420	.   Lake Havasu City - Kingman, AZ	0.979
29460		0.908
29400	Polk County, FL.	0.300
29540		0.970
	Lancaster County, PA.	0.07.0
29620		1.061
	Clinton County, MI.	
	Eaton County, MI.	
	Ingham County, MI.	
29700		0.8490
	Webb County, TX.	
29740	====	0.910
00000	Dona Ana County, NM.	1 007
29820		1.2377
29940	Clark County, NV. Lawrence, KS	0.8630
29940	Douglas County, KS.	0.0030
30020	Lawton, OK	0.8418
00020	Comanche County, OK.	0.0410
30140		0.8594
	Lebanon County, PA.	
30300		0.9917
	Nez Perce County, ID.	
	Asotin County, WA.	
30340		0.9644
	Androscoggin County, ME.	
30460	- 3	0.9642
	Bourbon County, KY.	
	Clark County, KY. Fayette County, KY.	
	Jessamine County, KY.	
	Scott County, KY.	
	Woodford County, KY.	
30620		0.9886
	Allen County, OH.	
30700	Lincoln, NE	1.0544
	Lancaster County, NE.	
	Seward County, NE.	
30780	. Little Rock-North Little Rock, AR	0.9297
	Faulkner County, AR.	
	Grant County, AR.	
	Lonoke County, AR.	
	Perry County, AR.	
	Pulaski County, AR.	
00000	Saline County, AR.	0.000
30860	g,	0.9633
	Franklin County, ID. Cache County, UT.	
30980		0.9144
00000	Gregg County, TX.	0.014
	Rusk County, TX.	
	Upshur County, TX.	
31020		1.1358
	Cowlitz County, WA.	
31084		1.2348
	Los Ángeles County, CA.	
31140	Louisville, KY-IN	0.9509
	Clark County, IN.	
	Floyd County, IN.	
	Harrison County, IN.	
	Washington County, IN.	1

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
	Bullitt County, KY.	
	Henry County, KY.	
	Jefferson County, KY.	
	Meade County, KY.	
	Nelson County, KY. Oldham County, KY.	
	Shelby County, KY.	
	Spencer County, KY.	
04400	Trimble County, KY.	0.040
31180	Lubbock, TX	0.910
	Lubbock County, TX.	
31340		0.916
	Amherst County, VA.	
	Appomattox County, VA.	
	Bedford County, VA. Campbell County, VA.	
	Bedford City, VA.	
	Lynchburg City, VA.	
31420		1.000
	Bibb County, GA. Crawford County, GA.	
	Jones County, GA.	
	Monroe County, GA.	
	Twiggs County, GA.	
31460	Madera, CA	0.846
31540		1.147
01040	Columbia County, WI.	1.147
	Dane County, WI.	
	Iowa County, WI.	
31700	Manchester-Nashua, NH	1.077
31900		0.972
	Richland County, OH.	
32420		0.426
	Hormigueros Municipio, PR.	
32580	Mayaguez Municipio, PR. McAllen-Edinburg-Pharr, TX	0.957
02000	Hidalgo County, TX.	0.007
32780	Medford, OR	1.082
2000	Jackson County, OR.	0.070
32820	Memphis, TN-MS-AR Crittenden County, AR.	0.970
	DeSoto County, MS.	
	Marshall County, MS.	
	Tate County, MS.	
	Tunica County, MS.	
	Fayette County, TN. Shelby County, TN.	
	Tipton County, TN.	
32900		1.271
	Merced County, CA.	
33124	, , , , , , , , , , , , , , , , , , , ,	1.049
33140	Miami-Dade County, FL. Michigan City-La Porte, IN	0.935
00140	LaPorte County, IN.	0.505
33260	Midland, TX	1.050
	Midland County, TX.	
33340	,	1.071
	Milwaukee County, WI. Ozaukee County, WI.	
	Washington County, WI.	
	Waukesha County, WI.	
33460	3,	1.163
	Anoka County, MN.	
	Carver County, MN. Chisago County, MN.	
	Dakota County, MN.	
	Hennepin County, MN.	
	Isanti County, MN.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Ramsey County, MN.	
	Scott County, MN.	
	Sherburne County, MN.	
	Washington County, MN.	
	Wright County, MN. Pierce County, WI.	
	St. Croix County, WI.	
33540		0.939
	Missoula County, MT.	
33660		0.842
20722	Mobile County, AL.	4.054
33700	Modesto, CA	1.254
33740		0.821
007 10	Ouachita Parish, LA.	0.021
	Union Parish, LA.	
33780		0.987
	Monroe County, MI.	
33860		0.8484
	Autauga County, AL. Elmore County, AL.	
	Limble County, AL.  Lowndes County, AL.	
	Montgomery County, AL.	
34060	Morgantown, WV	0.8729
	Monongalia County, WV.	
0.4.4.0.0	Preston County, WV.	0.000
34100	Morristown, TN	0.8000
	Hamblen County, TN.	
	Jefferson County, TN.	
34580		1.104
	Skagit County, WA.	
34620		0.8617
04740	Delaware County, IN. Muskegon-Norton Shores, MI	1 0010
34740	Muskegon County, MI.	1.0318
34820		0.905
	Horry County, SC.	
34900		1.5186
	Napa County, CA.	
34940	· · ·   · · · · · · · · · · · · · · ·	0.9952
34980	Collier County, FL. Nashville-Davidson—Murfreesboro, TN	1.0164
34900	Cannon County, TN.	1.010
	Cheatham County, TN.	
	Davidson County, TN.	
	Dickson County, TN.	
	Hickman County, TN.	
	Macon County, TN.	
	Robertson County, TN. Rutherford County, TN.	
	Smith County, TN.	
	Sumner County, TN.	
	Trousdale County, TN.	
	Williamson County, TN.	
05004	Wilson County, TN.	4 000
35004		1.326
	Nassau County, NY. Suffolk County, NY.	
35084		1.244
	Essex County, NJ.	
	Hunterdon County, NJ.	
	Morris County, NJ.	
	Sussex County, NJ.	
	Union County, NJ.	
25200	Pike County, PA.	1.045
35300	New Haven-Milford, CT	1.245
35380		0.933
	Jefferson Parish, LA.	0.000
	Orleans Parish, LA.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index 1
	Plaquemines Parish, LA. St. Bernard Parish, LA. St. Charles Parish, LA. St. John the Baptist Parish, LA.	
35644	St. Tammany Parish, LA.  New York-Wayne-White Plains, NY-NJ Bergen County, NJ. Hudson County, NJ.	1.375
	Passaic County, NJ. Bronx County, NY. Kings County, NY. New York County, NY. Putnam County, NY. Queens County, NY. Richmond County, NY. Rockland County, NY.	
35660	Westchester County, NY. Niles-Benton Harbor, MI	0.958
35980	Berrien County, MI. Norwich-New London, CT	1.1992
36084	New London County, CT. Oakland-Fremont-Hayward, CA Alameda County, CA.	1.6454
36100	Contra Costa County, CA. Ocala, FL	0.9050
36140	Ocean City, NJ	1.1527
36220	Odessa, TX Ector County, TX.	1.0534
36260	Ogden-Clearfield, UT	0.944
36420	Weber County, UT. Oklahoma City, OK	0.924
36500	Oklahoma County, OK. Olympia, WA	1.207
36540	Thurston County, WA. Omaha-Council Bluffs, NE-IA	1.0030
36740	Washington County, NE. Orlando, FL Lake County, FL. Orange County, FL. Osceola County, FL. Seminole County, FL.	0.9678
36780	Oshkosh-Neenah, WI	1.0019
36980	Owensboro, KY  Daviess County, KY.  Hancock County, KY.  McLean County, KY.	0.907
37100	Oxnard-Thousand Oaks-Ventura, CA	1.2433
37340	Palm Bay-Melbourne-Titusville, FL	0.9782
37380	Palm Coast, FL Flagler County, FL.	0.9383
37460	Panama City-Lynn Haven, FL	0.872

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Bay County, FL.	
37620		0.8502
	Washington County, OH.	
	Pleasants County, WV. Wirt County, WV.	
	Wood County, WV.	
37700		0.907
	George County, MS.	
7704	Jackson County, MS.	4 4 4 7 7
37764	Peabody, MA	1.1172
37860		0.8687
	Escambia County, FL.	
	Santa Rosa County, FL.	
7900		0.975
	Marshall County, IL. Peoria County, IL.	
	Stark County, IL.	
	Tazewell County, IL.	
	Woodford County, IL.	
37964		1.146
	Bucks County, PA. Chester County, PA.	
	Delaware County, PA.	
	Montgomery County, PA.	
	Philadelphia County, PA.	
38060		1.0767
	Maricopa County, AZ. Pinal County, AZ.	
38220		0.8223
	Cleveland County, AR.	
	Jefferson County, AR.	
20200	Lincoln County, AR.	0.004
38300	Pittsburgh, PA	0.8943
	Armstrong County, PA.	
	Beaver County, PA.	
	Butler County, PA.	
	Fayette County, PA.	
	Washington County, PA. Westmoreland County, PA.	
38340		1.0586
	Berkshire County, MA.	
38540		0.9929
	Bannock County, ID.	
38660	Power County, ID. Ponce, PR	0.5118
	Juana Díaz Municipio, PR.	0.5110
	Ponce Municipio, PR.	
	Villalba Municipio, PR.	
38860		1.0534
	Cumberland County, ME. Sagadahoc County, ME.	
	York County, ME.	
38900		1.2062
	Clackamas County, OR.	
	Columbia County, OR.	
	Multnomah County, OR.	
	Washington County, OR. Yamhill County, OR.	
	Clark County, WA.	
	Skamania County, WA.	
88940	Port St. Lucie—Fort Pierce, FL	1.0507
	Martin County, FL.	
20100	St. Lucie County, FL. Poughkeepsie-Newburgh-Middletown, NY	1 150
39100	Dutchess County, NY.	1.1520
	Orange County, NY.	
39140		1.0511
	Yayapai County, AZ.	
39300	Providence-New Bedford-Fall River, RI-MA	1.1092

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Bristol County, MA.	
	Bristol County, RI.	
	Kent County, RI.	
	Newport County, RI.	
	Providence County, RI. Washington County, RI.	
39340	Provo-Orem, UT	1.0025
	Juab County, UT.	
00000	Utah County, UT.	0.0005
39380	Pueblo, CO	0.9285
39460	Punta Gorda, FL	0.9708
	Charlotte County, FL.	
39540	Racine, WI	0.9964
39580	Racine County, WI. Raleigh-Cary, NC	1.0321
00000	Franklin County, NC.	1.0021
	Johnston County, NC.	
00000	Wake County, NC.	0.0040
39660	Rapid City, SD	0.9243
	Pennington County, SD.	
39740	Reading, PA	0.9815
	Berks County, PA.	
39820	Redding, CA	1.4205
39900	Reno-Sparks, NV	1.1240
	Storey County, NV.	
	Washoe County, NV.	
40060	Richmond, VA	0.9887
	Amelia County, VA. Caroline County, VA.	
	Charles City County, VA.	
	Chesterfield County, VA.	
	Cumberland County, VA.	
	Dinwiddie County, VA. Goochland County, VA.	
	Hanover County, VA.	
	Henrico County, VA.	
	King and Queen County, VA.	
	King William County, VA. Louisa County, VA.	
	New Kent County, VA.	
	Powhatan County, VA.	
	Prince George County, VA.	
	Sussex County, VA.	
	Colonial Heights City, VA. Hopewell City, VA.	
	Petersburg City, VA.	
	Richmond City, VA.	
40140	Riverside-San Bernardino-Ontario, CA	. 1.1644
	Riverside County, CA. San Bernardino County, CA.	
40220	Roanoke, VA	0.9117
	Botetourt County, VA.	
	Craig County, VA.	
	Franklin County, VA.	
	Roanoke County, VA. Roanoke City, VA.	
	Salem City, VA.	
40340	Rochester, MN	1.1282
	Dodge County, MN.	
	Olmsted County, MN. Wabasha County, MN.	
40380	Rochester, NY	0.9292
	Livingston County, NY.	3.0202
	Monroe County, NY.	
	Ontario County, NY.	
	Outraine Occupies ADV	
	Orleans County, NY. Wayne County, NY.	

	index 1
Boone County, IL.	
Winnebago County, IL.  Rockingham County-Strafford County, NH	1.0607
Rockingham County, NH.	1.0007
	0.9442
Edgecombe County, NC.	0.9442
Nash County, NC.	
·	0.9485
Sacramento—Arden-Arcade—Roseville, CA	1.4167
Yolo County, CA.	
	0.9244
St. Cloud, MN	1.1066
Benton County, MN.	
	0.9817
Washington County, UT.	
	0.9191
Buchanan County, MO.	
	0.9466
Bond County, IL.	0.5400
Calhoun County, IL.	
Macoupin County, IL.	
Madison County, IL.	
Crawford County, MO.	
Lincoln County, MO.	
St. Charles County, MO.	
Washington County, MO.	
	1.1090
Marion County, OR.	1.1090
Polk County, OR.	
	1.5499
Salisbury, MD	0.9435
	0.9860
Salt Lake County, UT.	
•	
San Angelo, TX	0.9000
	0.9267
Atascosa County, TX.	
Bandera County, TX. Beyer County, TX	
Comal County, TX.	
Guadalupe County, TX.	
Kendall County, TX.	
Medina County IX	
Medina County, TX. Wilson County, TX.	
	Winnebago County, IL Rockingham County, NH. Strafford County, NH. Strafford County, NH. Strafford County, NH. Rocky Mount, NC Edgecombe County, NC. Nash County, NC. Nash County, NC. Nash County, NC. Nash County, NC. Rome, GA. Floyd County, GA. Floyd County, GA. Placer County, CA. Placer County, CA. Sacramento County, CA. Saginaw-Saginaw Township North, MI. Saginaw-Saginaw Township North, MI. Saginaw-Saginaw Township North, MI. Steams County, MN. St. Cloud, MN. Steams County, MN. St. Cloud, MN. Steams County, MN. St. Lous St. St. County, MN. St. Lous County, MN. St. Lous County, MN. St. Lous Mo-HL Macoupin County, LL Cartino County, MO. St. Lous County, MO. St. Lous City, MO. St. Lous County, MD. Staltase County, MT. Sant Androio, TX. Tiron County, TX. San Angelo, TX. Tiron County, TX. Sandardo County, TX.

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
1780	Sandusky, OH	0.925
1004	Erie County, OH.	,
1884	San Francisco-San Mateo-Redwood City, CA	1.594
	Marin County, CA. San Francisco County, CA.	
	San Mateo County, CA.	
1900	San Germán-Cabo Rojo, PR	0.54
	Cabo Rojo Municipio, PR.	
	Lajas Municipio, PR.	
	Sabana Grande Municipio, PR. San Germán Municipio, PR.	
940	San Jose-Sunnyvale-Santa Clara, CA	1.65
	San Benito County, CA.	
	Santa Clara County, CA.	
1980	San Juan-Caguas-Guaynabo, PR	0.52
	Aguas Buenas Municipio, PR. Aibonito Municipio, PR.	
	Arecibo Municipio, PR.	
	Barceloneta Municipio, PR.	
	Barranquitas Municipio, PR.	
	Bayamón Municipio, PR.	
	Caguas Municipio, PR. Camuy Municipio, PR.	
	Canóvanas Municipio, PR.	
	Carolina Municipio, PR.	
	Cataño Municipio, PR.	
	Cayey Municipio, PR.	
	Ciales Municipio, PR.	
	Cidra Municipio, PR. Comerío Municipio, PR.	
	Corozal Municipio, PR.	
	Dorado Municipio, PR.	
	Florida Municipio, PR.	
	Guaynabo Municipio, PR.	
	Gurabo Municipio, PR. Hatillo Municipio, PR.	
	Humacao Municipio, PR.	
	Juncos Municipio, PR.	
	Las Piedras Municipio, PR.	
	Loíza Municipio, PR.	
	Manatí Municipio, PR.	
	Maunabo Municipio, PR. Morovis Municipio, PR.	
	Naguabo Municipio, PR.	
	Naranjito Municipio, PR.	
	Orocovis Municipio, PR.	
	Quebradillas Municipio, PR.	
	Río Grande Municipio, PR.	
	San Juan Municipio, PR. San Lorenzo Municipio, PR.	
	Toa Alta Municipio, PR.	
	Toa Baja Municipio, PR.	
	Trujillo Alto Municipio, PR.	
	Vega Alta Municipio, PR.	
	Vega Baja Municipio, PR.	
2020	Yabucoa Municipio, PR. San Luis Obispo-Paso Robles, CA	1.310
.020	San Luis Obispo County, CA.	1.510
2044	Santa Ana-Anaheim-Irvine, CA	1.234
	Orange County, CA.	
2060	Santa Barbara-Santa Maria-Goleta, CA	1.228
2100	Santa Barbara County, CA.	1.00
2100	Santa Cruz-Watsonville, CA	1.69
2140	Santa Gruz County, CA. Santa Fe, NM	1.126
	Santa Fe County, NM.	1.12
2220	Santa Rosa-Petaluma, CA	1.54
	Sonoma County, CA.	
2260	Sarasota-Bradenton-Venice, FL	1.042
	Manatee County, FL.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index 1
42340	Savannah, GA	0.957
	Bryan County, GA.	
	Chatham County, GA.	
105.40	Effingham County, GA.	0.007
2540	Scranton—Wilkes-Barre, PA	0.887
	Luzerne County, PA.	
	Wyoming County, PA.	
12644		1.213
	King County, WA.	
10000	Snohomish County, WA.	
12680	Sebastian-Vero Beach, FL	0.987
13100		0.941
+0100	Sheboygan County, WI.	0.041
13300		0.872
	Grayson County, TX.	
13340	1	0.889
	Bossier Parish, LA.	
	Caddo Parish, LA.  De Soto Parish, LA.	
13580		0.970
	Woodbury County, IA.	3.57.0
	Dakota County, NE.	
	Dixon County, NE.	
	Union County, SD.	
43620	Sioux Falls, SD	1.003
	McCook County, SD.	
	Minnehaha County, SD.	
	Turner County, SD.	
43780		1.008
	St. Joseph County, IN.	
40000	Cass County, MI.	0.000
43900	Spartanburg, SCSpartanburg County, SC.	0.9884
44060		1.0967
	Spokane County, WA.	1.000
44100		0.938
	Menard County, IL.	
	Sangamon County, IL.	
44140	- P	1.0874
	Franklin County, MA. Hampden County, MA.	
	Hampshire County, MA.	
44180		0.912
	Christian County, MO.	
	Dallas County, MO.	
	Greene County, MO.	
	Polk County, MO.	
44220	Webster County, MO. Springfield, OH	0.9120
44220	Clark County, OH.	0.9120
44300		0.9198
	Centre County, PA.	
44700		1.243
	San Joaquin County, CA.	
44940		0.902
45060	Sumter County, SC. Syracuse, NY	1.039
TO 000	Madison County, NY.	1.038
	Onondaga County, NY.	
	Oswego County, NY.	
45104	Tacoma, WA	1.159
	Pierce County, WA.	_
45220		0.946
	Gadsden County, FL.	
	Jefferson County, FL. Leon County, FL.	
	Wakulla County, FL.	
45300		0.946

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index
	Hernando County, FL.	
	Hillsborough County, FL.	
	Pasco County, FL.	
45.400	Pinellas County, FL.	
45460	Terre Haute, IN	0.923
	Clay County, IN. Sullivan County, IN.	
	Vermillion County, IN.	
	Vigo County, IN.	
45500	Texarkana, TX-Texarkana, AR	0.815
	Miller County, AR.	
	Bowie County, TX.	
45780	Toledo, OH	0.989
	Fulton County, OH. Lucas County, OH.	
	Ottawa County, OH.	
	Wood County, OH.	
45820		0.895
	Jackson County, KS.	
	Jefferson County, KS.	
	Osage County, KS.	
	Shawnee County, KS.	
45940	Wabaunsee County, KS. Trenton-Ewing, NJ	1.122
45940	Mercer County, NJ.	1.122
46060	Tucson, AZ	0.969
	Pima County, AZ.	
46140	Tulsa, OK	0.874
	Creek County, OK.	
	Okmulgee County, OK.	
	Osage County, OK.	
	Pawnee County, OK. Rogers County, OK.	
	Tulsa County, OK.	
	Wagoner County, OK.	
46220	Tuscaloosa, AL	0.871
	Greene County, AL.	
	Hale County, ÅL.	
	Tuscaloosa County, AL.	
46340	Tyler, TX	0.956
46540	Smith County, TX.	0.000
46540	Utica-Rome, NY	0.890
	Oneida County, NY.	
46660	Valdosta, GA	0.849
	Brooks County, GA.	
	Echols County, GA.	
	Lanier County, GA.	
	Lowndes County, GA.	
46700	Vallejo-Fairfield, CA	1.538
47000	Solano County, CA.	0.070
47020	Victoria, TX	0.870
	Goliad County, TX.	
	Victoria County, TX.	
47220	Vineland-Millville-Bridgeton, NJ	1.063
	Cumberland County, NJ.	
47260	Virginia Beach-Norfolk-Newport News, VA-NC	0.925
	Currituck County, NC.	
	Gloucester County, VA.	
	Isle of Wight County, VA.	
	James City County, VA.	
	Mathews County, VA.	
	Surry County, VA.	
	York County, VA. Chesapeake City, VA.	
	Hampton City, VA.	
	Newport News City, VA.	
	Norfolk City, VA.	
	Poquoson City, VA.	

CBSA code	Urban area (constituent counties) <sup>2</sup>	
	Suffolk City, VA.	
	Virginia Beach City, VA.	
	Williamsburg City, VA.	
17300	Visalia-Porterville, CA	1.058
17000	Tulare County, CA.	0.000
17380	Waco, TX	0.893
17580	Warner Robins, GA	0.957
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Houston County, GA.	0.007
17644	Warren-Troy-Farmington Hills, MI	1.049
	Lapeer County, MI.	
	Livingston County, MI.	
	Macomb County, MI. Oakland County, MI.	
	St. Clair County, MI.	
17894	Washington-Arlington-Alexandria, DC-VA-MD-WV	1.138
	District of Columbia, DC.	
	Calvert County, MD.	
	Charles County, MD.	
	Prince George's County, MD. Arlington County, VA.	
	Clarke County, VA.	
	Fairfax County, VA.	
	Fauquier County, VA.	
	Loudoun County, VA.	
	Prince William County, VA.	
	Spotsylvania County, VA.	
	Stafford County, VA. Warren County, VA.	
	Alexandria City, VA.	
	Fairfax City, VA.	
	Falls Church City, VA.	
	Fredericksburg Ćity, VA.	
	Manassas City, VA.	
	Manassas Park City, VA.  Jefferson County, WV.	
47940	Waterloo-Cedar Falls, IA	0.893
	Black Hawk County, IA.	
	Bremer County, IA.	
	Grundy County, IA.	
48140	Wausau, WI	1.015
48260	Weirton-Steubenville, WV-OH	0.8312
+0200	Jefferson County, OH.	0.0012
	Brooke County, WV.	
	Hancock County, WV.	
48300	Wenatchee, WA	1.203
	Chelan County, WA.	
48424	Douglas County, WA. West Palm Beach-Boca Raton-Boynton Beach, FL	1.020
TUTAT	Palm Beach County, FL.	1.020
48540	Wheeling, WV-OH	0.8000
	Belmont County, OH.	
	Marshall County, WV.	
	Ohio County, WV.	
48620	Wichita, KS	0.950
	Butler County, KS. Harvey County, KS.	
	Sedgwick County, KS.	
	Sumner County, KS.	
48660	Wichita Falls, TX	0.830
	Archer County, TX.	
	Clay County, TX.	
40700	Wichita County, TX.	00:5
18700	Williamsport, PA	0.843
18864	Lycoming County, PA. Wilmington, DE-MD-NJ	1.135
+0004	New Castle County, DE.	1.133
	Cecil County, MD.	
	Salem County, NJ.	
18900	Wilmington, NC	0.987

CBSA code	Urban area (constituent counties) <sup>2</sup>	Wage index <sup>1</sup>
	Brunswick County, NC.	
	New Hanover County, NC.	
	Pender County, NC.	
49020		1.0399
	Frederick County, VA.	
	Winchester City, VA.	
	Hampshire County, WV.	
49180	Winston-Salem, NC	0.9565
	Davie County, NC.	
	Forsyth County, NC.	
	Stokes County, NC.	
	Yadkin County, NC.	
49340	Worcester, MA	1.1840
	Worcester County, MA.	
49420	Yakima, WA	1.0770
	Yakima County, WA.	
49500	Yauco, PR	0.3777
	Guánica Municipio, PR.	
	Guayanilla Municipio, PR.	
	Peñuelas Municipio, PR.	
	Yauco Municipio, PR.	
49620	York-Hanover, PA	0.9818
	York County, PA.	
49660	Youngstown-Warren-Boardman, OH-PA	0.9443
	Mahoning County, OH.	
	Trumbull County, OH.	
	Mercer County, PA.	
49700	Yuba City, CA	1.1283
	Sutter County, CA.	
	Yuba County, CA.	
49740	Yuma, AZ	0.9953
	Yuma County, AZ.	

¹Wage index values are based on FY 2004 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The budget neutrality adjustment or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a budget neutrality adjustment. The hospice floor calculation is as follows: Wage index values below 0.8 are adjusted to be the greater of either the a) the 25 percent reduced budget neutrality adjustment OR b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the proposed FY 2009 hospice wage index, the budget neutrality adjustment was reduced by 25 percent.

<sup>2</sup>This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this Table are considered to be rural areas. Wage index values for these areas are found in Addendum B.

<sup>3</sup>Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

### ADDENDUM B.—PROPOSED HOSPICE WAGE INDEX FOR RURAL AREAS BY CBSA-FY 2009

ADDENDUM B.—PROPOSED HOSPICE WAGE INDEX FOR RURAL AREAS BY CBSA—FY 2009—Continued

ADDENDUM B.—PROPOSED HOSPICE WAGE INDEX FOR RURAL AREAS BY CBSA—FY 2009—Continued

CBSA code	Non-urban area	Wage index	CBSA code	Non-urban area	Wage index
1	Alabama	0.8000	23	Michigan	0.9392
2	Alaska	1.2703	24	Minnesota	0.9524
3	Arizona	0.8895	25	Mississippi	0.8077
4	Arkansas	0.8000	26	Missouri	0.8319
5	California	1.2612	27	Montana	0.8790
6	Colorado	1.0180	28	Nebraska	0.9283
7	Connecticut	1.1664	29	Nevada	0.9726
8	Delaware	1.0204	30	New Hampshire	1.0983
10	Florida	0.8880	31	New Jersey <sup>2</sup>	
11	Georgia	0.8034	32	New Mexico	0.9378
12	Hawaii	1.1132	33	New York	0.8673
13	Idaho	0.8308	34	North Carolina	0.9025
14	Illinois	0.8744	35	North Dakota	0.8000
15	Indiana	0.8996	36	Ohio	0.9141
16	lowa	0.8986	37	Oklahoma	0.8000
17	Kansas	0.8372	38	Oregon	1.0392
18	Kentucky	0.8175	39	Pennsylvania	0.8796
19	Louisiana	0.8000	40	Puerto Rico 3	0.4654
20	Maine	0.8891	41	Rhode Island <sup>2</sup>	
21	Maryland	0.9477	42	South Carolina	0.9080
22	Massachusetts 1	1.2157	43	South Dakota	0.8968

CBSA code	Non-urban area	Wage index
44	Tennessee	0.8102
45	Texas	0.8359
46	Utah	0.8514
47	Vermont	1.0405
48	Virgin Islands	0.7855
49	Virginia	0.8283
50	Washington	1.0762
51	West Virginia	0.8000
52	Wisconsin	1.0141
53	Wyoming	0.9742
65	Guam	1.0082

<sup>&</sup>lt;sup>1</sup>There are no hospitals in the rural areas of Massachusetts, so the wage index value used is the average of the contiguous counties.

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<sup>&</sup>lt;sup>2</sup>There are no rural areas in this state.

<sup>&</sup>lt;sup>3</sup>Wage index values are obtained using the methodology described in this proposed rule.