

Hospice Payment & Policy Changes

+2.4% Proposed payment increase



● **\$785M**
ESTIMATED INCREASE
OVER FY 2026 PAYMENTS

● **\$36,210**
PROPOSED HOSPICE CAP
AMOUNT FOR FY 2027

● **~20%**
HOSPICES NOT COMPLIANT
WITH HQRP IN 2025

NEW OVERSIGHT TOOL

Service & Spending Variation Index (SSVI)

CMS is introducing a publicly available hospice scoring system that assigns each facility a score based on claims-based indicators of potentially inappropriate utilization, quality of care, and compliance risk. High scores may trigger additional review and program integrity scrutiny.

Metrics included in SSVI scoring:



Non-hospice
spending



LOS $\geq$ 180 days %



Avg. minutes per
routine home
care day



Live discharges
returning within 7
days %

Other Notable Policy Changes



Quality Reporting Transparency

- New Medicare.gov Care Compare icon flags hospices not meeting HQRP requirements
- SSVI scores and provider-level data posted publicly on CMS Hospice Center page



Beneficiary Protections

- Hospice election statement addendum required for all Medicare beneficiaries at election
- Addendum discloses which services and conditions are not covered under the benefit



Wage Index Reform Signals

- CMS seeking input on hospice-specific wage index using BLS data
- Goal to better reflect true geographic labor costs for providers



Care Model RFIs

- Community palliative care services under current Medicare benefits
- Overlap between hospice care and medical aid in dying policies

What This Means for Hospice Organizations

- Stay Ahead of Increased Transparency: Benchmark performance, identify high-quality partners, and monitor utilization patterns as public scoring expands
- Reduce Compliance Risk: Surface outliers and detect potential issues earlier with deeper visibility into provider behavior



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Reduce Compliance Risk:

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