# Note to the Public Regarding the County Data File for CY 2026

CMS issued the calendar year (CY) 2026 Physician Fee Schedule (PFS) proposed rule in July of 2025. This rule addresses the 11th update to the Medicare Geographic Practice Cost Indices (GPCI) in accordance with section 1848 (e) of the Social Security Act.

We adjust PFS payments geographically to reflect relative differences among costs in the 109 established PFS localities. We have provided the “work,” “practice expense,” and “malpractice” GPCIs to the public based on the locality configurations. As part of CMS' ongoing commitment to transparency, we are posting the county-level data that we used to develop the proposed GPCIs for this update. This file will allow interested parties to further examine and replicate our GPCI methodology.\*

This file includes county-level professional wage index for the work GPCI, employee wage, rent, and purchased services index information for the practice expense GPCI, and the malpractice index underlying the malpractice GPCI, along with the corresponding relative value unit (RVU) information used to create the locality-level GPCIs. In addition, we are providing technical guidance on the contents of the data file.

These additional data are for informational purposes only so that interested parties can have a better understanding of the data that underpin their locality GPCI values. We note that the provision of these data should not be interpreted to reflect any opinion by CMS or the Administration regarding the establishment of GPCIs at the county or any alternative locality configuration. We further note that it was necessary to impute some of these data to the counties since they were derived from data specific to larger geographic areas. The provision of these data should not be interpreted to reflect any views about the adequacy or administrative feasibility of using such data to establish GPCIs at the county or alternative locality level.

This file is entitled *CY2026 Proposed Rule GPCI County Data File* and can be found in the “**Downloads**” section below.

\*Section 220(h) of the Protecting Access to Medicare Act (PAMA) now requires, for services furnished on or after January 1, 2017, that the locality definitions for California be based on the Metropolitan Statistical Area (MSA) locality definitions as defined by the Office of Management and Budget (OMB). Additionally, for some of these localities, PAMA requires that the GPCI values that would be realized under the new MSA based locality structure are gradually phased in over a period of 6 years; PAMA also provides a hold-harmless for certain areas in California. Interested parties should refer to the section of the CY 2017 proposed rule that discusses GPCIs and specifically, “California Locality Update to the Fee Schedule Areas Used for Payment under Section 220(h) of the Protecting Access to Medicare Act” for more information regarding these new requirements for California.

# Read Me File for CY 2026 Proposed Rule County Data File

1. **Fields in the County Data File**

|  |  |
| --- | --- |
| **Column Label** | **Description** |
| FIPS State/County Code | County code number |
| County Name | County name |
| State Abbrev. | State abbreviation |
| Medicare Locality Name | Name of the Medicare locality |
| Professional Wage Index | County-level professional wage index before budget neutralization |
| Employee Wage Index | County-level employee wage index component of the county-level practice expense index |
| Office Rent Index | County-level office rent index component of the county-level practice expense index |
| Purchased Services Index | County-level purchased services index component of the county-level practice expense index |
| Practice Expense Index | County-level practice expense index before budget neutralization |
| Malpractice Insurance Index | County-level malpractice insurance index before budget neutralization |
| Total Physician Work RVUs | Physician work RVUs used to weight from counties to localities |
| Total Practice Expense RVUs | Practice expense RVUs used to weight from counties to localities |
| Malpractice Insurance RVUs | Malpractice RVUs used to weight from counties to localities |
| Note: Beginning in 2022, the US Census Bureau adopted nine new Planning Regions as county-equivalent geographic units in Connecticut for purposes of collecting, tabulating, and disseminating statistical data, replacing the eight legacy counties used in prior data. ACS population and rent data, MP premium data, CMS RVUs underlying the GPCI calculations reflect this change, but the latest available BLS OEWS data rely on the legacy county definitions. Therefore, for Connecticut, the County Level File presents Malpractice Insurance Index values by Planning Region and other index values by legacy county definition. | |

1. **Steps to Derive Locality GPCIs from County Values**
2. Create an RVU-weighted average of the GPCI values for the counties in the locality. For example, the physician work GPCI for locality L is calculated as:

The equations are parallel for the practice expense and malpractice GPCIs. In Excel, the numerator can be easily calculated using the sumproduct function. For example, the formula for the physician work GPCI for Alabama would be

=SUMPRODUCT(E2:E68,K2:K68)/SUM(K2:K68)

2.) Create budget-neutral, rounded values.

* 1. Use the RVUs in the county file as weights to make the calculated GPCIs budget neutral compared to the 2025 GPCI values. Each locality value is multiplied by the budget neutrality values below:

|  |  |
| --- | --- |
| **Component** | **Contractor Budget Neutrality Factor** |
| Physician Work | 0.9995830013 |
| Practice Expense | 1.0150275795 |
| Malpractice Insurance | 0.9873713432 |

* 1. The resulting locality numbers are rounded to three decimal places. These are the budget-neutral values delivered by the contractor to CMS.

3.) Apply the 1.5 floor for physician work in Alaska (established by MIPAA), the 1.0 floor for practice expense in the frontier states, and the hold harmless provision for select California localities (as outlined in Section 220(h) of PAMA of 2014). These are the proposed payment GPCI values delivered by the contractor to CMS.