FY23 Hospice Wage Index and Quality Reporting Final Rule has Been Posted

To: NHPCO Provider and State Members
From: NHPCO Regulatory Team
Date: July 27, 2022

Summary at a Glance

In the 4:15 p.m. posting of the Federal Register for July 27, 2022 the Fiscal Year 2023 (FY23) Hospice Wage Index and Quality Reporting final rule was posted to the public inspection part of the Federal Register.

Rate Information and Cap

Final Rate increase: 3.8% which is a 1.1% increase from the proposed 2.7%.
Cap amount: The final hospice cap amount for the FY23 cap year is $32,486.92, which is equal to the FY22 cap amount ($31,297.61) updated by the proposed FY23 hospice payment update percentage of 3.8%. This is an increase from the $32,142.65 in the proposed rule.

Quality Reporting Information

Update on the Hospice Outcomes and Patient Evaluation (HOPE) tool: CMS provided an update on the beta testing, burden estimates and timepoints for collection, along with additional outreach efforts.

Future quality measures: CMS also discusses potential future quality measures within the HQRP based on HOPE and administrative data, including HOPE-based process measures and hybrid quality measures.

Testing for CAHPS Hospice Survey: CMS provided an update on a survey-mode experiment whose goal was to test the effect of adding a web-based mode to the CAHPS Hospice Survey.

Request for Information on Health Equity in Hospice

CMS expressed appreciation for the many public comments on improving health equity in hospice and on a future structural measure under consideration for HQRP.

The CMS Fact Sheet on the final rule describes additional details of the rule. Final Wage Index values were also posted. NHPCO will have the FY23 Final State/County Rate Charts ready in the coming days.

NHPCO has begun the review of the final rule and will release a detailed analysis of the final rule and its components. Look for a Regulatory Alert in the coming days.

Any questions can be directed to regulatory@nhpco.org with “FY23 Final Rule” in the subject line.