

## ChatGPT Question: Summarize key points of the [FY 2026 CMS Hospice Final Rule](#) in a paragraph; 8/21/25

Here's a concise summary of the key points from the **FY 2026 CMS Hospice Final Rule**:

- **Payment Update & Wage-Index Alignment:** CMS finalized a **2.6% increase** in hospice payment rates for FY 2026 (October 1, 2025 – September 30, 2026), reflecting a 3.3% inpatient hospital market basket increase offset by a 0.7 percentage-point productivity adjustment. This update is expected to result in approximately **\$750 million** in additional payments compared to FY 2025. ([CMS](#))
- **Aggregate Cap Increase:** The annual hospice aggregate payment cap is raised to **\$35,361.44**, up from \$34,465.34—again based on the 2.6% update. ([CMS](#))
- **Quality Data Penalty:** Hospices that fail to submit required quality data under the Hospice Quality Reporting Program (HQRP) will face a **4% payment reduction**, which nets out to an approximately **1.4% reduction** relative to FY 2025 baseline rates. ([CMS](#))
- **Admission Recommendation Clarification:** The rule clarifies that the **physician member of the hospice interdisciplinary group (IDG)** may recommend admission to hospice care, aligning payment regulations with existing certification standards. ([CMS](#))
- **Face-to-Face Attestation Flexibility:** Regulatory text is amended to **restore signature and date requirements** on face-to-face encounter attestations. CMS also relaxes documentation burden by allowing such attestations to be included as part of the clinical note or recertification form—no longer requiring a separate document. ([CMS](#))
- **Technical Corrections & Telehealth Provision:** The rule includes technical corrections to existing regulatory text (e.g., § 418.312(j)) and formally aligns the allowable use of **telehealth for face-to-face recertification** with statutory dates (extending through September 30, 2025). ([Federal Register](#))
- **HQRP & System Updates:** Finalized updates support the continued implementation of the **Hospice Outcomes and Patient Evaluation (HOPE)** instrument, transition to **iQIES**, and technical enhancements related to quality measure reporting. ([Federal Register](#))

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**In short:** The rule maintains stable financial support for hospices via a 2.6% payment increase and higher cap, while encouraging compliance with quality reporting. It also streamlines admission and attestation requirements, and incorporates technical fixes and infrastructure updates to advance quality reporting systems.

Let me know if you'd like details about specific payment categories, regional impacts, or how to implement these changes operationally—happy to dive deeper!

## ChatGPT Question: Compare differences between the [FY 2025 CMS Hospice Final Rule](#) and the [FY 2026 CMS Hospice Final Rule](#); 8/21/25

Here's a clear comparison between **FY 2025** and **FY 2026** CMS Hospice Final Rules:

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### Payment Update & Aggregate Cap

- **FY 2025:**
  - Hospice payment rates increased **2.9%**, based on a **3.4%** inpatient hospital market basket update, offset by a **0.5 percentage-point** productivity adjustment ([CMS](#)).
  - Estimated additional payments: **\$790 million** over FY 2024 ([CMS](#)).
  - The aggregate cap was raised to **\$34,465.34**, up from \$33,494.01 ([CMS](#)).
  - For hospices failing to submit quality data, payments are reduced by **4 percentage points**, resulting in a **-1.1%** net adjustment ([CMS](#)).
- **FY 2026:**
  - Finalized hospice payment update is **2.6%**, based on a **3.3%** inpatient market basket update minus a **0.7 percentage-point** productivity adjustment ([CMS](#)).
  - Estimated increase: **\$750 million** over FY 2025 ([CMS](#)).
  - Aggregate cap updated to **\$35,361.44** ([CMS](#)).
  - For non-reporting hospices, the 4-point penalty results in a **1.4% payment reduction** relative to the baseline ([CMS](#)).

**Summary:** FY 2025 saw a slightly higher update (2.9%) and cap increase than FY 2026 (2.6%). The quality-related penalty worsened slightly, from -1.1% to -1.4%.

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### Wage Index & Geographic Adjustments

- **FY 2025:**
  - Adopted new Office of Management and Budget (OMB) statistical area delineations based on the 2020 Census, affecting the hospice wage index ([Federal Register](#)).
  - Emphasized technical detail: hospice wage index use of pre-floor, pre-reclassified hospital wage data, hospice floor, and a 5% cap on decreases ([Federal Register](#)).
  - Applied these methodologies to proxy areas like rural North Dakota and Puerto Rico ([Federal Register](#)).
- **FY 2026:**
  - Continued similar methodology: updated wage index using FY 2022 hospital data, hospice floor, and the 5% cap rule ([Federal Register](#)).
  - Issued technical correction: designated that hospices in the Northern Mariana Islands and American Samoa use the same wage index as CBSA 99965 (Guam) ([Federal Register](#)).
  - Maintained proxy calculations for areas lacking hospital data (e.g., rural North Dakota, Puerto Rico) ([Federal Register](#)).

**Summary:** Both years retained consistent wage index methodology, but FY 2025 implemented the new OMB CBSA delineations, while FY 2026 added the Guam-based index for U.S. territories.

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### Admissions & Attestation Rules

- **FY 2025:**
  - Clarified the distinction between the “election statement” and “notice of election (NOE)” and reorganized regulatory text without changing policy ([Federal Register](#)).

- Provided clarifying language about who may certify terminal illness and admit patients to hospice ([Federal Register](#)).
- **FY 2026:**
  - Explicitly specified that the **physician member** of the hospice interdisciplinary group (IDG) may recommend admission to hospice, aligning payment regulations with certification standards ([Federal Register](#)).
  - Realigned face-to-face encounter attestation requirements to require a signature and date from a physician or nurse practitioner, per statutory intent and CY 2011 HH PPS rules ([Federal Register](#)).
  - Made a technical correction via waiver of notice-and-comment to align telehealth allowances with statutory end dates, specifically for recertification encounters ([Federal Register](#)).

**Summary:** FY 2025 focused on reorganizing and clarifying existing policy. FY 2026 went further by expanding who can recommend hospice admission and tightening documentation standards, reflecting more substantive changes.

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## Quality Reporting & Systems

- **FY 2025:**
  - Finalized updates to the Hospice Quality Reporting Program (HQRP), including implementation of the HOPE (Hospice Outcomes and Patient Evaluation) instrument, adoption of new and future quality measures, and updates to public reporting and the CAHPS Hospice Survey ([Federal Register](#)).
- **FY 2026:**
  - Continued HQRP implementation: reinforcing the HOPE instrument, continuing development of quality measures, and supporting the transition from QIES to iQIES, as well as public reporting ([Federal Register](#)).
  - Included technical corrections to the regulatory text regarding HOPE reporting ([Federal Register](#)).

**Summary:** Both years support continuity in quality reporting modernization; FY 2026 serves as a follow-on to FY 2025 by reinforcing implementation and advancing system transitions.

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## Overall Comparison

Category	FY 2025 Summary	FY 2026 Summary
Payment Update	+2.9%, cap \$34,465, data penalty –1.1%	+2.6%, cap \$35,361, penalty –1.4%
Wage Index	New OMB delineations; applied methodology	Continued methodology; added Guam/territory index
Admissions & Attestation	Clarified election/NOE and certification policy	Added IDG physician admission, signature/date attestation
Quality Reporting	HOPE instrument, HQRP, CAHPS updates	Reinforced HQRP, HOPE, transition to iQIES

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Let me know if you'd like deeper insights into regional wage index impacts, implementation timelines, or detailed regulatory text comparisons—I'm happy to help!