

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

DATE: Friday, September 5, 2025

TO: Financial Management Group, Division of Reimbursement Review

FROM: Rory Howe, Director

SUBJECT: Annual Change in Medicaid Hospice Payment Rates—ACTION

This memorandum contains the Medicaid hospice payment rates for federal fiscal year (FY) 2026. The rates reflect changes made under the final Medicare hospice rule published on August 1, 2025 (CMS-1835-F). Please inform your staff and all state agencies in your jurisdiction of these new payment rates, which are effective October 1, 2025. We expect state agencies to share the Medicaid hospice payment rates for FY 2026 with the hospice providers in their state.

The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act (the Act), which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision.

Section 3004 of the Affordable Care Act also amended the Act to authorize a Medicare quality reporting program for hospices. Section 1814(i)(5)(A)(i) of the Act required that beginning FY 2024 and each subsequent FY, the Secretary shall reduce the market basket update by 4 percentage points for any hospice provider that does not comply with the quality data submission requirements with respect to that FY.¹ We note that the Medicaid minimum rates would be reduced by the amount of any penalty due to non-reporting. States choosing to implement this optional Medicaid hospice rate reduction for lack of quality reporting must specify its use and the penalty amount of no more than 4 percentage points in the Medicaid State plan.

The following two tables include Medicaid hospice rates for FY 2026. Table 1 includes the Medicaid hospice rates states will pay to providers that comply with the quality reporting requirements. Table 2 provides rates, which includes the 4-percentage point reduction, for those providers that have not complied with the reporting requirements. The tables provide the minimum rates available for state Medicaid agencies to pay hospice providers. States retain their flexibility to pay providers more than the established minimum payments consistent with sections 1902(a)(13)(B) and 1902(a)(30)(A) of the Act.

¹ Section 407 of the Consolidated Appropriations Act of 2021 can be found at <https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>

The Medicaid hospice payment rates for: routine home care (RHC), including the service intensity add-on (SIA), continuous home care (CHC), inpatient respite care (IRC), and general inpatient care (GIC) will be in effect for all of FY 2026 and are as follows:

Table 1: FY 2026 Medicaid Hospice Rates for Providers that Have Submitted the Required Quality Data

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON- WEIGHTED AMOUNT
Routine Home Care (Days 1-60)	\$231.13	\$152.55	\$78.58
Routine Home Care (Days 61+)	\$182.18	\$120.24	\$61.94
Service Intensity Add-On	\$69.79	\$52.48	\$17.31
Continuous Home Care	\$1,674.94 Full Rate = 24 hrs of care / \$69.79 hourly rate	\$1,259.56	\$415.38
Inpatient Respite Care	\$560.51	\$341.91	\$218.60
General Inpatient Care	\$1,199.86	\$761.91	\$437.95

Table 2: FY 2026 Medicaid Hospice Rates for Providers that Have Not Submitted the Required Quality Data (includes 4 percentage point reduction to the market basket index)²

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON- WEIGHTED AMOUNT
Routine Home Care (Days 1-60)	\$222.12	\$146.60	\$75.52
Routine Home Care (Days 61+)	\$175.07	\$115.54	\$59.53
Service Intensity Add-On	\$67.07	\$50.44	\$16.63

² States implementing a penalty reduction of less than 4 percentage points for hospice providers not reporting hospice quality data would calculate their minimum rates according to the guidance outlined under the “Optional Percentage Point Reduction for Lack of Quality Reporting” link found on the [Medicaid Hospice Payment Page on Medicaid.gov](https://www.medicare.gov/medicaid-hospice-payment).

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON- WEIGHTED AMOUNT
Continuous Home Care	\$1,609.65 Full Rate = 24 hrs of care / \$67.07 hourly rate	\$1,210.46	\$399.19
Inpatient Respite Care	\$538.65	\$328.58	\$210.07
General Inpatient Care	\$1,153.08	\$732.21	\$420.87

Section 1814(i)(2)(B) of the Act also provides for an annual increase in the hospice cap amounts. The hospice cap runs from October 1st of each year through September 30th of the following year. The hospice cap amount for Medicare for the cap year ending September 30, 2026, is \$35,361.44.

This cap is optional for hospice services under the Medicaid program. States choosing to implement this cap must specify its use in the Medicaid State plan.

The daily hospice rates specified above are base rates composed of a wage component subject to the hospice wage index and a non-weighted component. The new wage index should be used by states to adjust the wage component of the daily hospice payment rates to reflect local geographical differences in the wage levels. The daily hospice base rates specified above must be revised accordingly when the wage component is adjusted.³

The appropriate wage index value would be applied to the labor portion of the hospice payment rate based on the geographic area in which the Medicaid enrollee resides when receiving RHC or CHC services or based on the geographic location of the facility for a Medicaid enrollee receiving GIP or IRC services. The FY 2026 hospice wage index is effective October 1, 2025 and may be found at: <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice/hospice-wage-index> (click on FY 2026 Final Hospice Wage Index). Hospices in counties receiving the capped wage index would continue to use the special five-digit transition code until the county's wage index value calculated for a FY is not less than 95 percent of the county's capped wage index from the previous fiscal year.

Please send questions concerning Medicaid hospice payment and this memorandum to Danielle Motley at danielle.motley@cms.hhs.gov. This memorandum is also posted on Medicaid.gov at: <https://www.medicaid.gov/medicaid/benefits/hospice-benefits/hospice-payments>.

³ The formula to apply to determine the hospice rates for a local geographic region is: (Geographic Factor (from the FY 2026 Medicare hospice wage index) x Wage Component Subject to Index) + Non-Weighted Amount. The wage index is based on the geographic location in which the beneficiary resides for RHC or CHC hospice services and based on the facility location for beneficiaries receiving GIP or IRC hospice services.