



HOSPICE  
ANALYTICS

# 2024 Maine State Hospice Report

*A Proud Supporter of*



Maine Hospice Council and Center for End of Life Care  
*Promoting Excellence in End-of-Life Care*

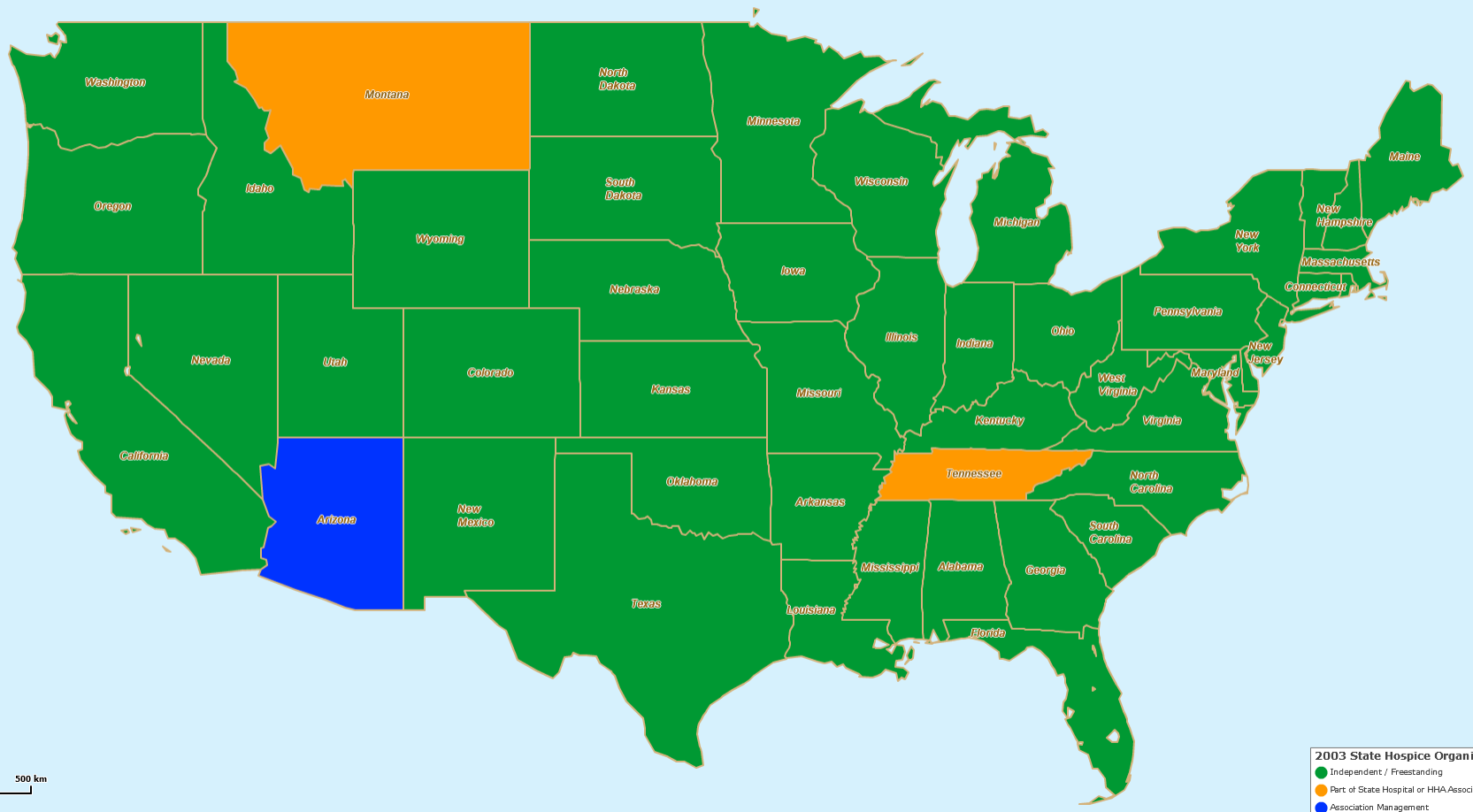
2023 Medicare Information

1/21/25

# How have state hospice organizations changed?

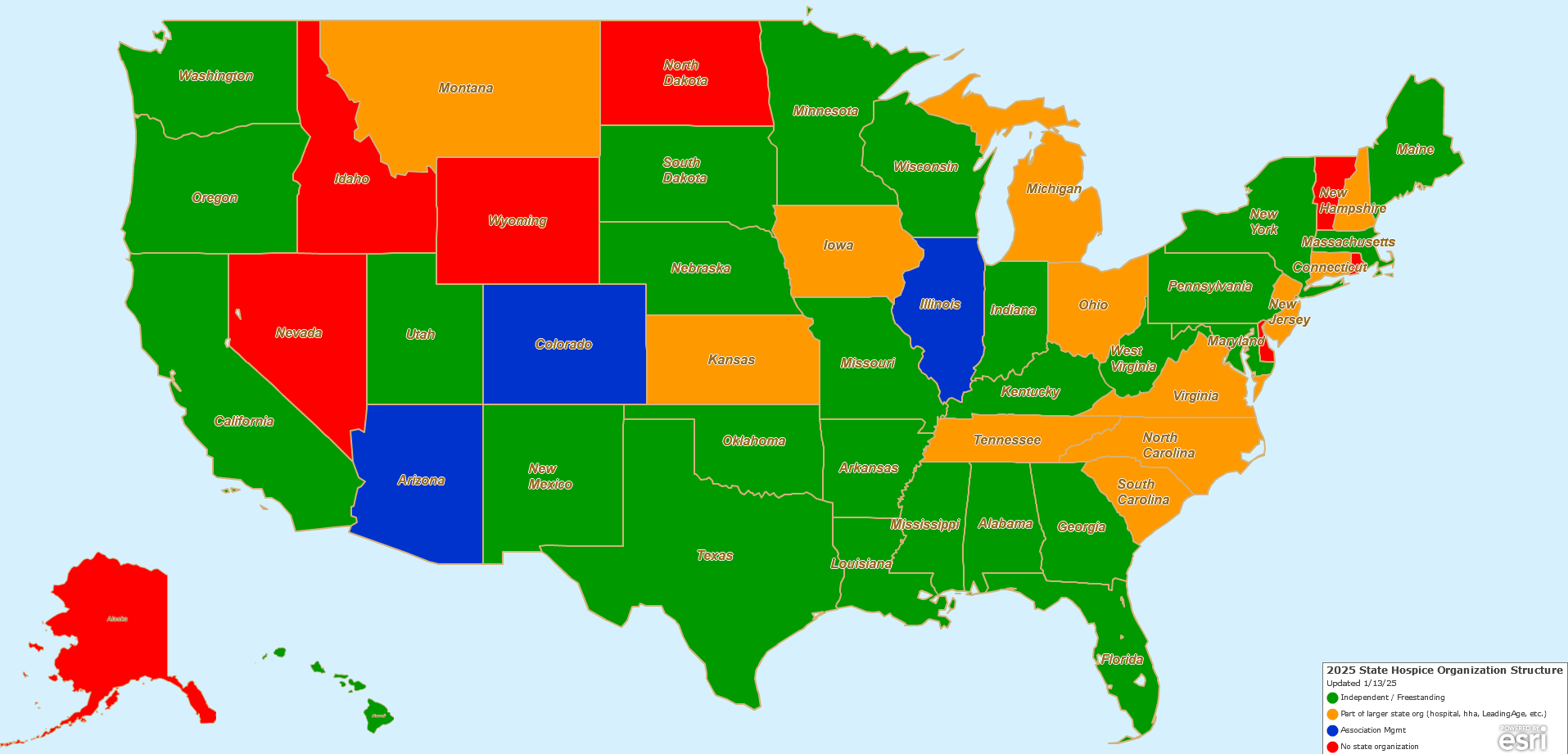


# 2003 State Hospice Organization Structure



500 km  
200 mi

# 2025 State Hospice Organization Structure



# Hospice Utilization



# Hospice Utilization

- Is a measure of ACCESS...
- Is a measure of QUALITY...

Author's personal copy

Vol. 41 No. 6 June 2011

Letters

e5

Care Flanders. 2010. Palliative sedation guideline. [in Dutch]. Available from [http://www.palliative.be/template.asp?f=r1\\_sedatie.htm#page=page-1](http://www.palliative.be/template.asp?f=r1_sedatie.htm#page=page-1). Accessed March 29, 2011.

## *Death Service Ratio: A Measure of Hospice Utilization and Cost Impact*

To the Editor:

In October 2007, Taylor et al.<sup>1</sup> published compelling data showing that use of hospice care reduces United States Medicare expenditures at the end of life. In a case-control study of a sample of Medicare decedents (1993–2003), the authors compared 1819 hospice decedents with 3638 matched controls. Hospice use reduced Medicare program expenditures after the initiation of hospice by an average of \$2309 per hospice user (\$7318 for hospice users vs. \$9627 for controls;  $P < 0.001$ ). For cancer, maximum savings of \$7000 occurred with a length of stay (LOS) in hospice between 60 and 100 days; for other primary conditions, maximum savings of \$3500 occurred with a LOS of 50–110 days.<sup>1</sup> Thus, cost savings were maximized with much longer periods of hospice use than is common among Medicare beneficiaries (median LOS of 16 days in not-for-profit, and 20 days in for-profit hospices).<sup>2</sup>

Medicare expenditures for all Medicare beneficiaries who died under the care of one of these provider types. In North Carolina, average costs to Medicare for patients who died with a history of the following types of service use were hospice, \$19,249; home health agency, \$19,810; SNF, \$25,842; hospital, \$30,603; and multiple settings, \$30,732 vs. not receiving care from any service, \$6853. Notably, a North Carolina patient receiving end-of-life care through hospice received \$11,354 less in care paid for by Medicare than did a patient receiving hospital-based care.

Clearly, hospice utilization exerts a strong force on health care system costs. How can we examine and monitor hospice utilization and impact? We propose “death service ratio” (DSR) as a simple measure of hospice use for this purpose. Calculated as a percentage—the numerator being deaths in a defined area or population served by hospice and the denominator being all deaths in that area/population—DSR serves as an indicator of hospice utilization in a region and, therefore, as an indirect indicator for impact of hospice on health care costs. We explicitly acknowledge that DSR is a crude indicator, as it does not accommodate for hospice LOS, patient complexity, or other important factors; but, in its simplicity, DSR allows regional monitoring of hospice utilization that can be linked to health system costs.

Using DSR as a primary measure, we re-

# Hospice Utilization

- Is complicated...

## Original Article

### Low Hospice Utilization in New York State: Comparisons Using National Data



Lara Dhingra, PhD, Carla Braveman, RN, MEd, Cordt Kassner, PhD, Clyde Schechter, MD, Stephanie DiFiglia, PhD, and Russell Portenoy, MD

MJHS Institute for Innovation in Palliative Care (L.D., S.D., R.P.), New York, New York, USA; Department of Family and Social Medicine (L.D., C.S., R.P.), Albert Einstein College of Medicine, New York, New York, USA; Hospice and Palliative Care Association of New York State (HPCANYS) (C.B.), Albany, New York, USA; Hospice Analytics Inc. (C.K.), Colorado Springs, Colorado, USA; Department of Neurology (R.P.), Albert Einstein College of Medicine, New York, New York, USA

#### Abstract

**Context.** Hospice utilization in New York State (NYS) is low compared to the rest of the U.S.

**Objectives.** The first part of a mixed-methods study aimed to compile and rank hospice-related barriers in nine categories between NYS and the rest of the country.

**Methods.** Ten Medicare or publicly assisted patients dying in 2018. Multivariate analysis of enrollment or length of stay between NYS and the rest of the country.

**Results.** The NYS population was relatively younger, had higher socioeconomic status (SES), and saw more physicians during the study period. NYS had fewer SNF beds, and fewer for-profit hospitals, SNF hospice utilization was associated with higher enrollment in SNF facilities; and fewer hospice facilities.

**Conclusion.** NYS's low hospice utilization is a result of a fragmented health care system. Combined with information on barriers, we hope to improve hospice utilization. *J Pain Symptom Manage.* Published by Elsevier Inc. All rights reserved.

Journal of Palliative Medicine > Vol. 25, No. 10 > Original Articles

## Low Hospice Utilization in New York State: Framework for Compiling and Ranking Barriers

Lara Dhingra, Carla Braveman, Kailey Roberts, Stephanie DiFiglia, Cordt Kassner, and Russell Portenoy

Published Online: 30 Sep 2022 | <https://doi.org/10.1089/jpm.2022.0004>

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#### Abstract

**Background:** The hospice benefit can improve end-of-life outcomes, but is underutilized, particularly in low enrollment states such as New York. Little is known about this underutilization.

**Objective:** The first part of a mixed-methods study aimed to compile and rank barriers to hospice utilization and identify differences between New York and the rest of the United States.

**Setting/Subjects and Design:** Clinicians, administrators, and hospice employees participated in six sessions (6–12 per session) across New York State, USA. During each session, a methodology known as nominal group technique was used to elicit barriers to hospice, identify those specific to New York, and suggest interventions to improve access. The analysis involved first categorizing and ranking barriers, and then conducting a thematic analysis of session transcripts to examine barriers specific to New York and proposed interventions to improve utilization.

**Results:** Fifty-seven participants ranked 54 barriers, which were grouped into nine categories. These reflected concerns about clinician knowledge and attitudes or beliefs; patient and family knowledge, attitudes or beliefs, and resources; and both structural elements and practices of hospices, nursing homes, palliative care services, and other entities in the health care system. Thirteen barriers from eight categories were ranked among the top five by ≥10% of participants; only 10 of the 54 were judged to be specific to New York. Thematic analysis highlighted 14 barriers important in New York and suggested 11 interventions to improve hospice access.

**Conclusions:** A categorization and ranking of barriers may guide future interventions to improve low hospice utilization. Novel studies with heterogeneous stakeholders are needed.

Dhingra L, Braverman C, Kassner CT, Schechter C, DiFiglia S, and Portenoy R. Low Hospice Utilization in New York State: Framework for compiling and ranking barriers. II. Low Hospice Utilization in New York State: Comparisons using national data. Published online, *J Palliative Medicine*, 4/22: <https://pubmed.ncbi.nlm.nih.gov/34954063/>.

Dhingra L, Braverman C, Roberts K, DiFiglia S, Kassner CT, and Portenoy R. Low Hospice Utilization in New York State (II): Framework for compiling and ranking barriers. *J Palliative Medicine* Published Online: 30 Sep 2022; <https://pubmed.ncbi.nlm.nih.gov/35417252/>.

# Hospice Utilization – Post COVID-19!

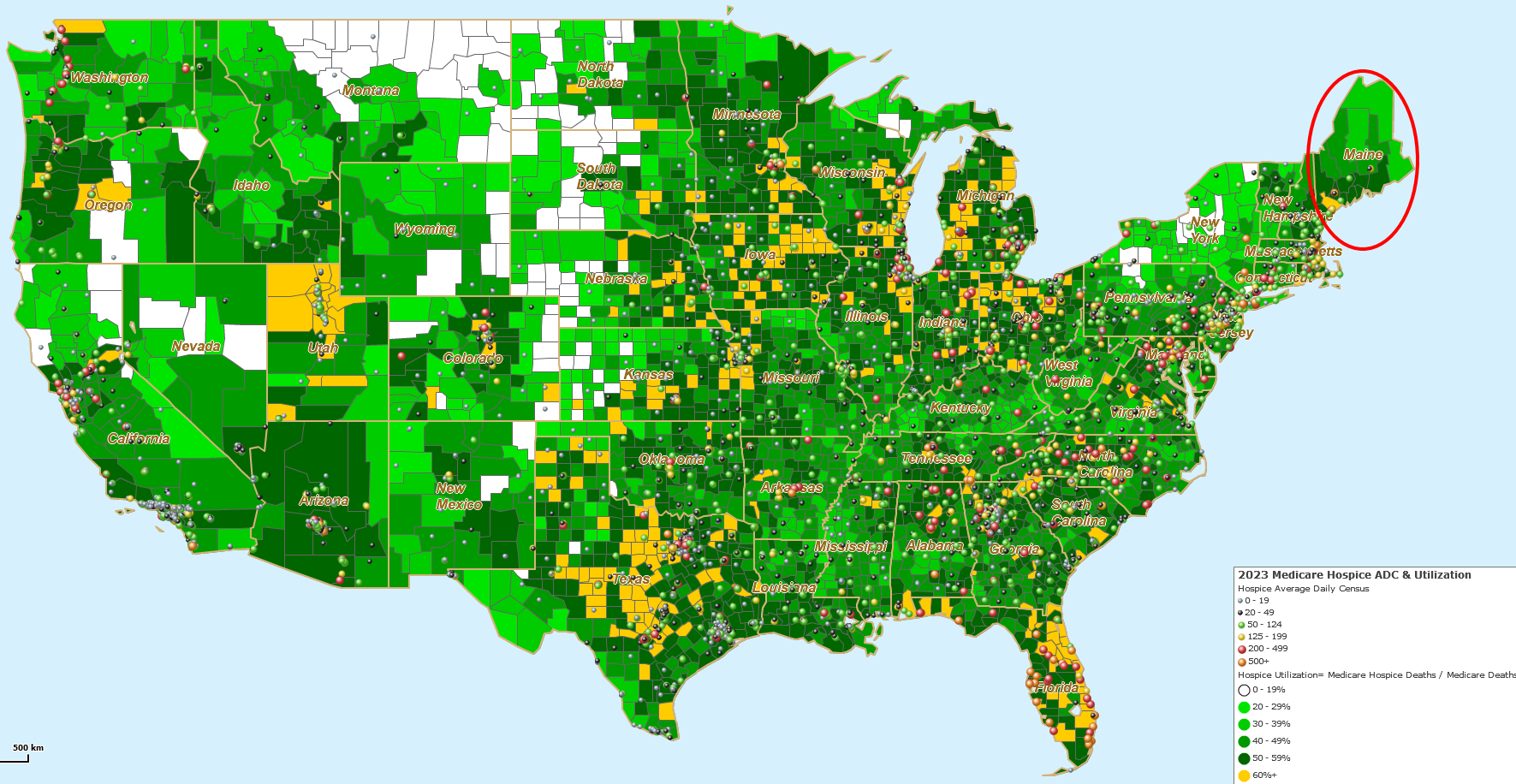
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	2019 Hospice Utilization	2020 Hospice Utilization	2021 Hospice Utilization	2022 Hospice Utilization	2023 Hospice Utilization
<b>National</b>	50.5%	46.7%	44.9%	47.3%	49.5%

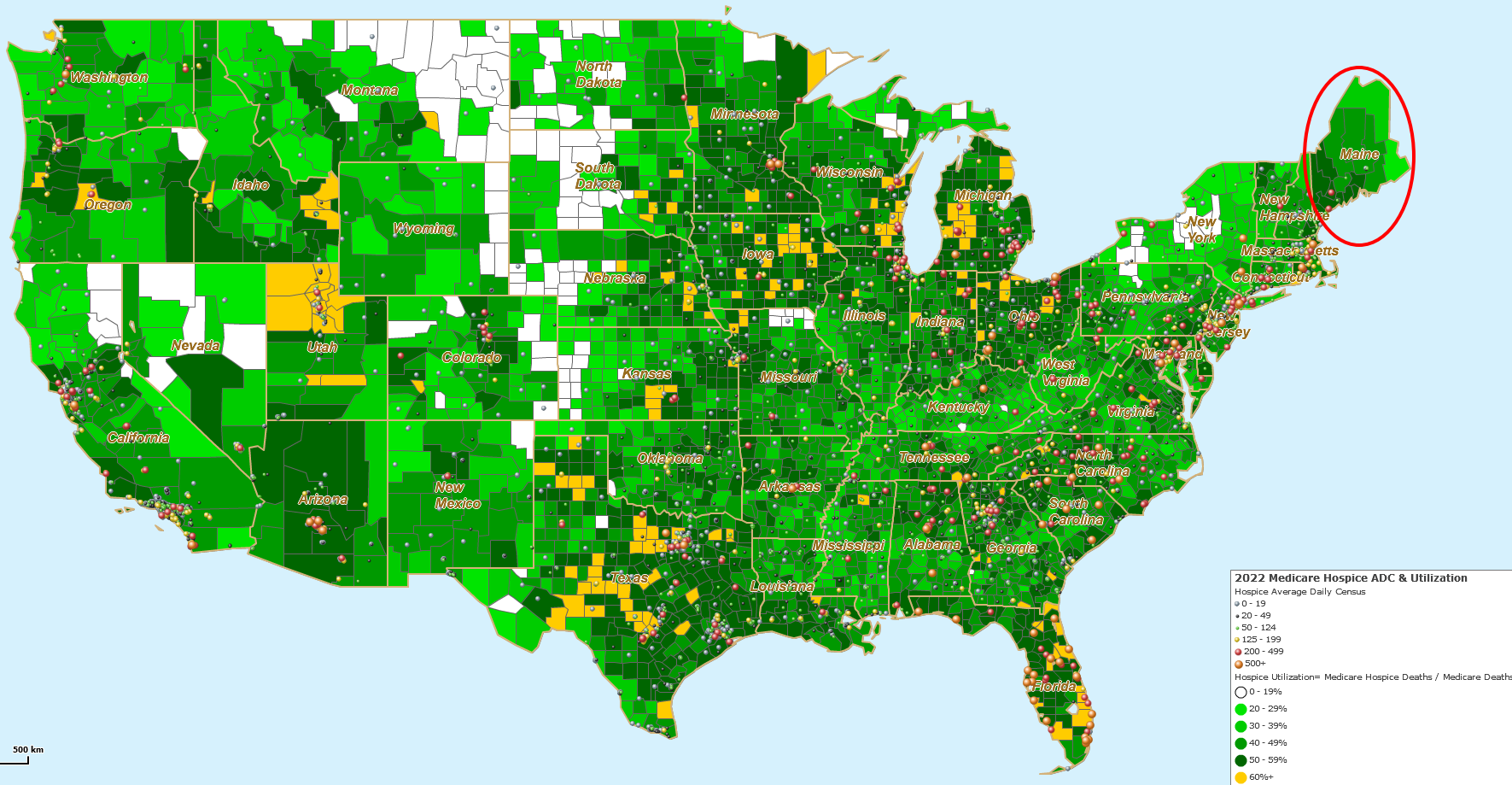
- ▶ 2020 Hospice Utilization decreased nationally for the first time ever.
- ▶ 2021 Hospice Utilization decreased nationally again – although less of a decrease.
- ▶ 2022 Hospice Utilization rebounded nationally – bringing us back to 2020.
- ▶ 2023 Hospice Utilization rebounded nationally again – almost back to the 2019 high...
  
- ▶ Why? The number of hospice deaths has remained steady, but the number of Medicare deaths (which skyrocketed during COVID-19) is returning to expected levels.



# 2023 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)

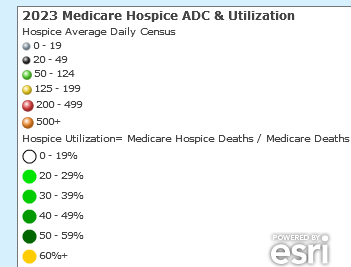
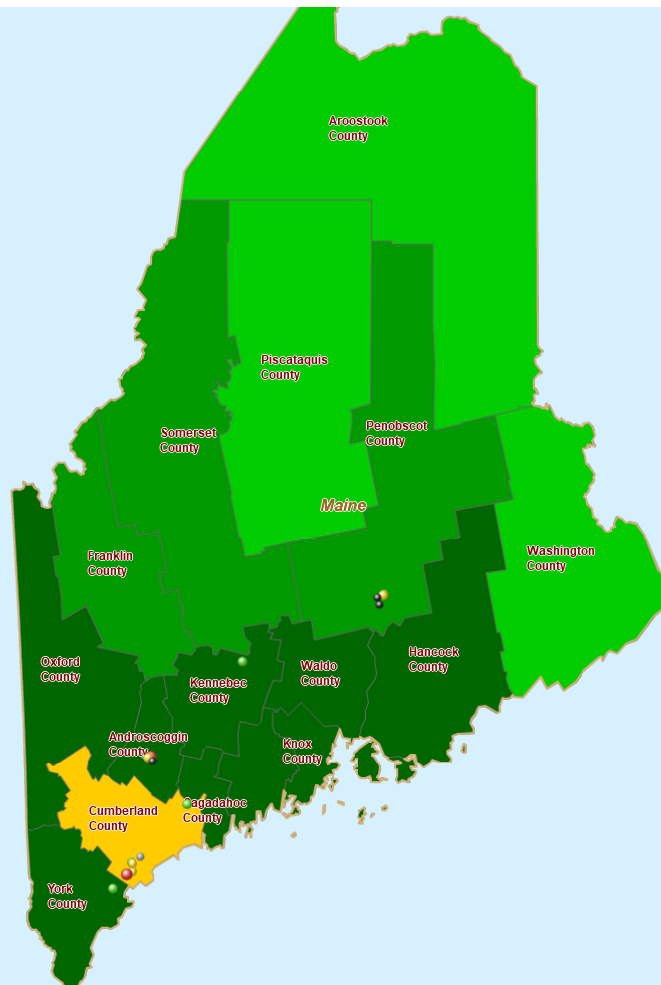


# 2022 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



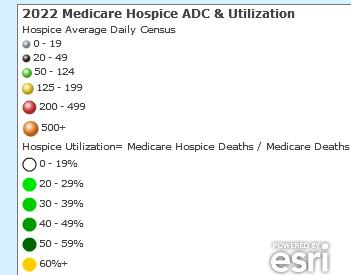
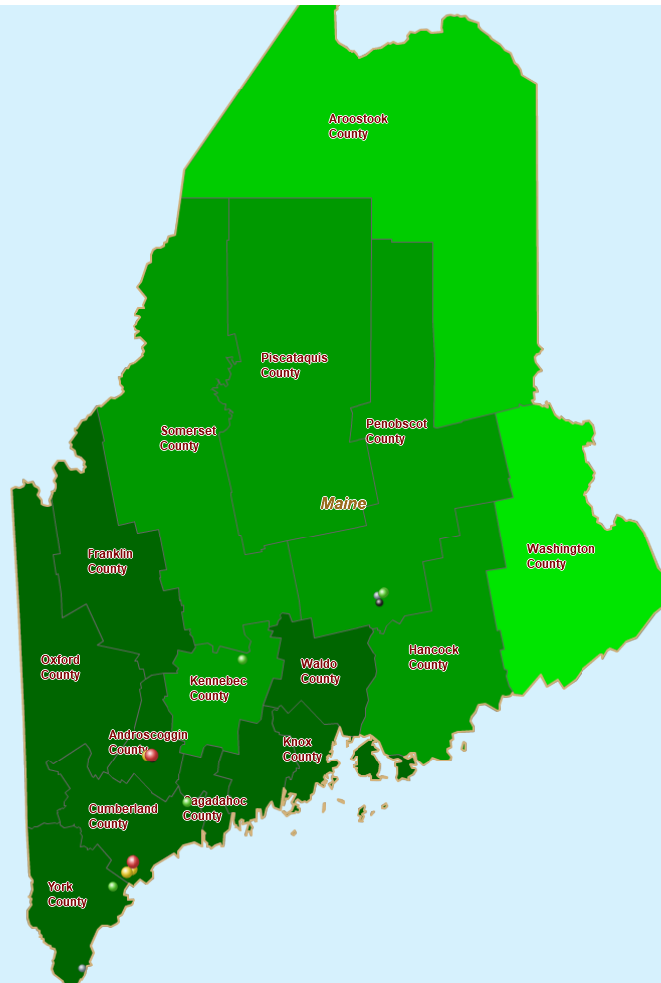
# 2023 Hospice Utilization – Maine

(Medicare Hospice Deaths / Total Medicare Deaths)



# 2022 Hospice Utilization – Maine

(Medicare Hospice Deaths / Total Medicare Deaths)



# 2023 Demographics & Hospice Utilization

	Maine	National
Population (2022, 2023 NA)	1,385,340	342,988,087
Total Deaths (2022, 2023 NA)	17,364	3,354,940
Medicare Beneficiaries	386,202	68,761,678
Medicare Beneficiary Deaths	14,082	2,494,852
Medicare Hospice Unduplicated Beneficiaries	9,778 69% of Medicare deaths	1,755,773 70% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,362 <b>52.3% of Medicare deaths</b>	1,234,528 <b>49.5% of Medicare deaths</b>
Medicare Hospice Total Days of Care	650,004 Days	135,270,520 Days
Medicare Hospice Mean Days / Beneficiary	67 Days	77 Days
Medicare Hospice Median Days / Beneficiary	23 Days	27 Days
Medicare Hospice Total Payments	\$118,792,016	\$25,158,674,760
Medicare Hospice Mean Payment / Beneficiary	\$12,214	\$14,367

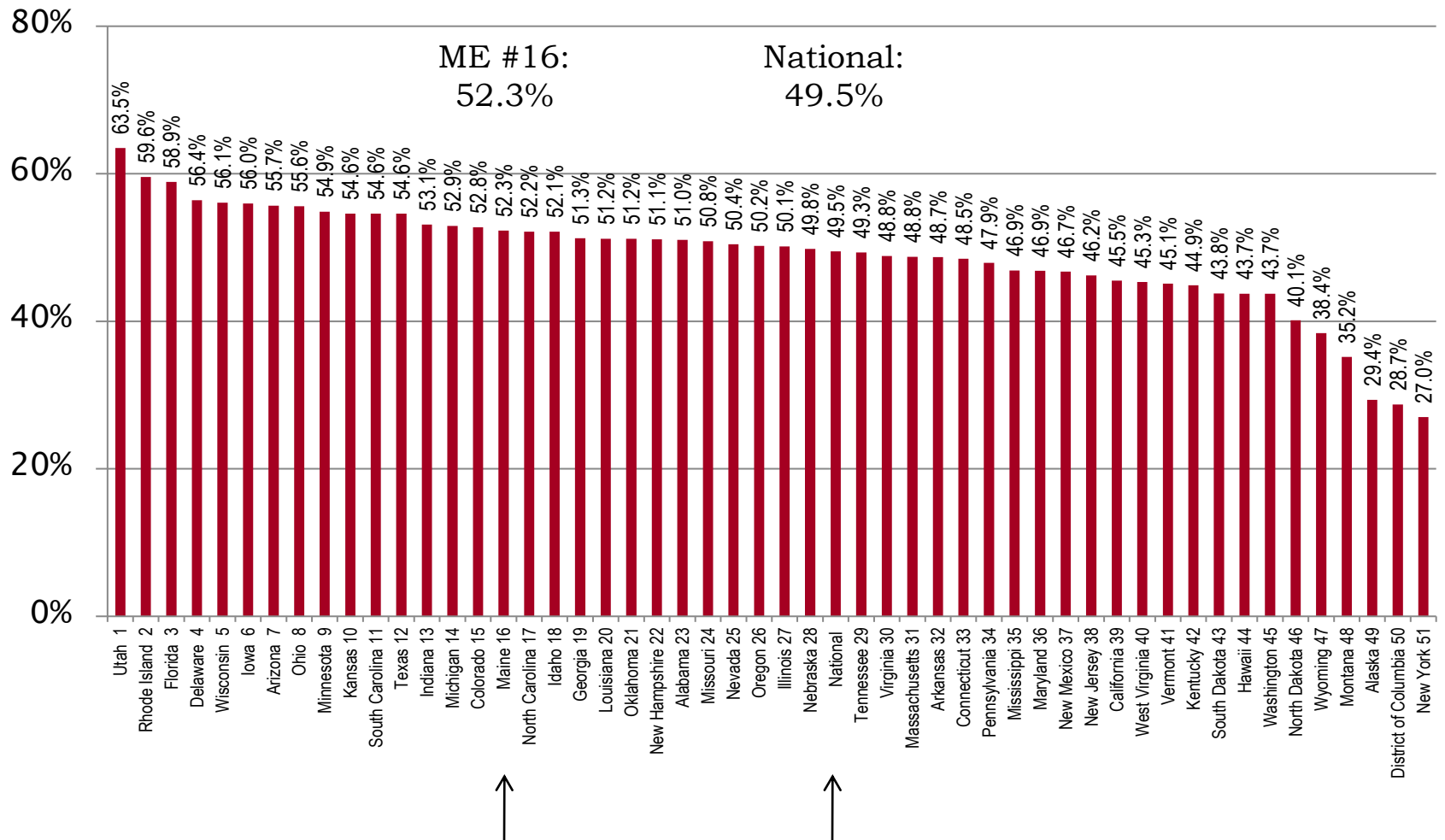


# 2022 Demographics & Hospice Utilization

	Maine	National
Population	1,385,340	342,988,087
Total Deaths	17,364	3,354,940
Medicare Beneficiaries	378,902	66,655,414
Medicare Beneficiary Deaths	14,278	2,602,954
Medicare Beneficiaries Admitted to Hospice	9,375 66% of Medicare deaths	1,719,238 66% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,228 <b>50.6% of Medicare deaths</b>	1,230,246 <b>47.3% of Medicare deaths</b>
Medicare Hospice Total Days of Care	609,681 Days	127,628,373 Days
Medicare Hospice Mean Days / Beneficiary	65 Days	74 Days
Medicare Hospice Median Days / Beneficiary	22 Days	25 Days
Medicare Hospice Total Payments	\$108,272,640	\$23,210,723,499
Medicare Hospice Mean Payment / Beneficiary	\$11,549	\$13,503

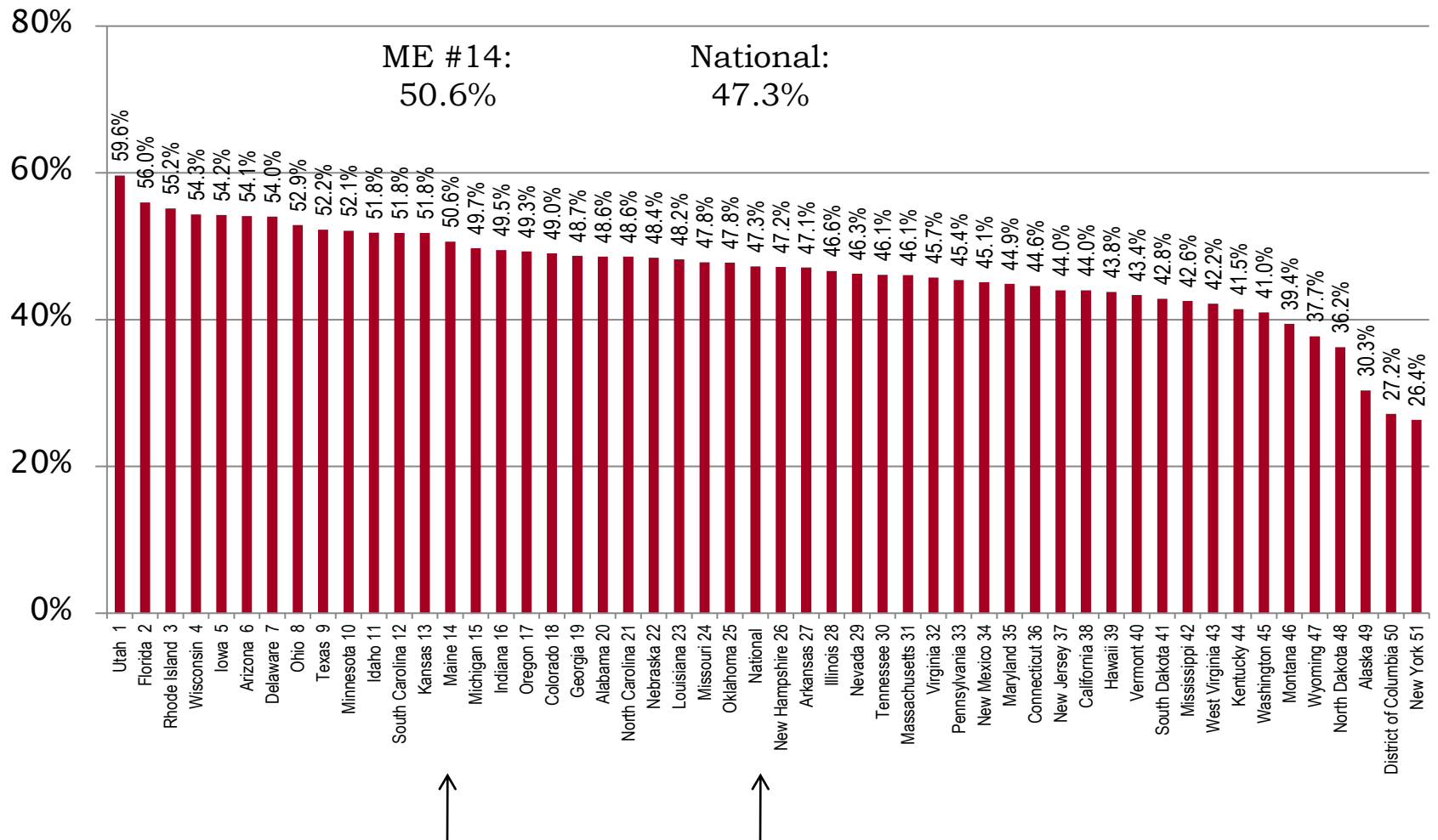
# 2023 Hospice Utilization

## (Medicare Hospice Deaths / Total Medicare Deaths)



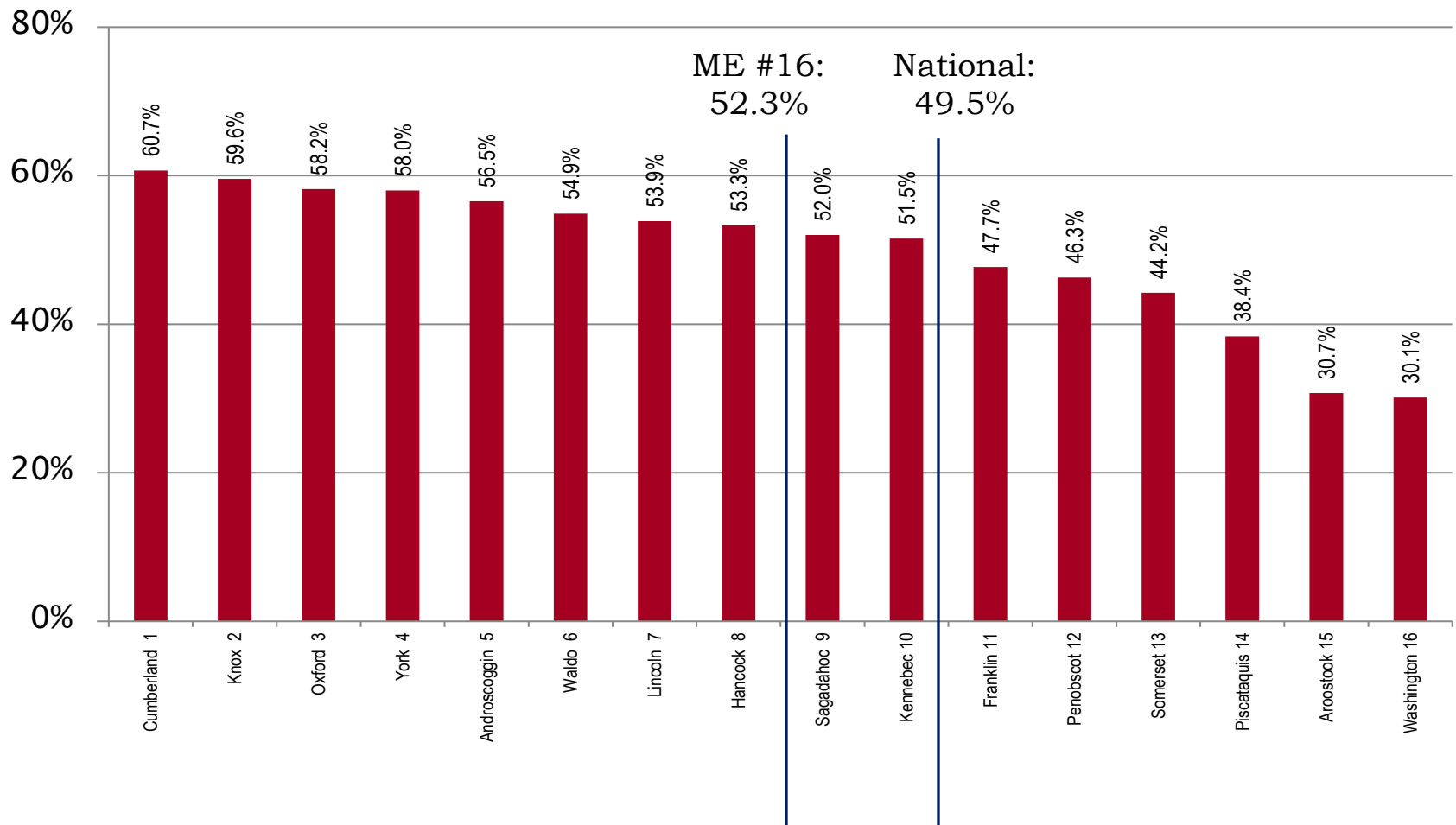
# 2022 Hospice Utilization

## (Medicare Hospice Deaths / Total Medicare Deaths)

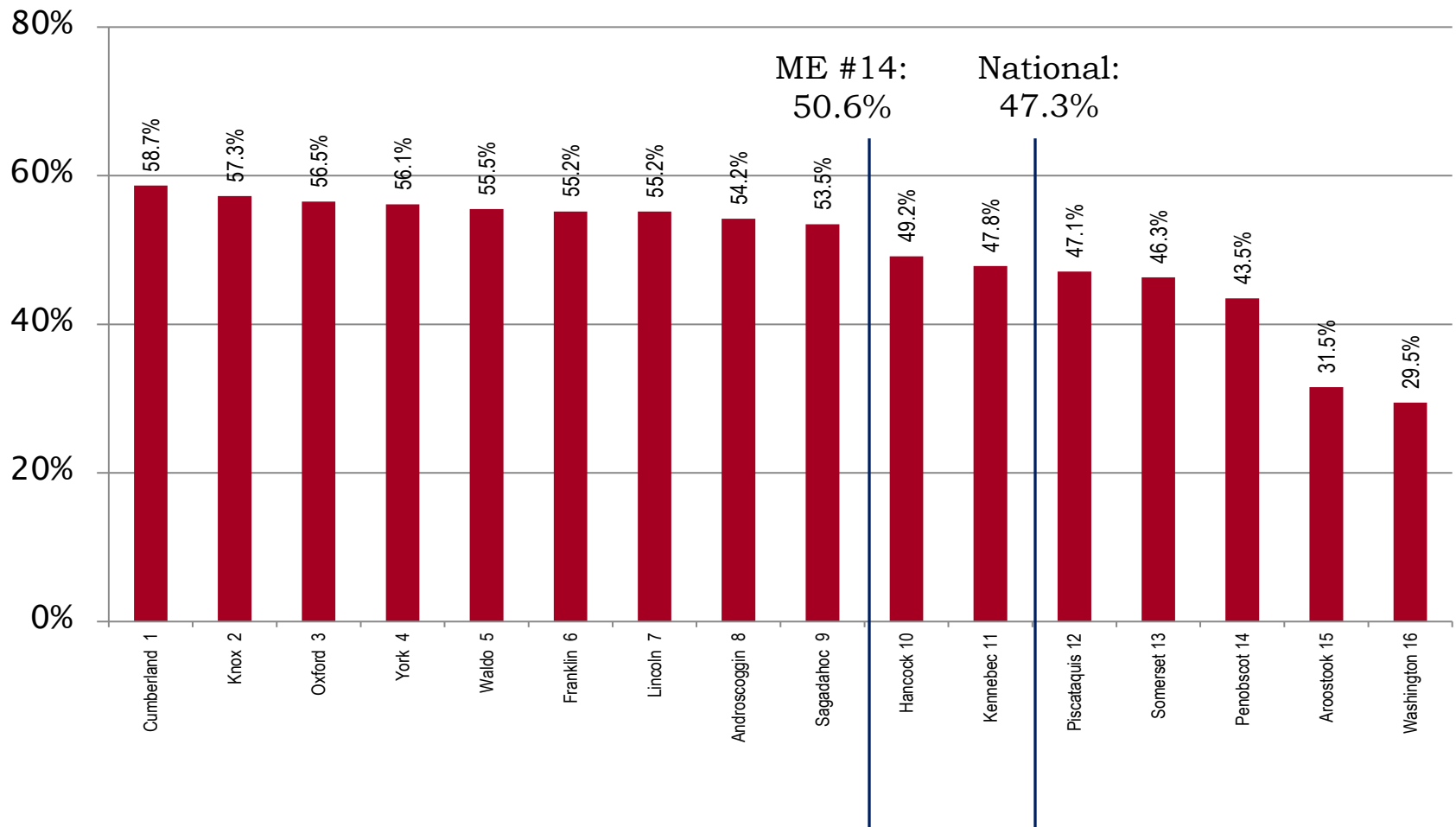




# 2023 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)

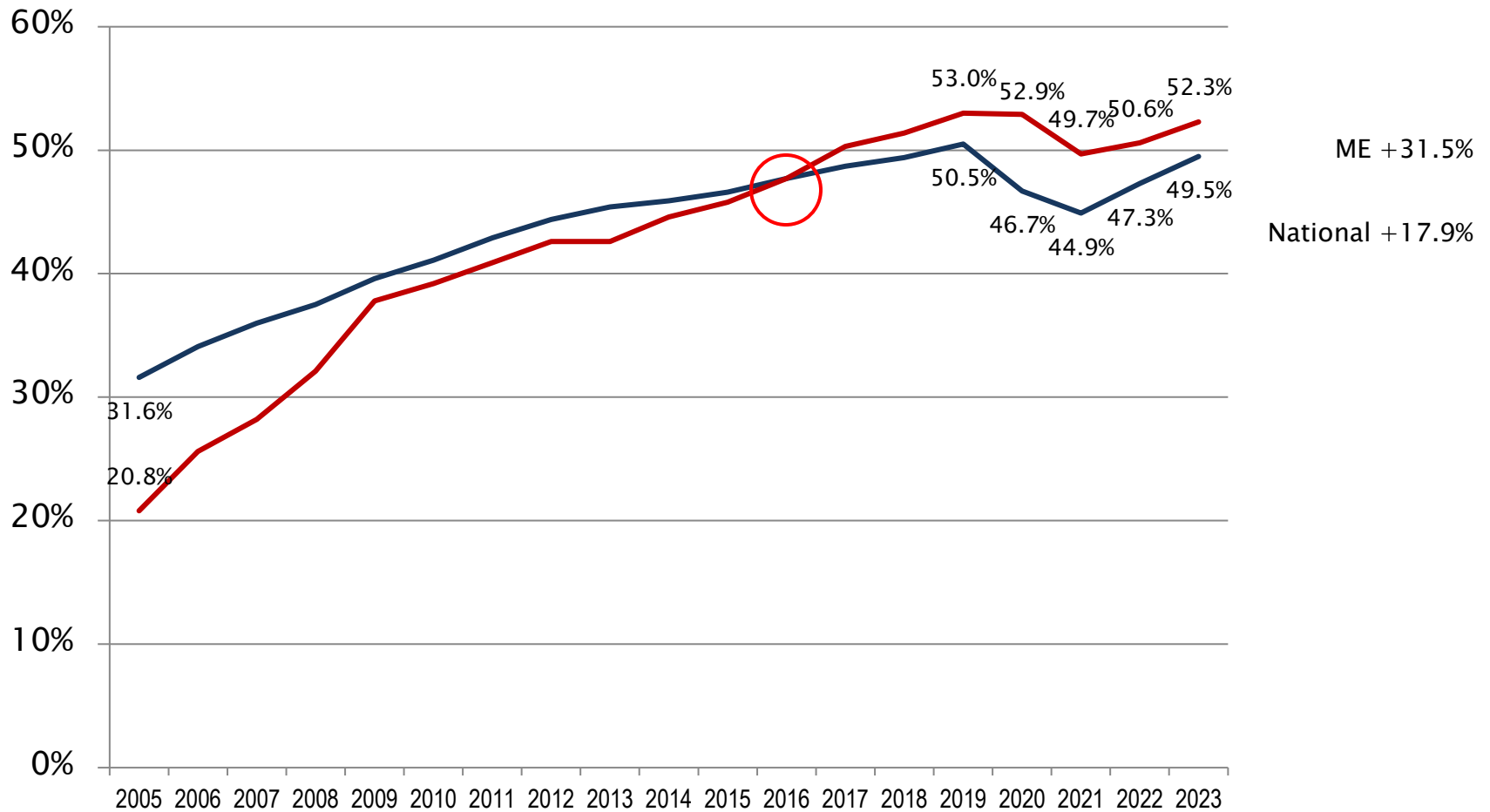


# 2022 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



# 2005-2023 State Hospice Utilization

## 19-Year Trends



▶ Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths.

# Medicare Advantage & Hospice



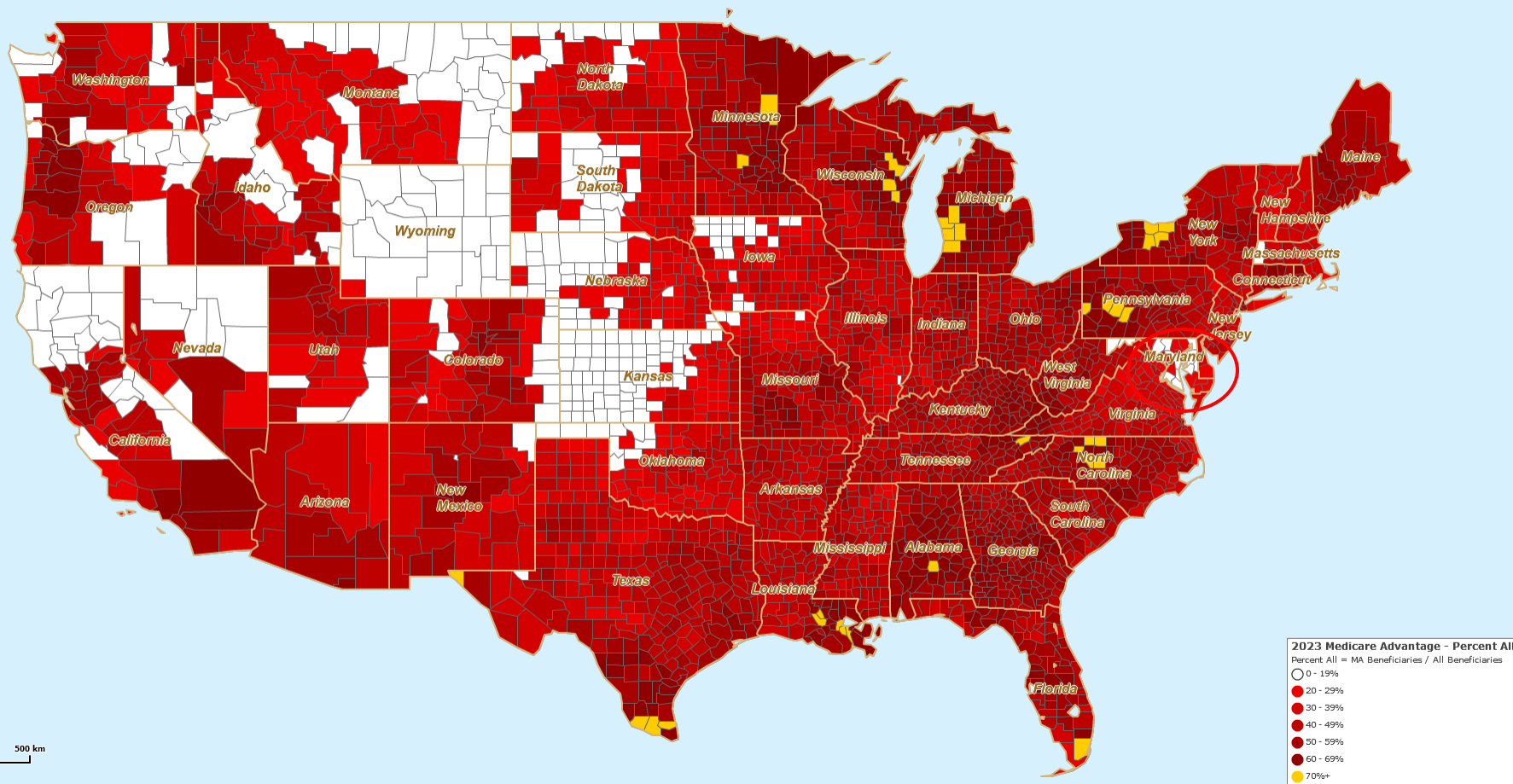
# Hospice Medicare Advantage – *Concluded*

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## The Future of the Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model

Beginning in Calendar Year (CY) 2021, the Value-Based Insurance Design (VBID) Model allowed participating Medicare Advantage Organizations (MAOs) to include the Medicare hospice benefit in their Medicare Advantage (MA) benefits package, herein known as the Hospice Benefit Component. After carefully considering recent feedback about the increasing operational challenges of the Hospice Benefit Component and limited and decreasing participation among MAOs that may impact a thorough evaluation, CMS has decided to conclude the Hospice Benefit Component as of December 31, 2024, 11:59 PM. CMS will not accept applications to the previously released CY 2025 Request for Applications for the Hospice Benefit Component of the VBID Model.

# 2023 Medicare Advantage - All Percentage of All Beneficiaries

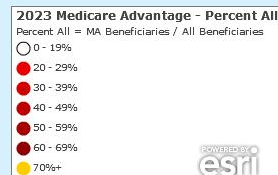
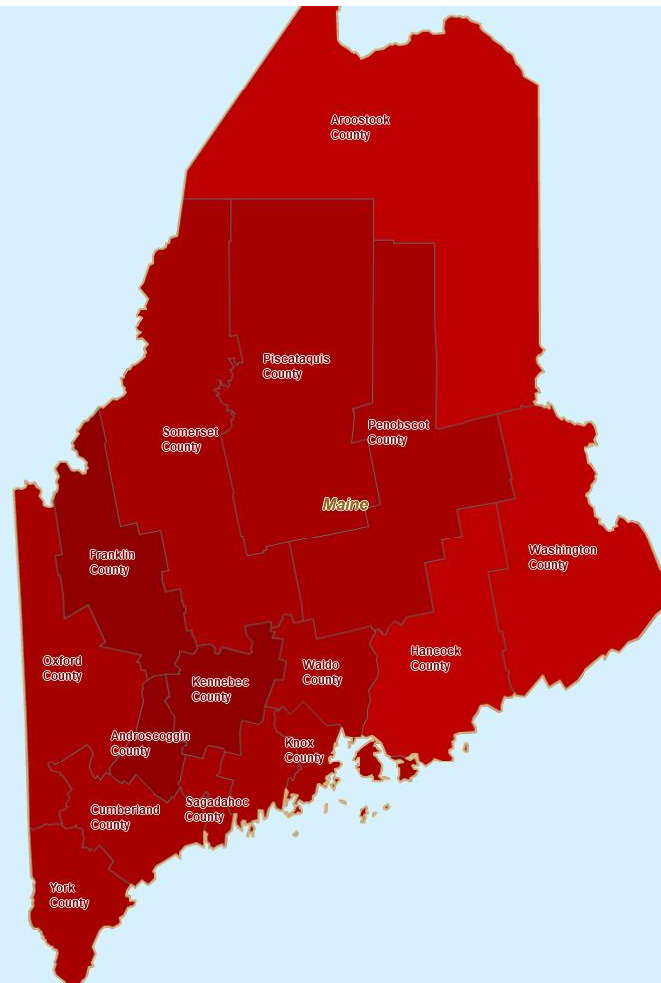


▶ In 2023, 51% of Medicare beneficiaries were Traditional (FFE) and 49% were Medicare Advantage.

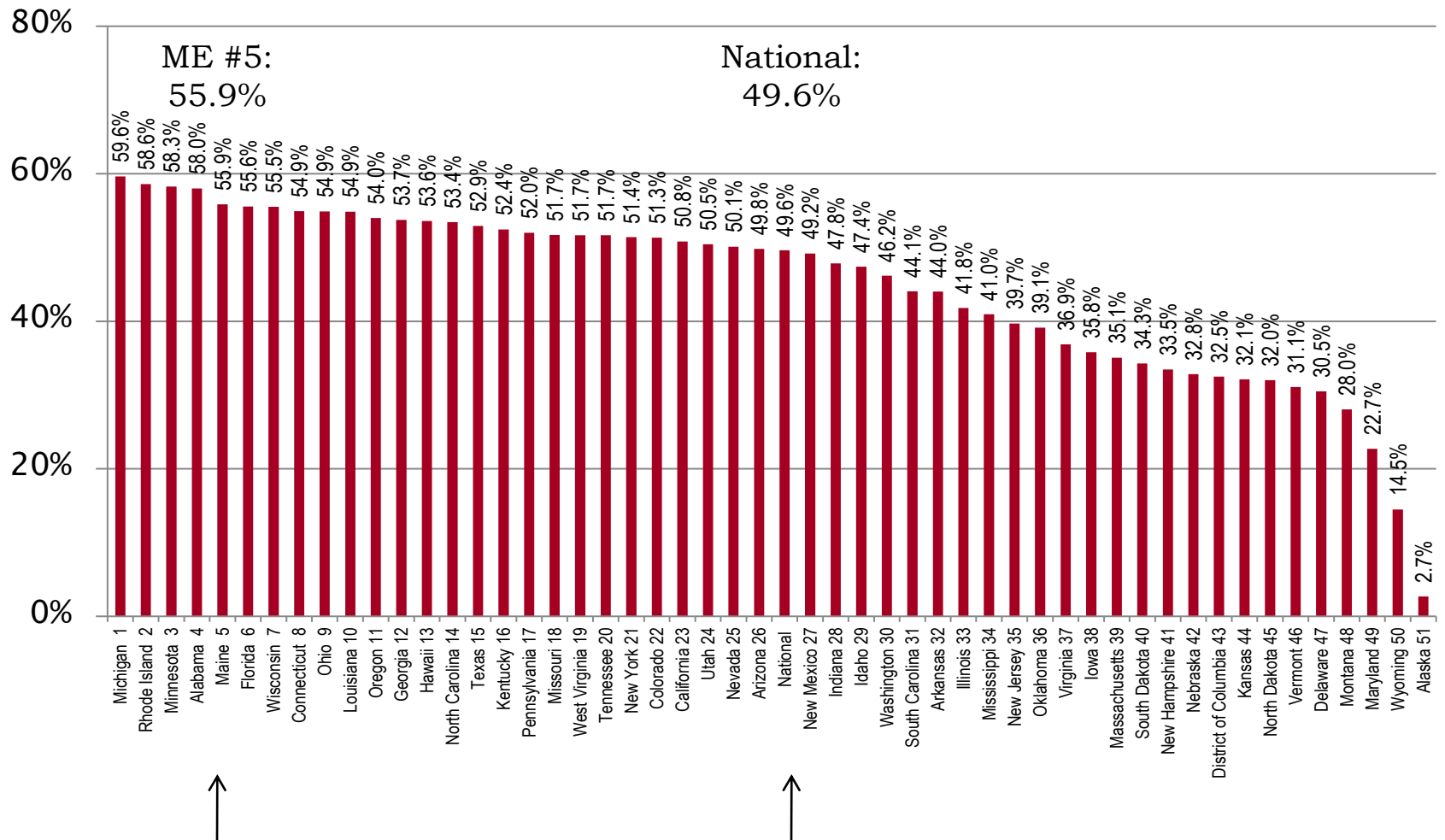
# 2023 Medicare Advantage – All, Maine

## Percentage of All Beneficiaries

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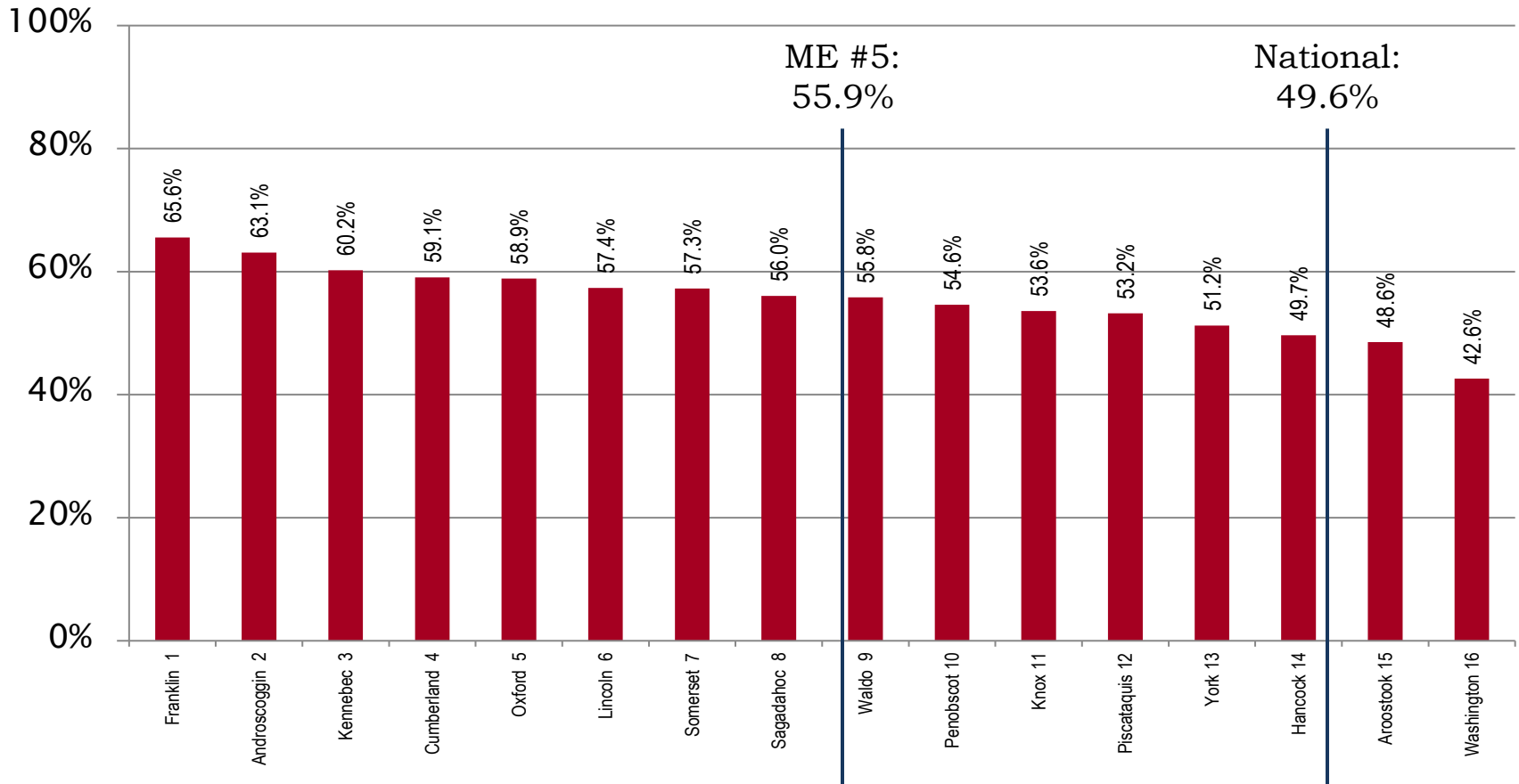
# 2023 Medicare Advantage – All Percentage of All Beneficiaries





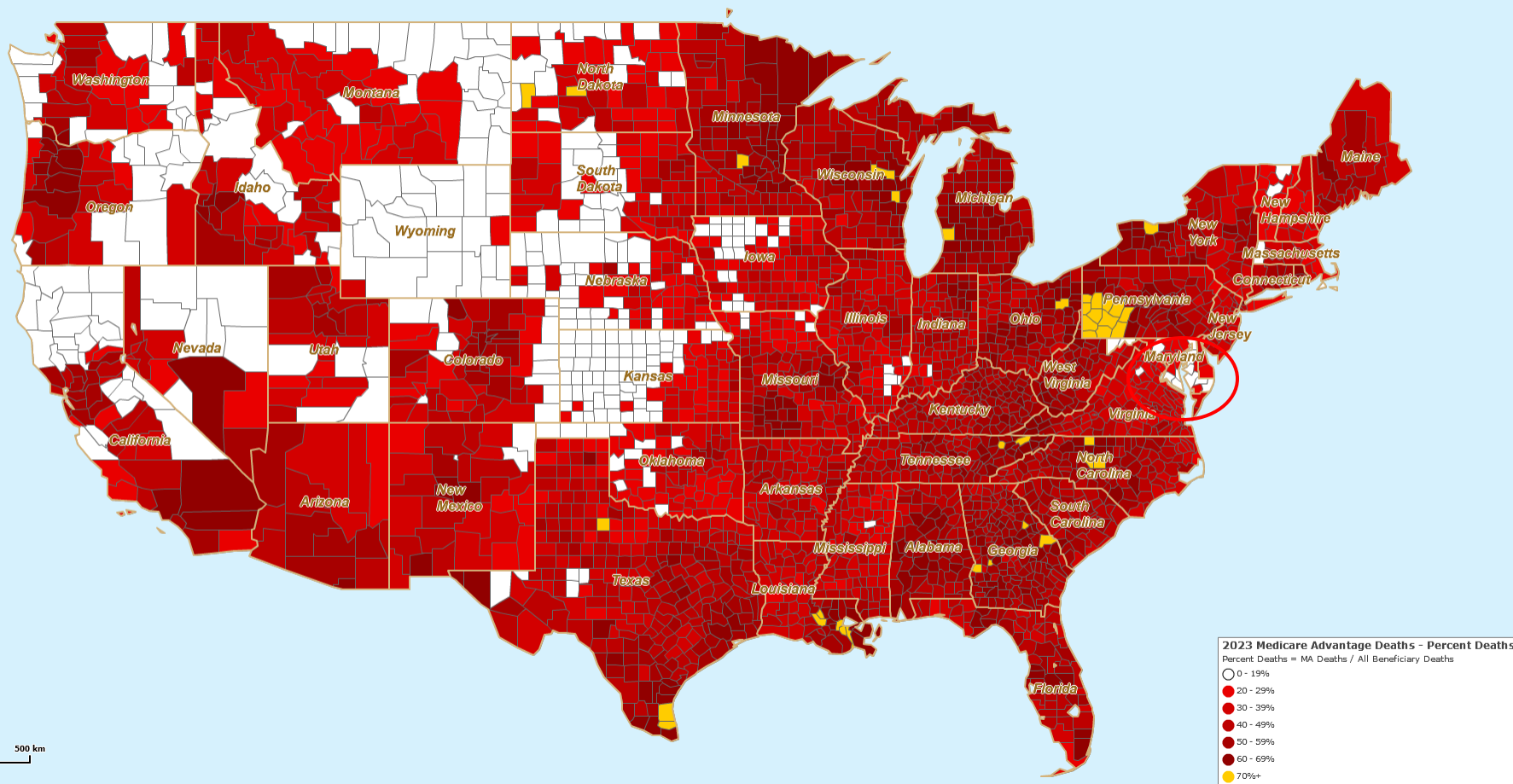
# 2023 Medicare Advantage – All – Maine

## Percentage of All Beneficiaries



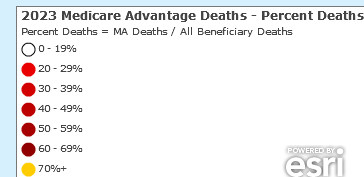
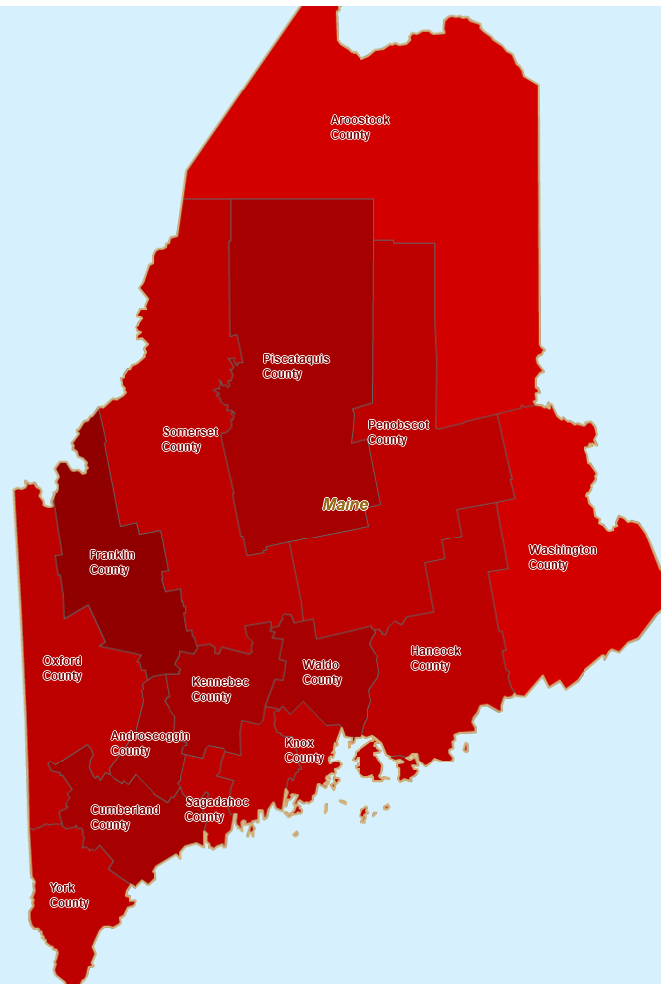
# 2023 Medicare Advantage - Deaths

## Percentage of Beneficiary Deaths



▶ Note: When comparing MA All to MA Deaths, 30% of counties change rank.

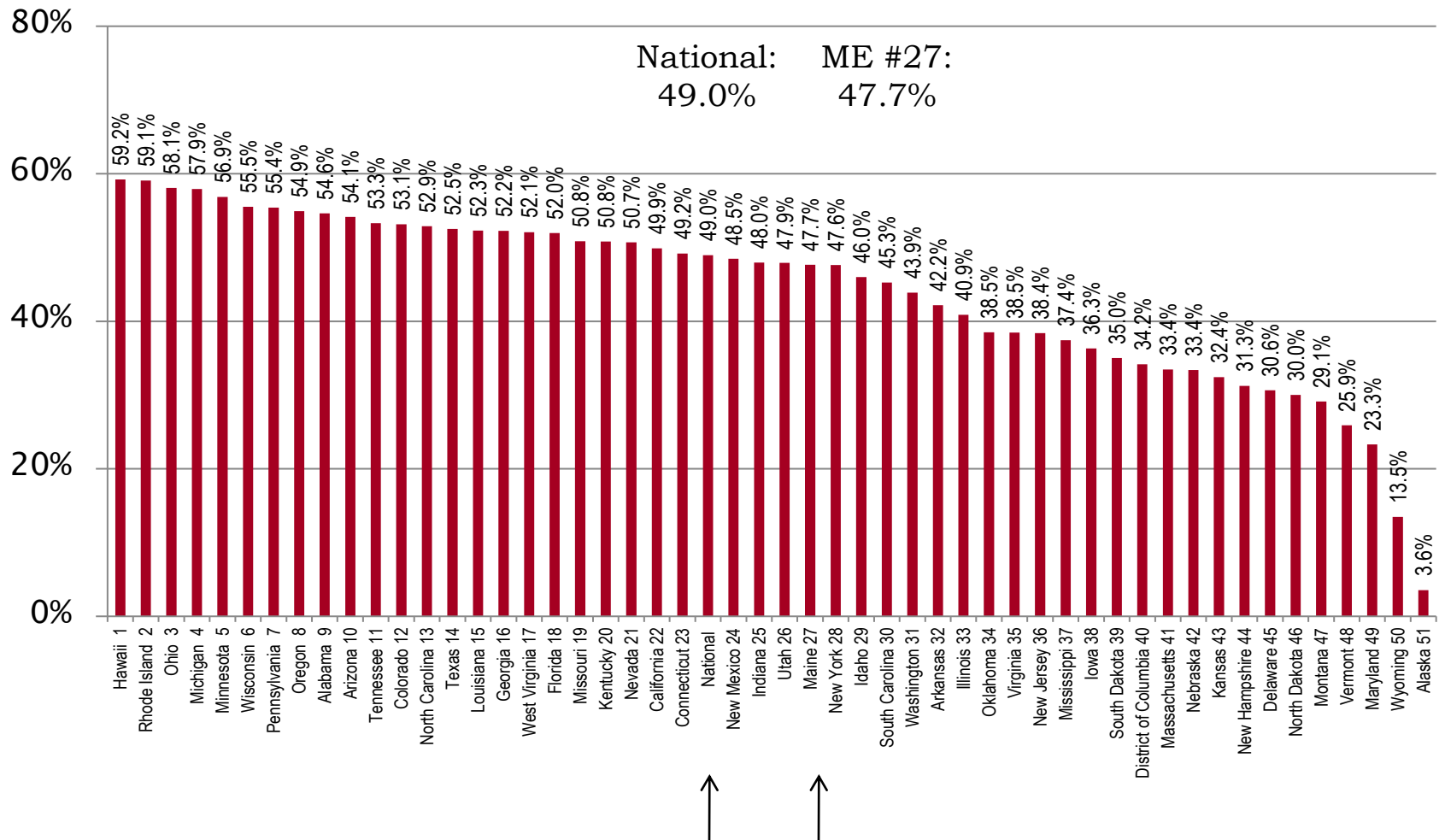
# 2023 Medicare Advantage – Deaths, Maine Percentage of Beneficiary Deaths



► Note: When comparing MA All to MA Deaths, 20% of counties change rank.

# 2023 Medicare Advantage – Deaths

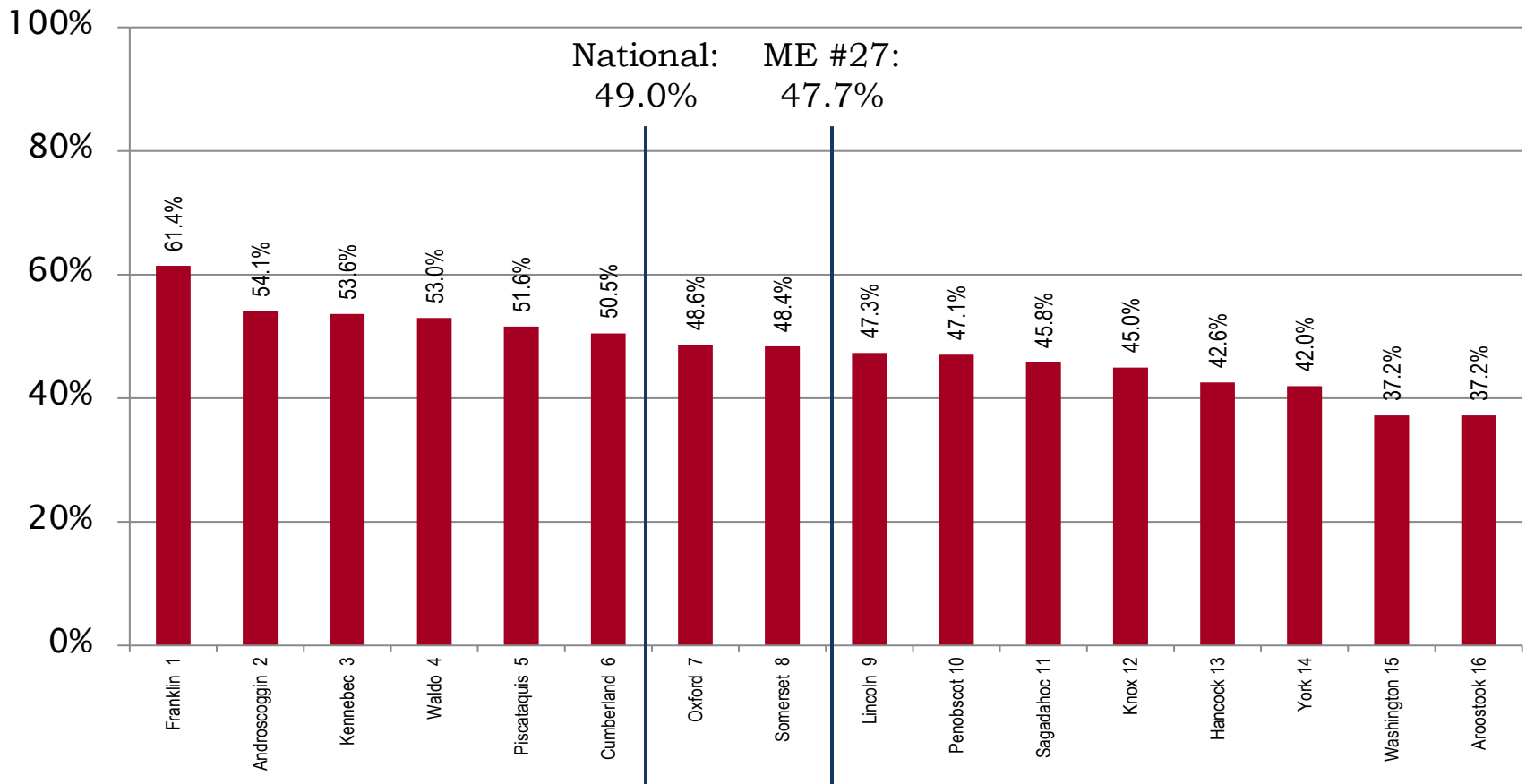
## Percentage of All Beneficiaries



Note: When comparing MA All to MA Deaths, 30% of counties change rank.

# 2023 Medicare Advantage – Deaths, Maine

## Percentage of All Beneficiaries



▶ Note: When comparing MA All to MA Deaths, 27% of counties change rank.

# Hospice Compare Update 11/14/24

## 11/14/24 Notes:

- Over 7,100 hospices were included in the 11/14/24 Care Compare for Hospice release (N= 7,115).
- Star ratings (based on CAHPS) available, but  $<1/3$  ( $2,037 / 7,115 = 29\%$ ) of hospices are rated – mostly due to requirement of 75+ CAHPS surveys to calculate score.

# Hospice Compare Update 11/14/24

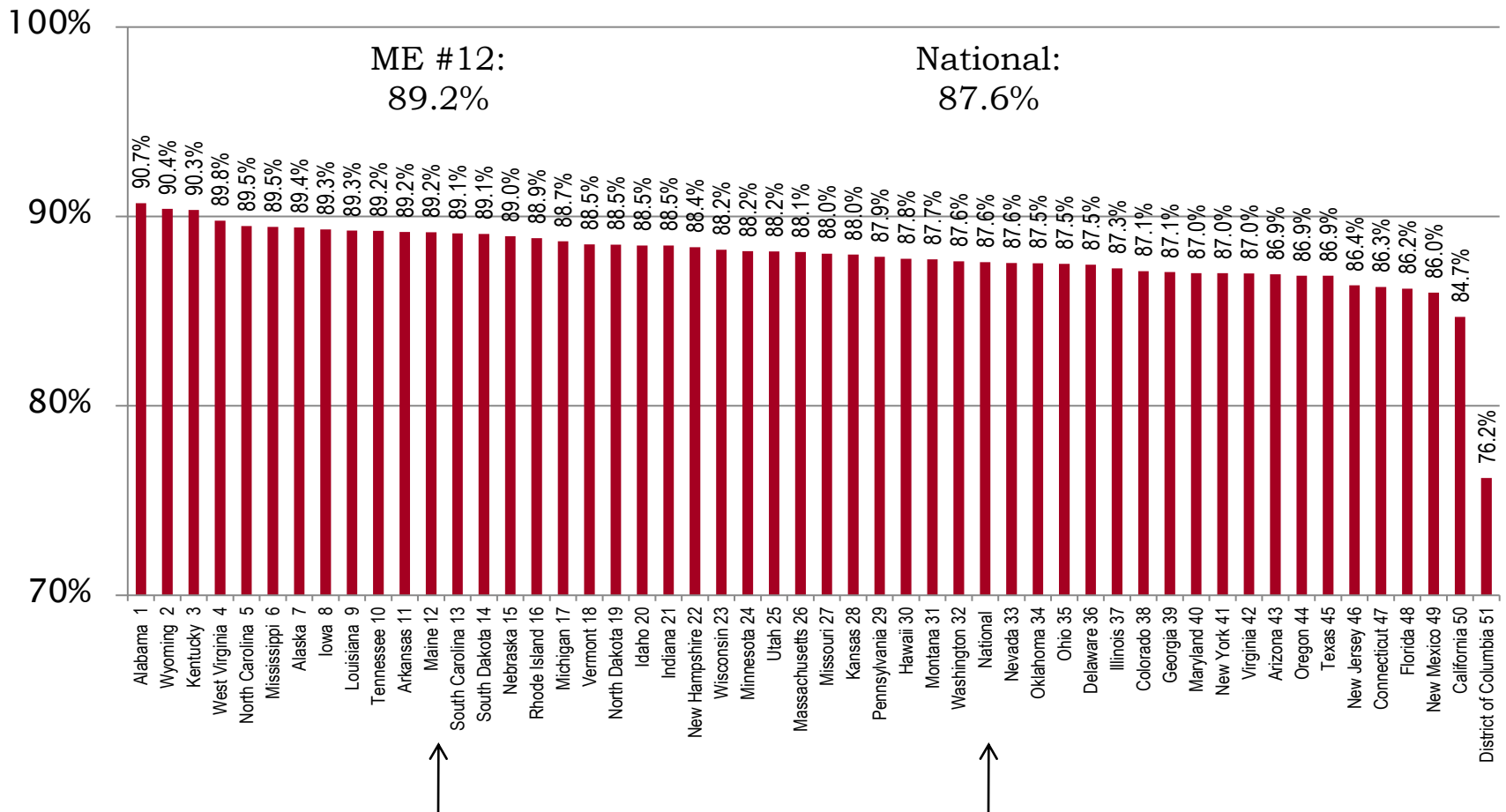
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Of hospices with reportable Star Ratings:

- |  |                                    |
|--|------------------------------------|
| ▶ National= 2,037 hospices (5,078 missing) | <i>ME= 15 hospices (2 missing)</i> |
| ▶ 5 Star= 278 (14%) hospices               | <i>5 Star= 2 (15%) hospices</i>    |
| ▶ 4 Star= 847 (42%) hospices <u>56%</u>    | <i>4 Star= 6 (46%) hospices</i>    |
| ▶ 3 Star= 663 (33%) hospices <u>89%</u>    | <i>3 Star= 5 (38%) hospices</i>    |
| ▶ 2 Star= 221 (11%) hospices               | <i>2 Star= 0 hospices</i>          |
| ▶ 1 Star= 29 ( 1%) hospices                | <i>1 Star= 0 hospices</i>          |

Therefore, nationally half of hospices had Star Ratings 4+ (56%) and 89% of hospices had 3+ Star Ratings.

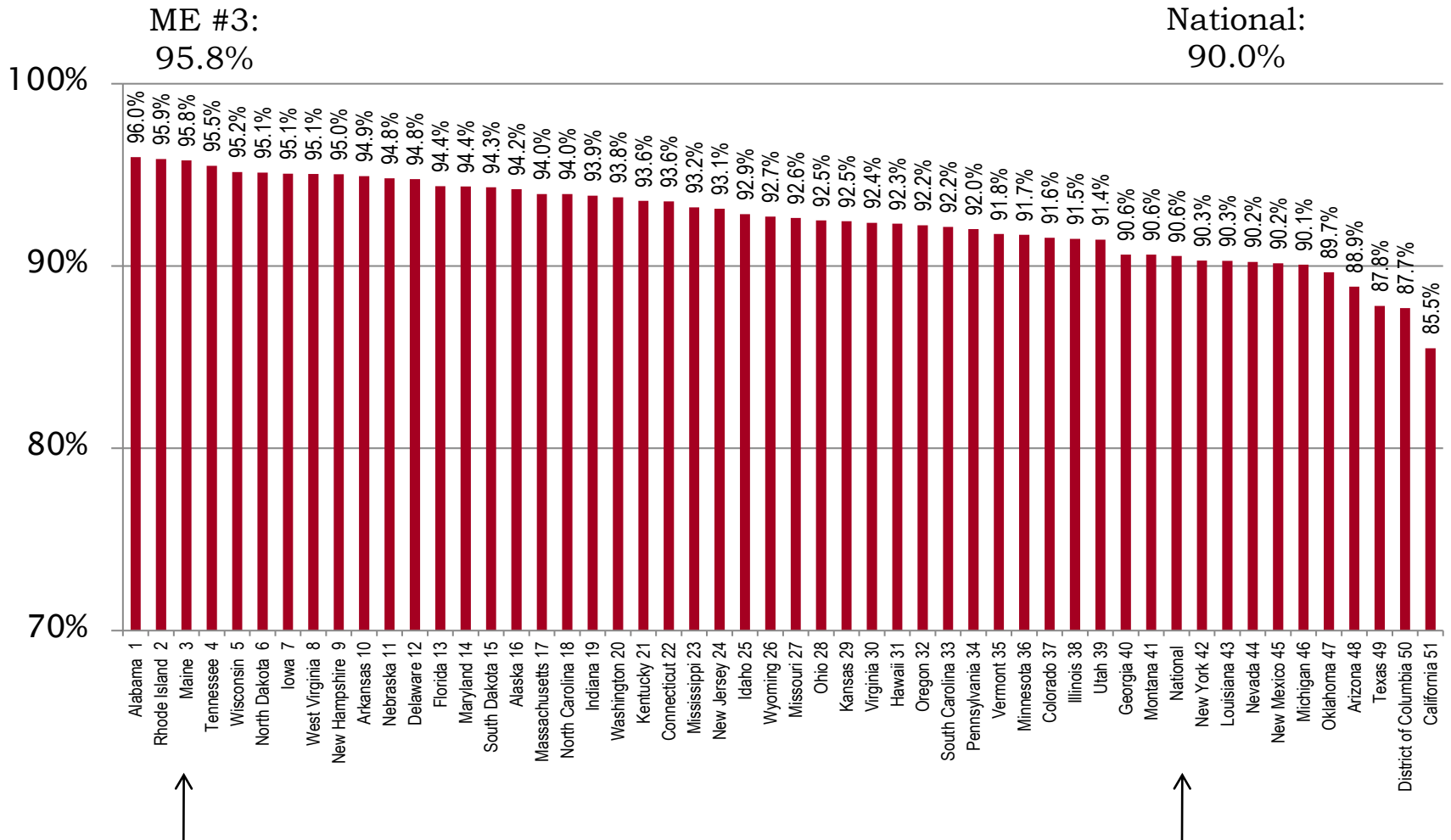
# 11/24 Hospice Compare: Hospice HIS & CAHPS – Average Top Box Scores



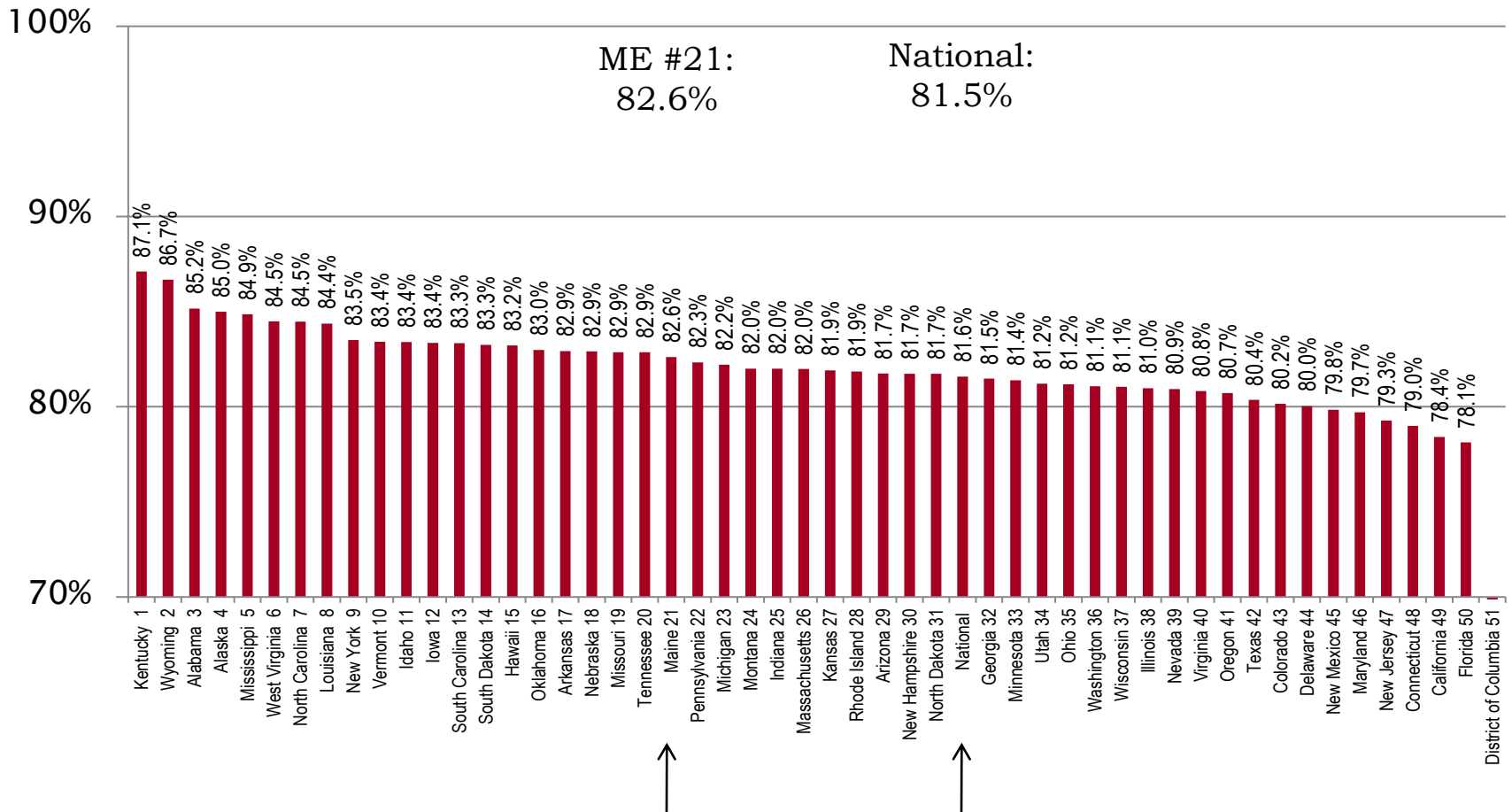


# 11/24 Hospice Compare:

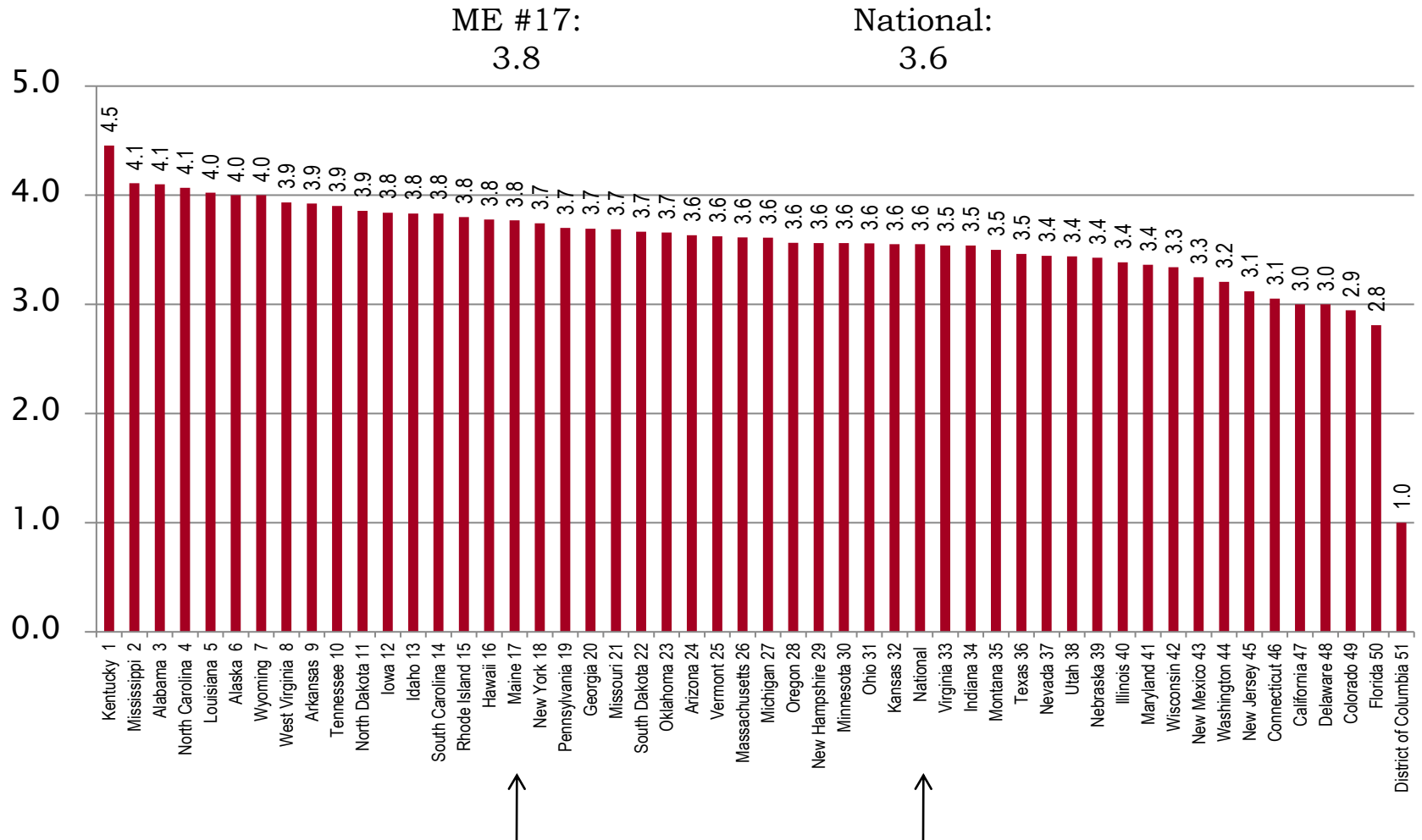
## Hospice Item Set – Mean of 9 Top Box Quality Measures



# 11/24 Hospice Compare: Hospice CAHPS – Mean of 8 Quality Measures



# 11/24 Hospice Compare: Hospice Star Ratings

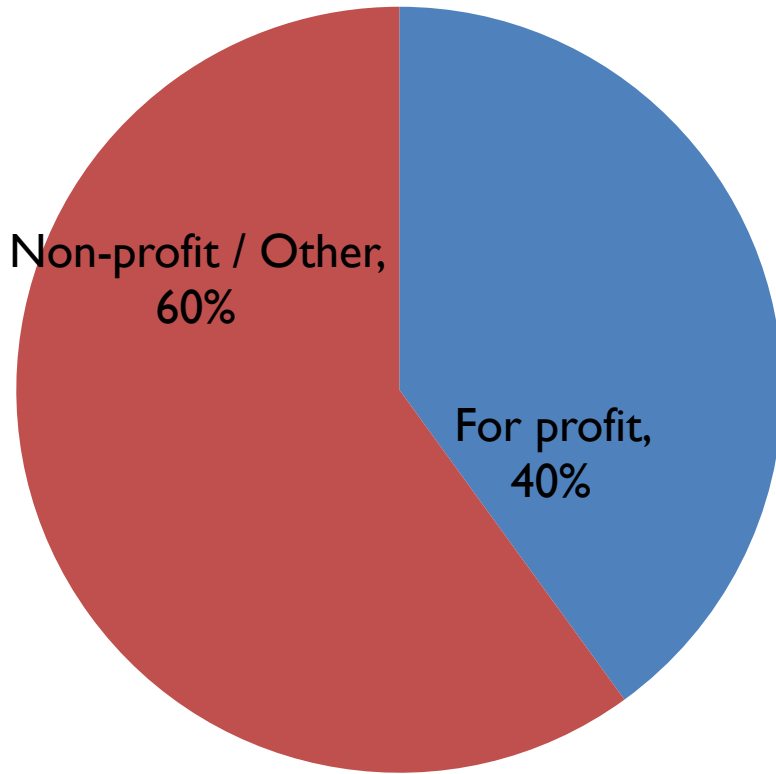


# Additional Medicare Claims Data Points

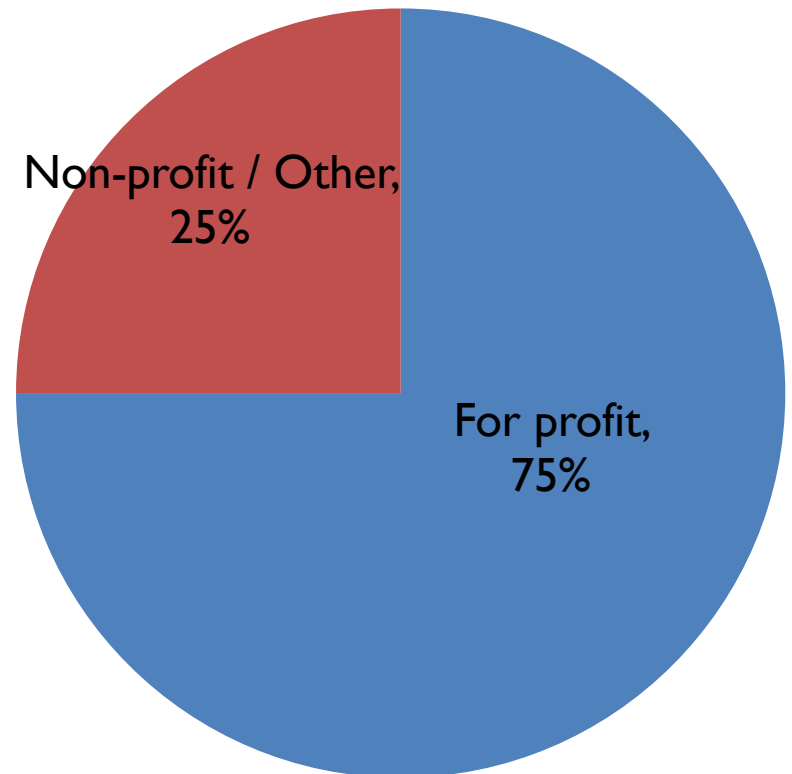
# 2023 Medicare Hospice Percentage of Hospices x Type Control

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## Maine



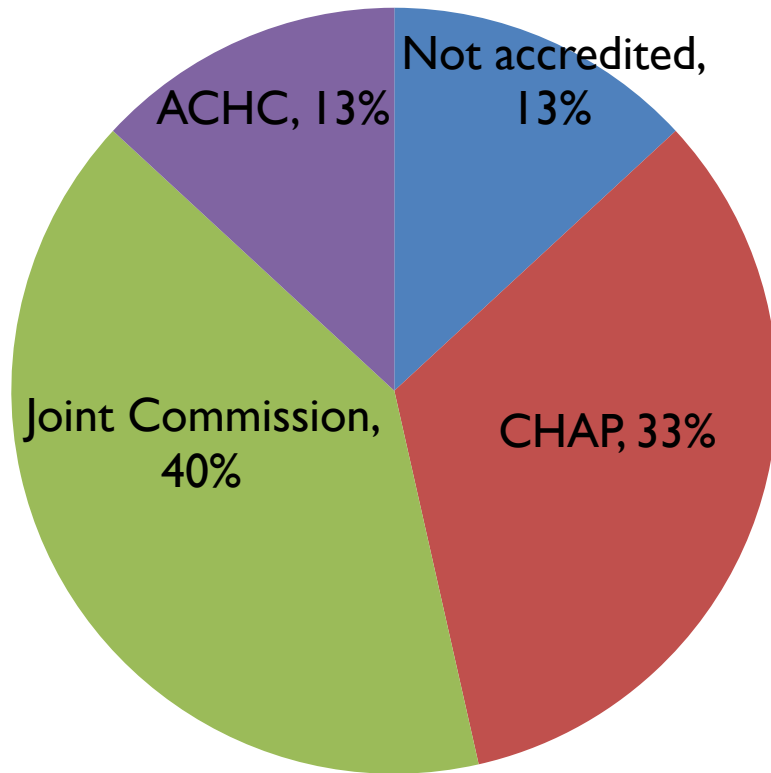
## National



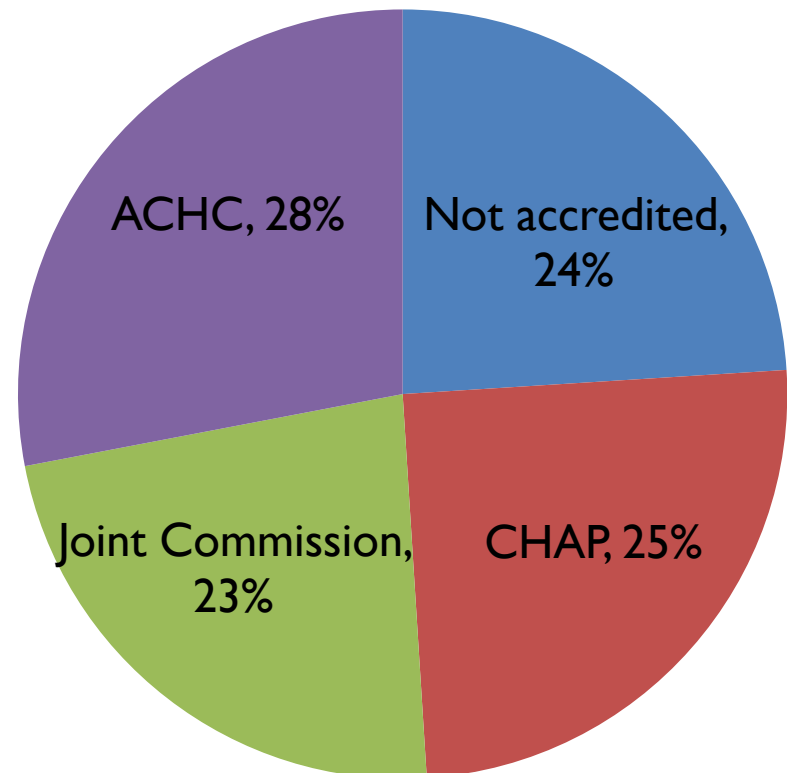
# 2023 Medicare Hospice Percentage of Hospices x Accreditation Organization

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## Maine

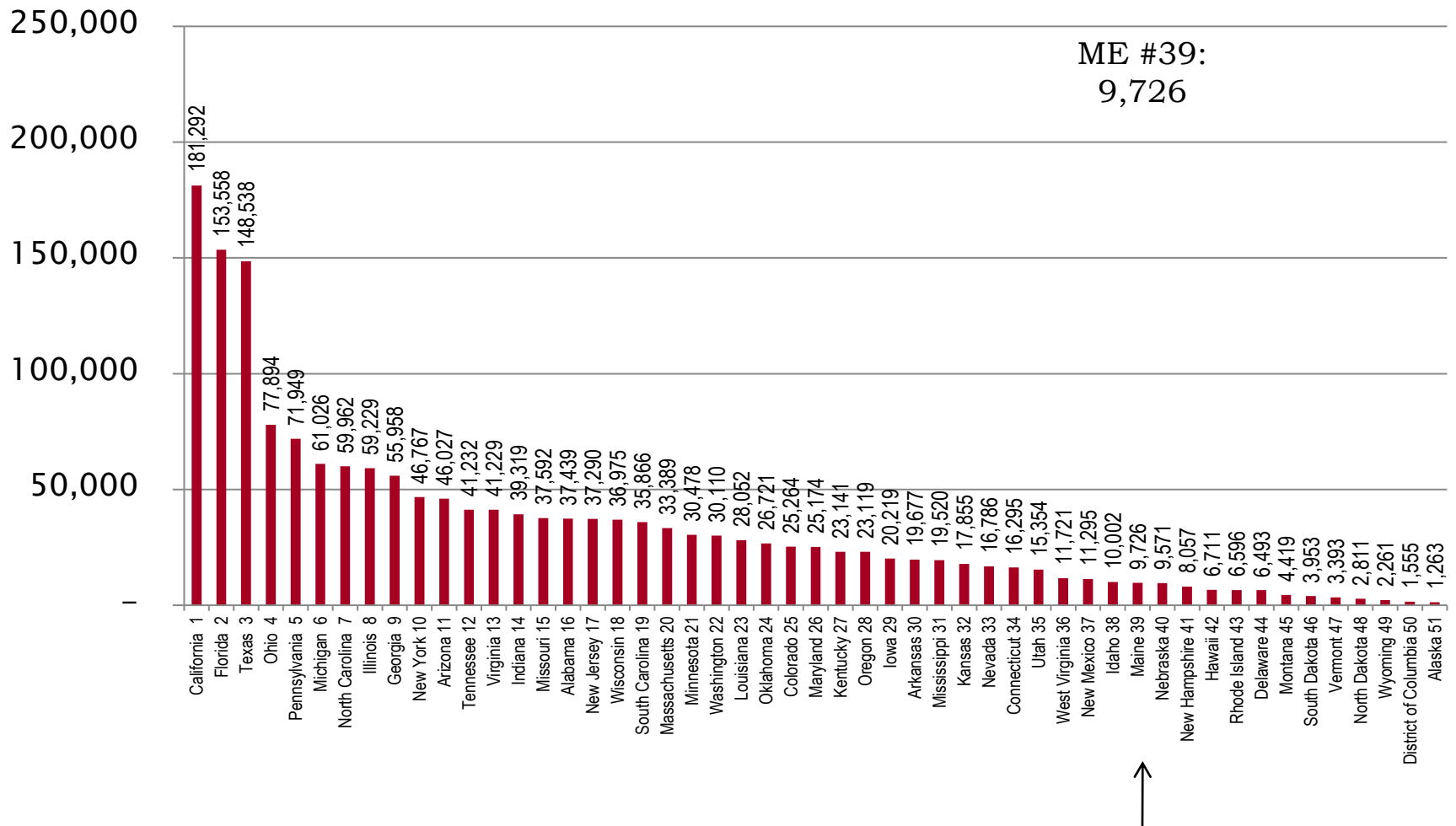


## National



# 2023 Medicare Beneficiaries Admitted to Hospice

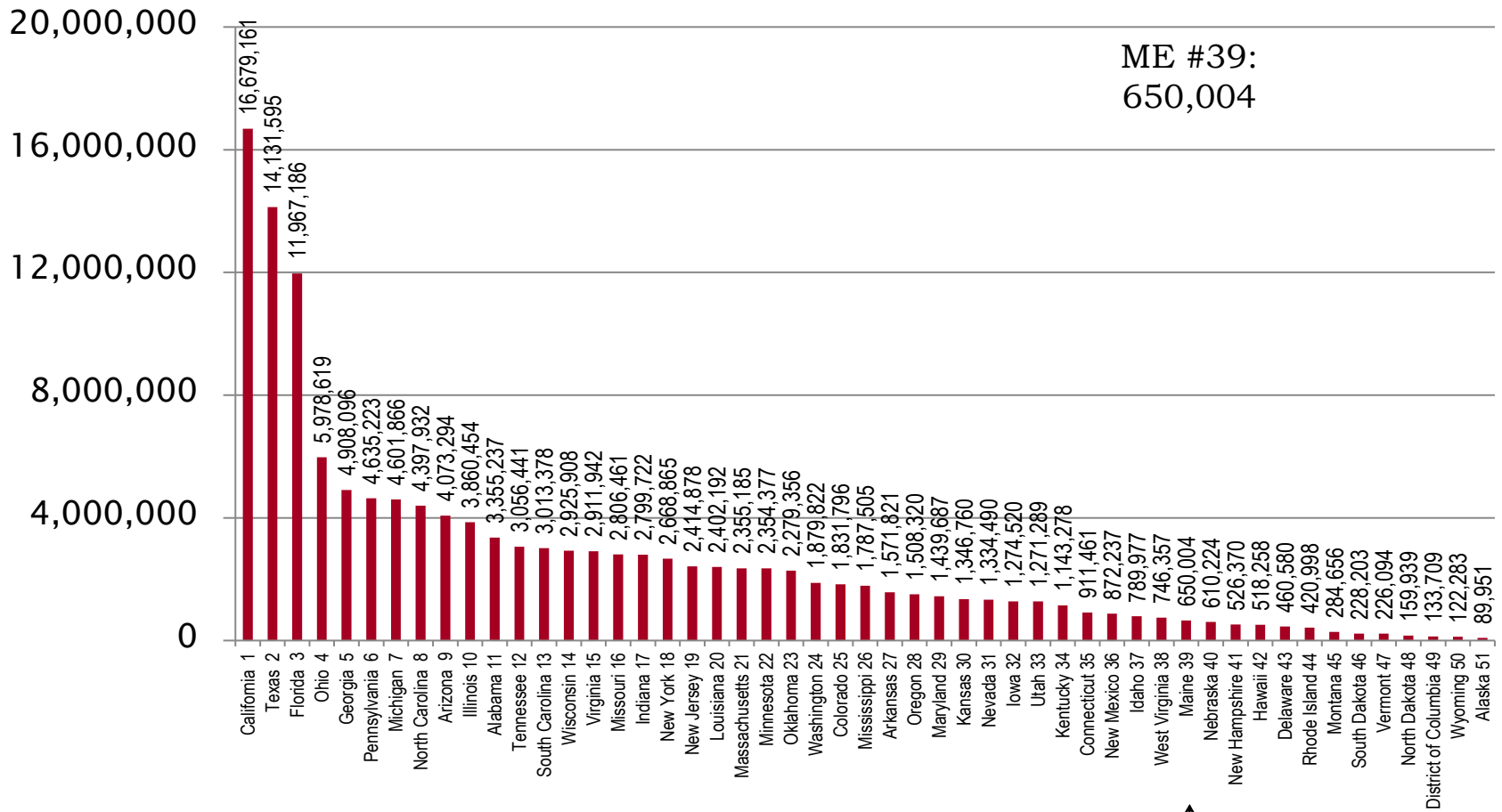
National= 1,751,197



Note: 2023 Medicare Hospice Admissions= 1,901,432.

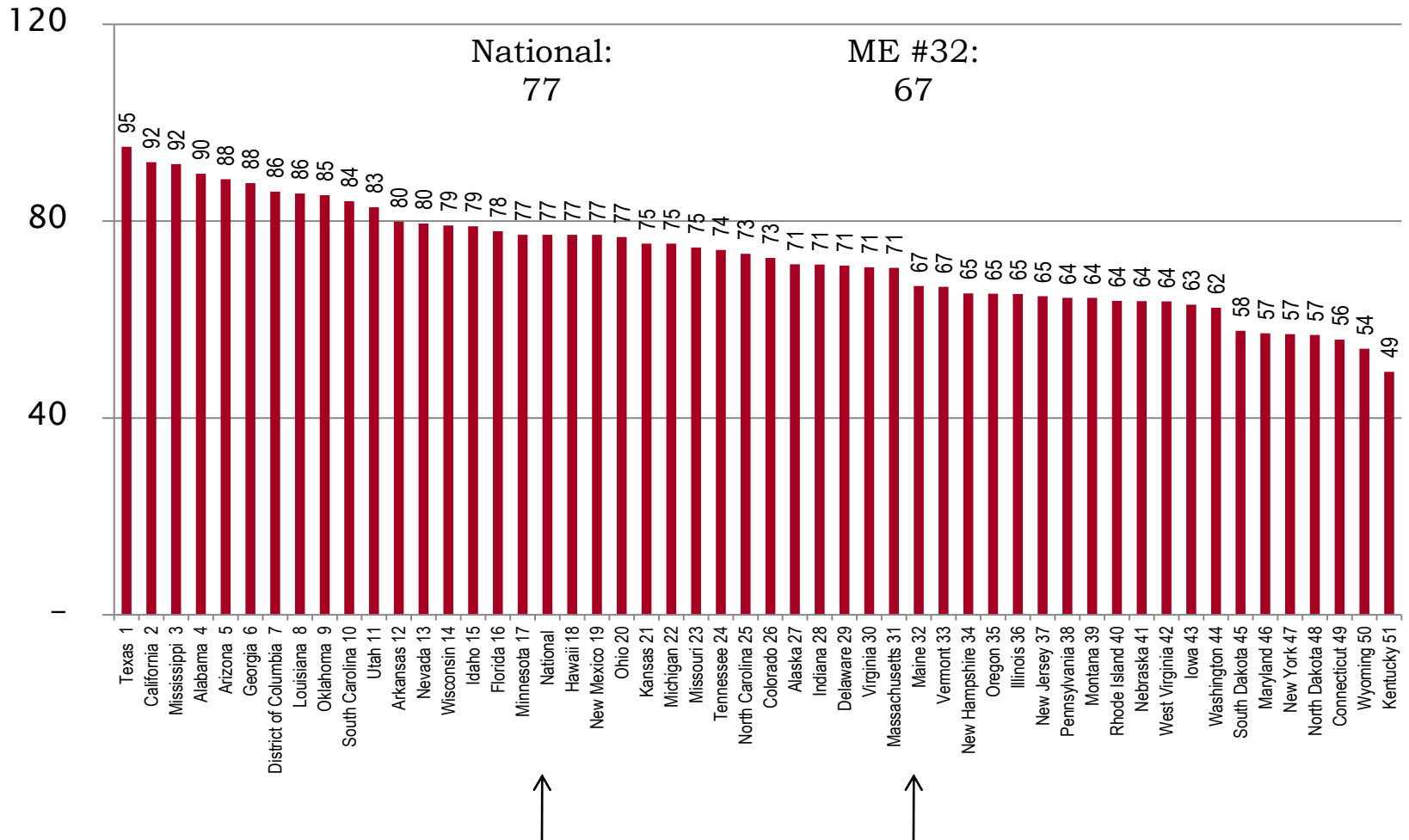
# 2023 Medicare Total Days of Hospice Care

National= 135,270,520 Days



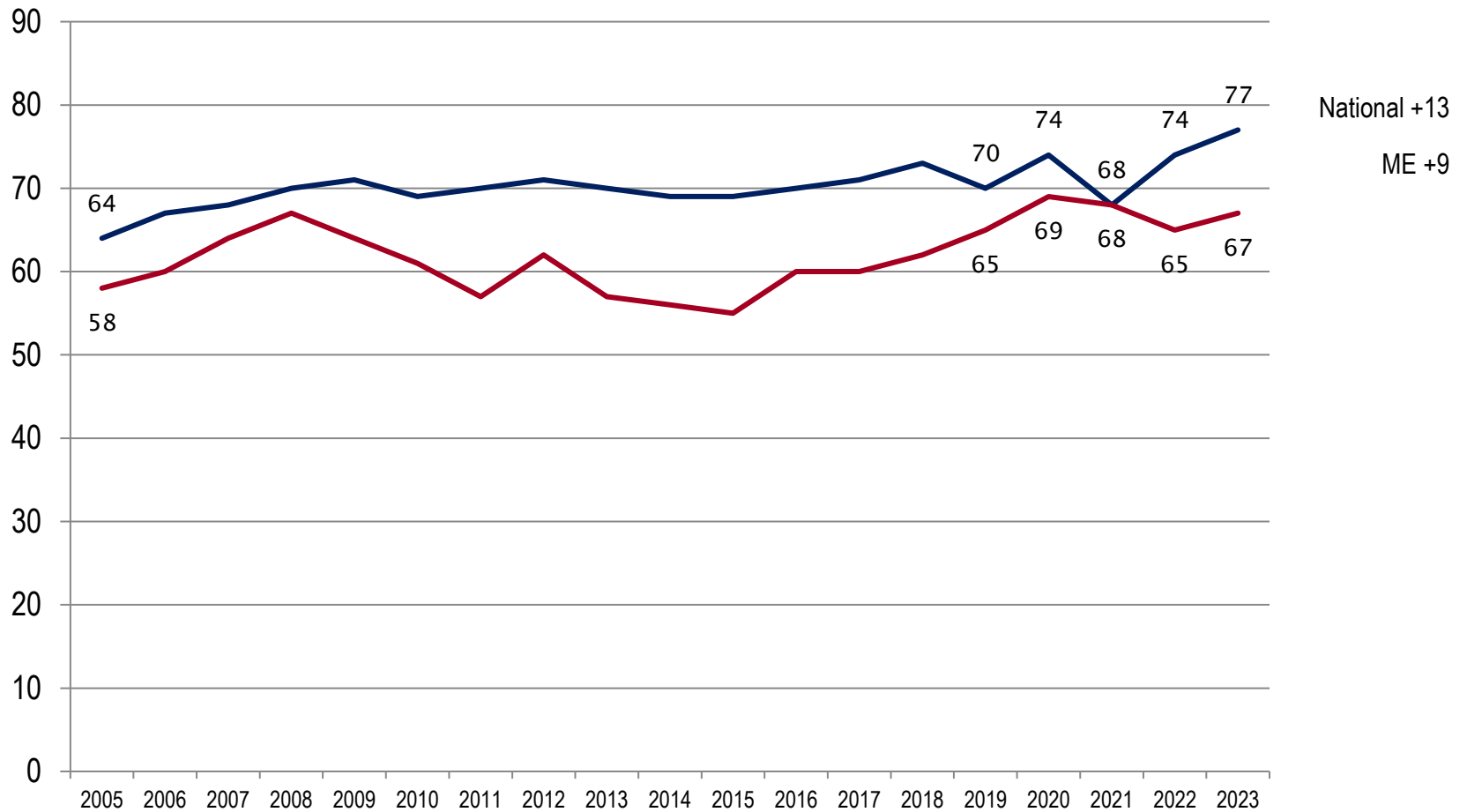


# 2023 Medicare Hospice Mean Days of Care / Beneficiary

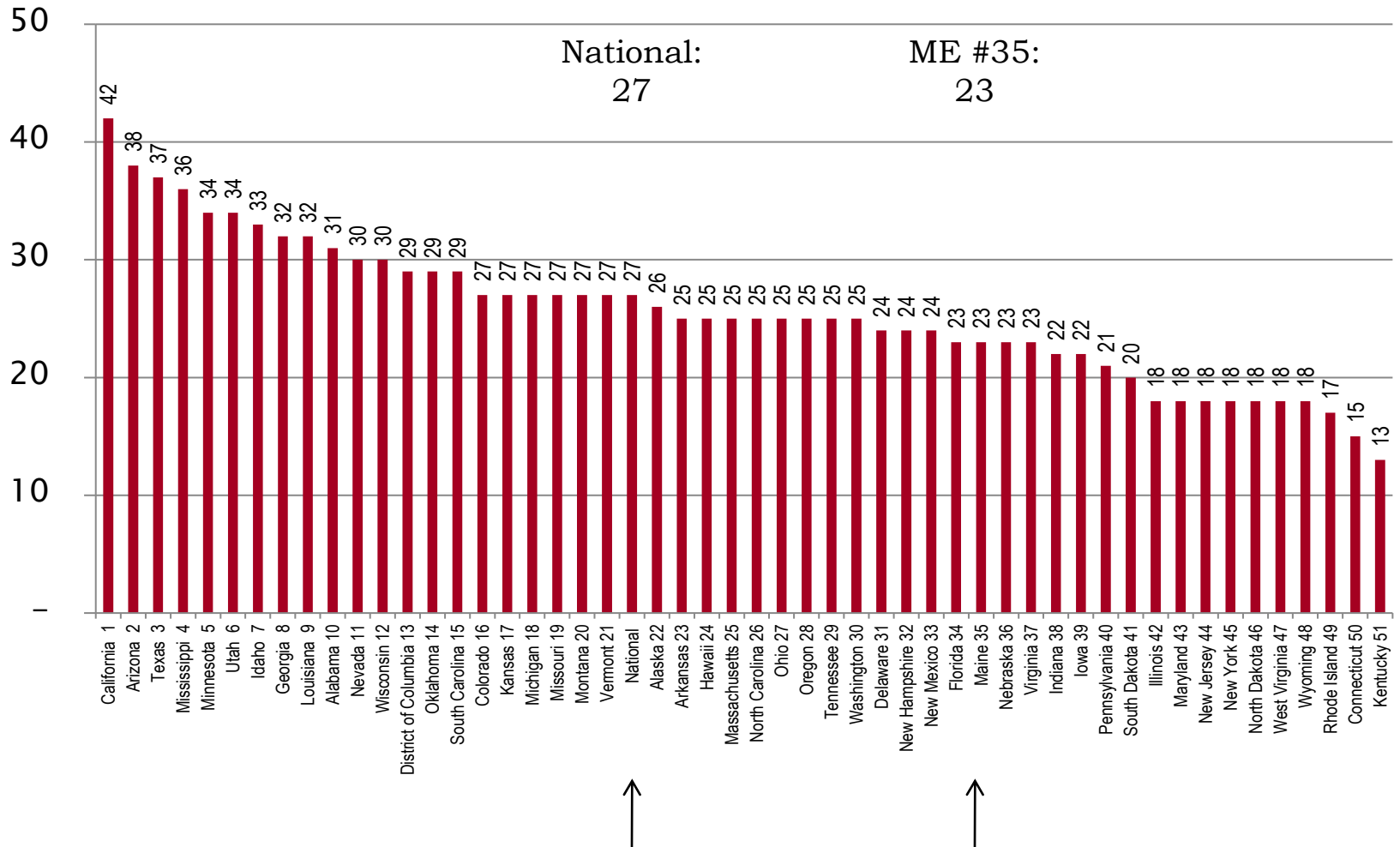


# 2005-2023 Hospice Mean Days of Care

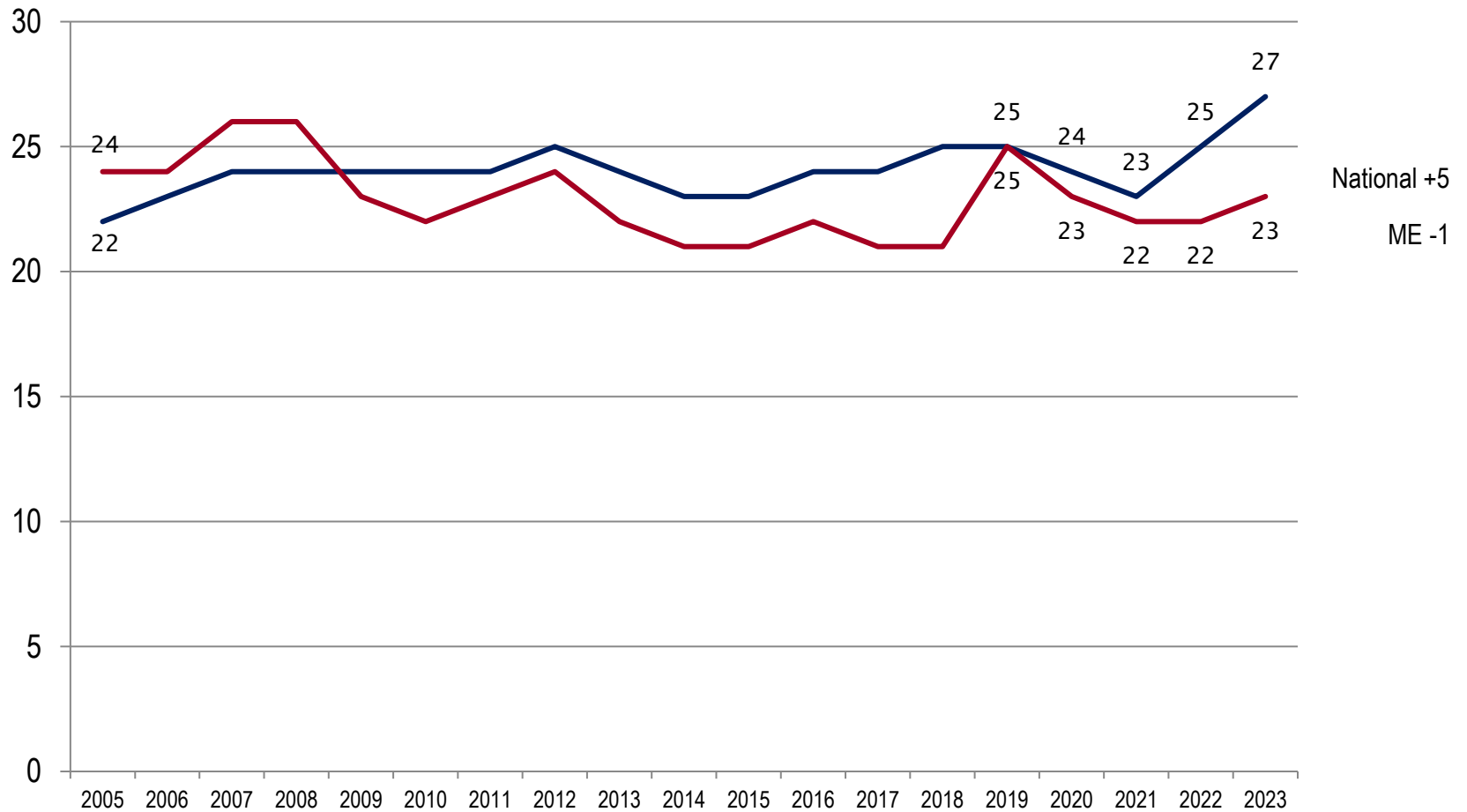
## 19-Year Trends



# 2023 Medicare Hospice Median Days of Care / Beneficiary

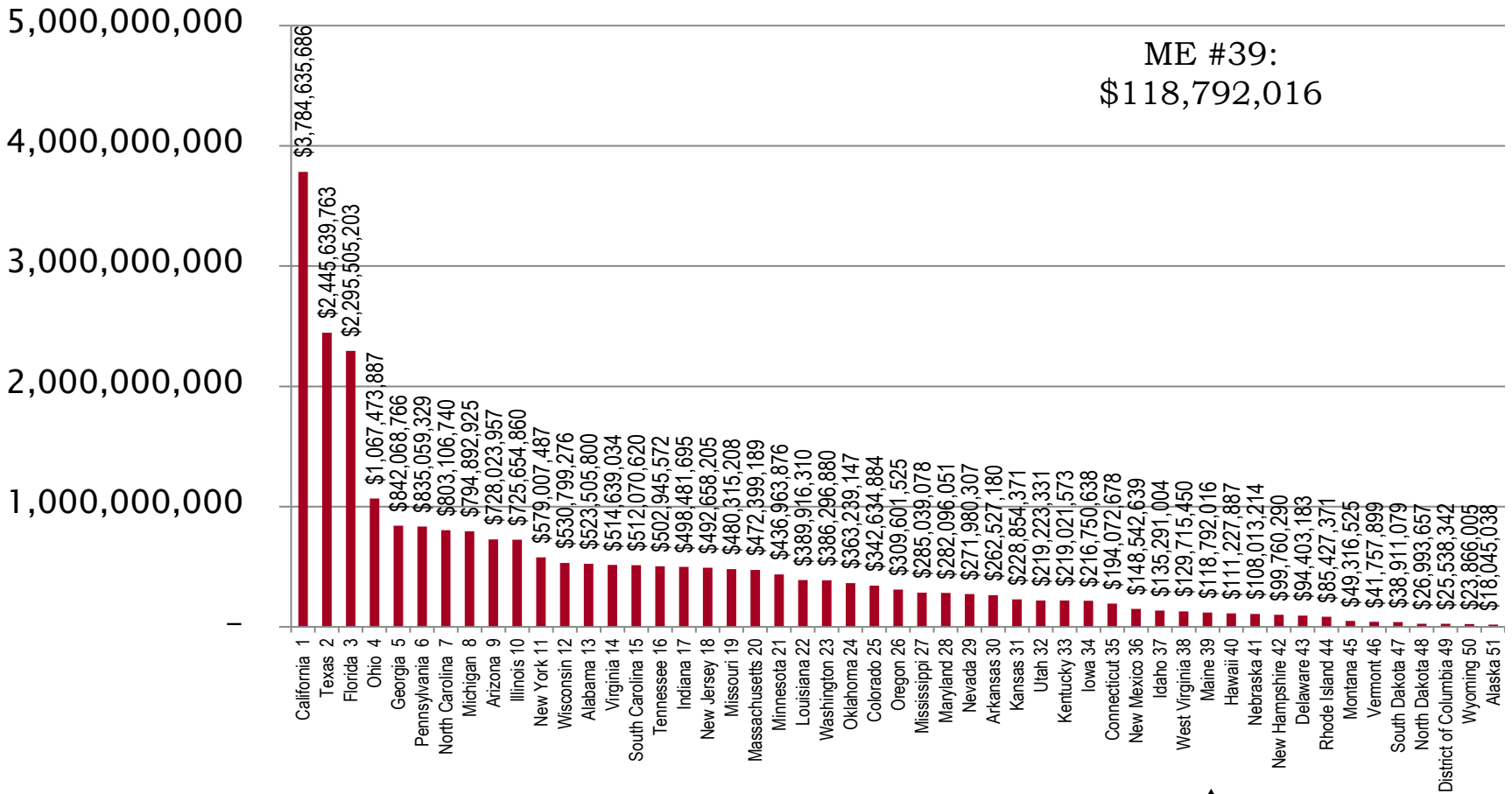


# 2005-2023 Hospice Median Days of Care 19-Year Trends

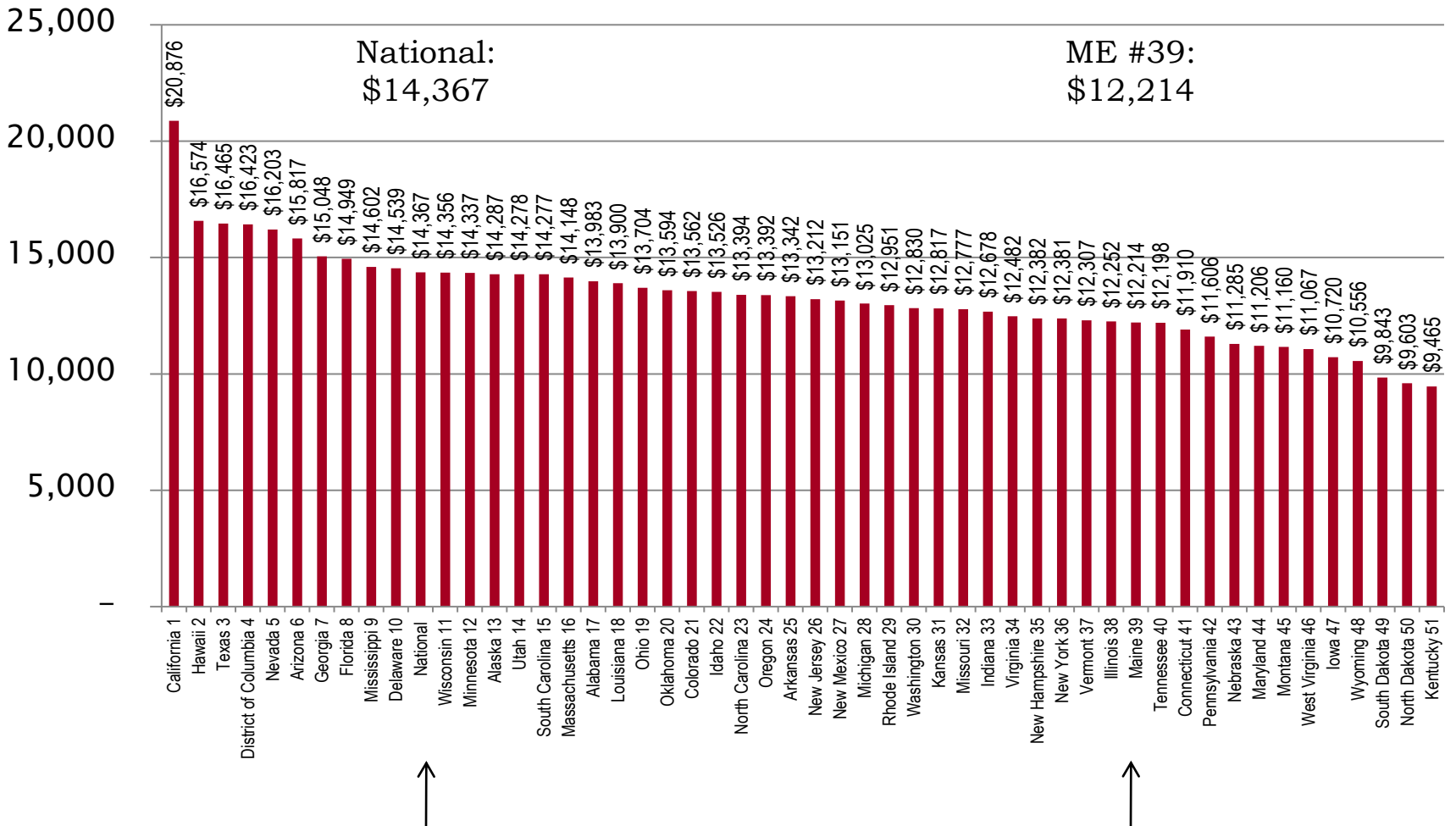


# 2023 Medicare Hospice Total Medicare Reimbursement

National= \$25,158,674,760



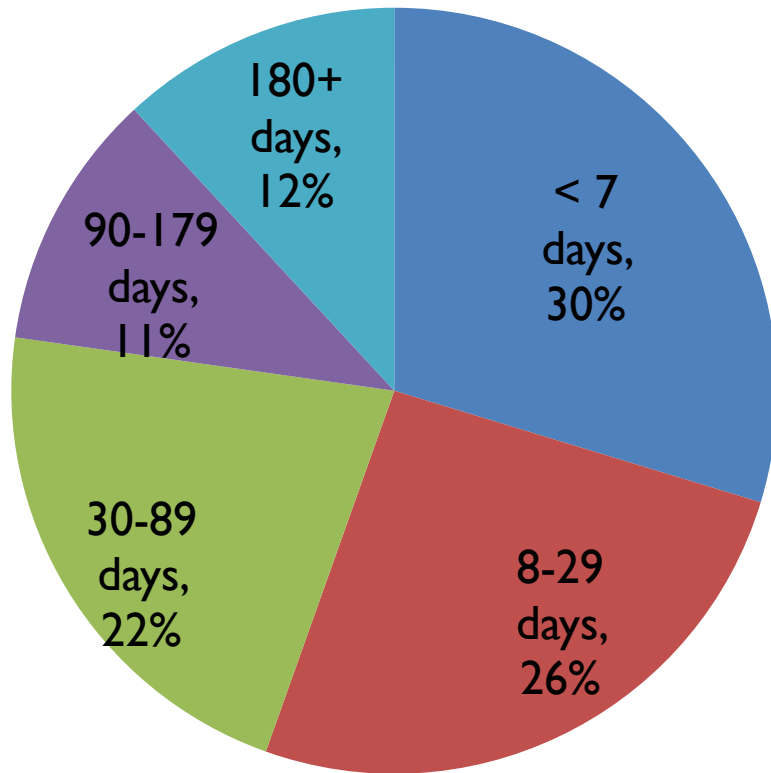
# 2023 Medicare Hospice Mean Medicare Reimbursement / Beneficiary



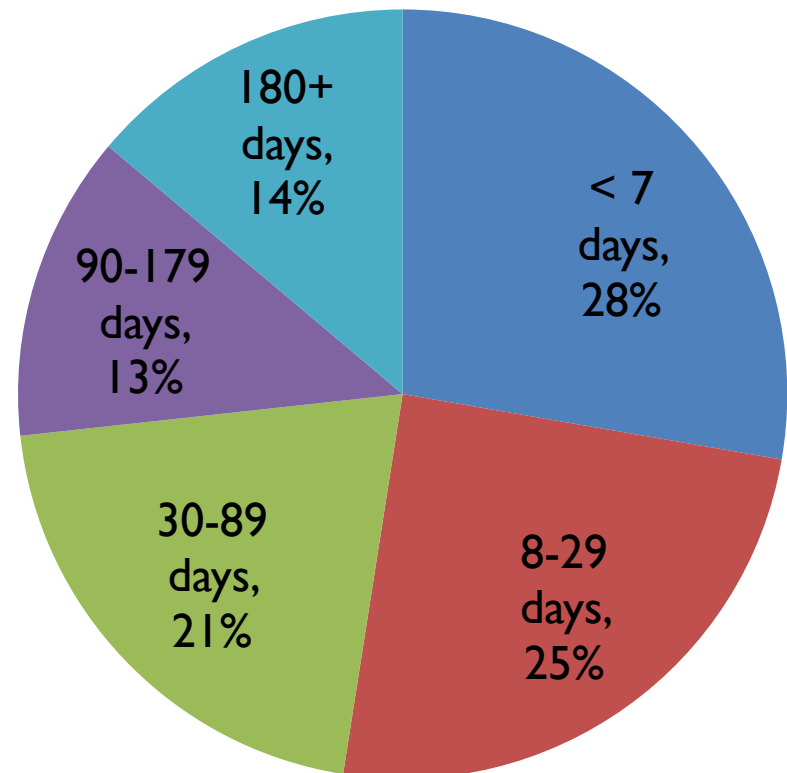
# 2023 Medicare Hospice Percentage of Days x LOS / Beneficiary

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## Maine



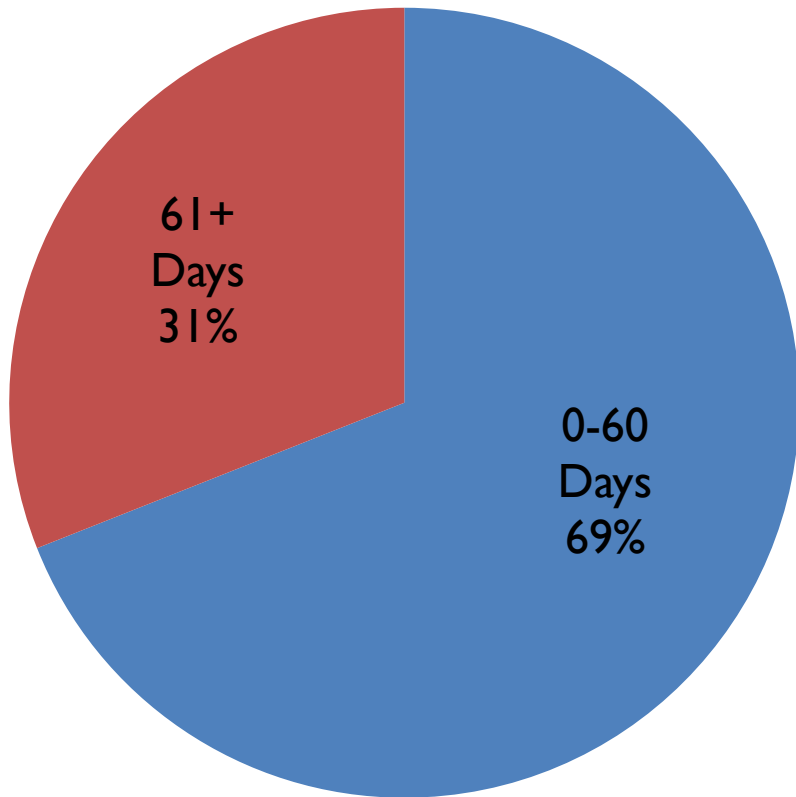
## National



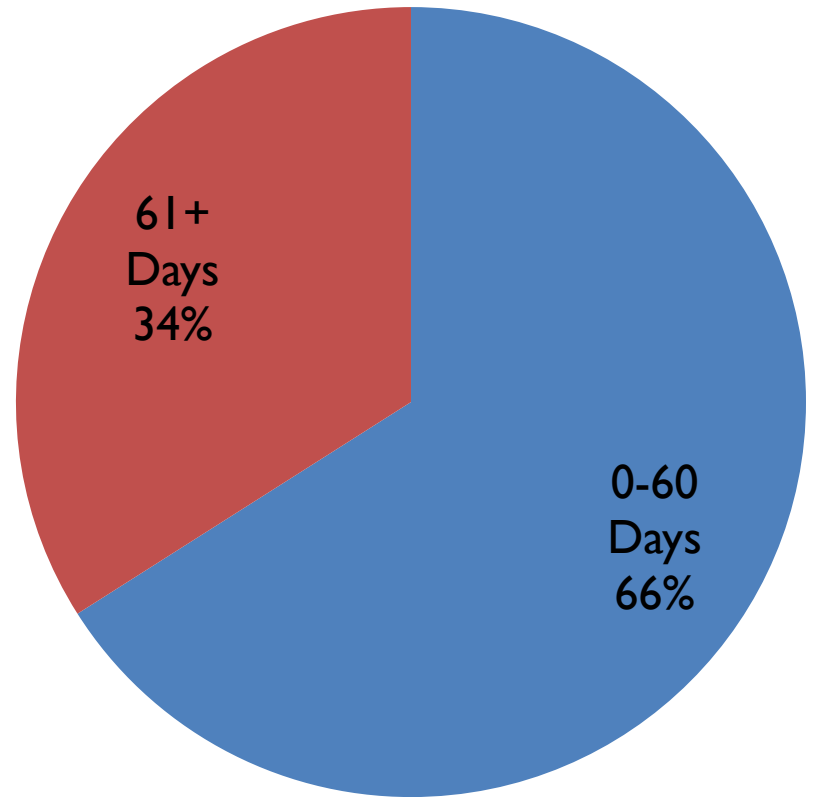
# 2023 Medicare Hospice Percentage of Days x LOS / Beneficiary

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## Maine



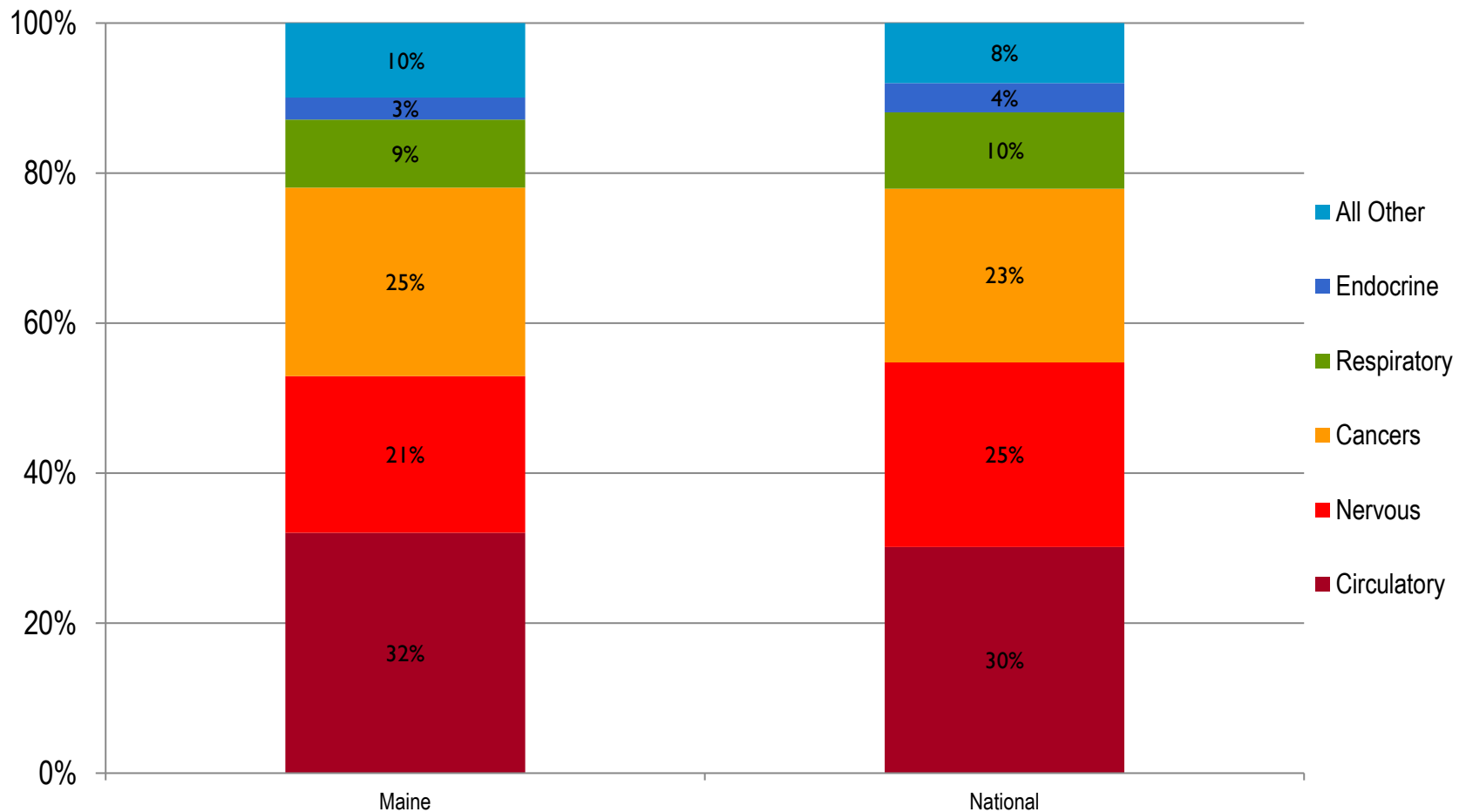
## National





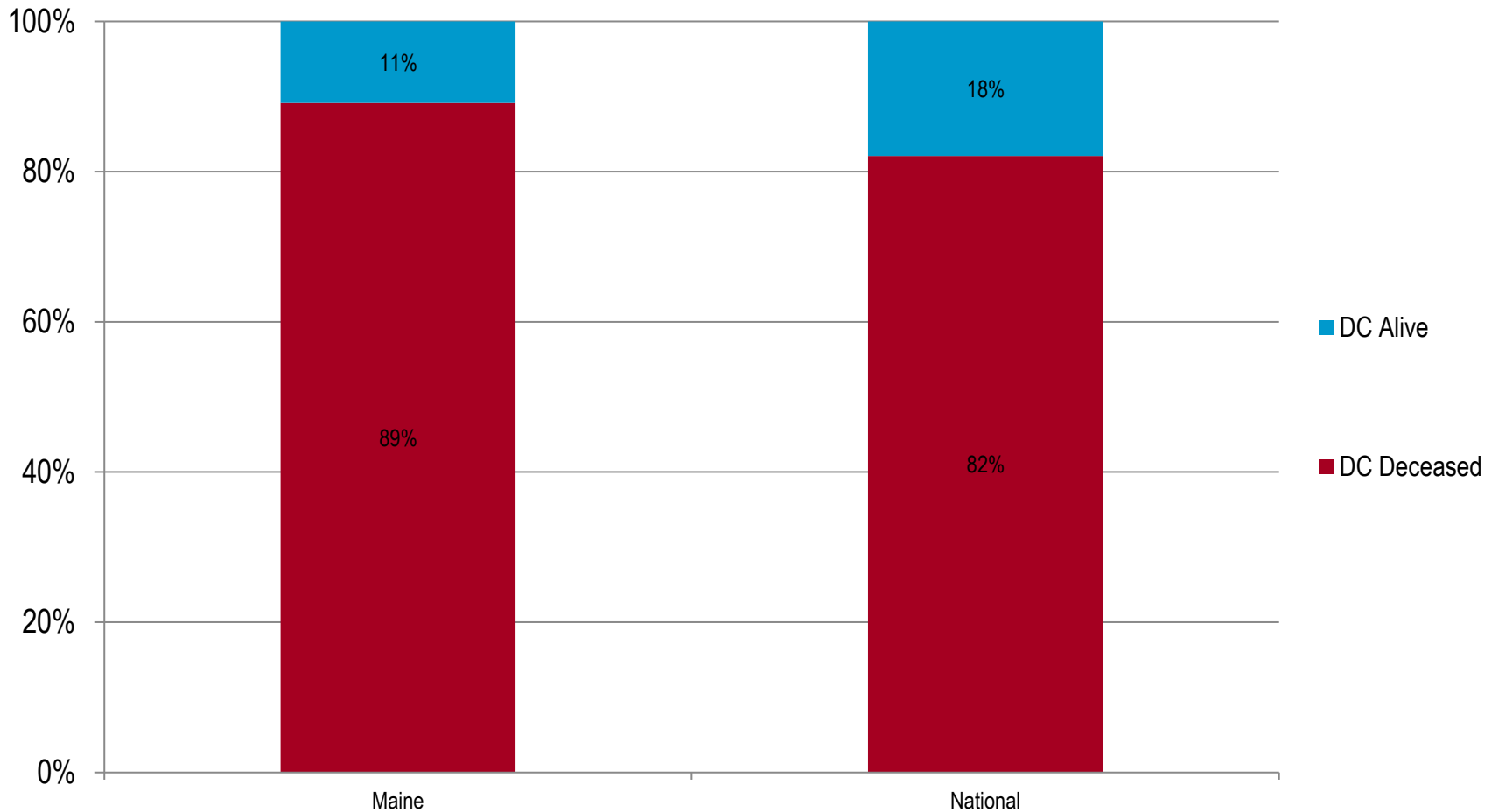
# 2023 Medicare Hospice Beneficiaries

## Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)



# 2023 Medicare Hospice Beneficiaries Status at Discharge

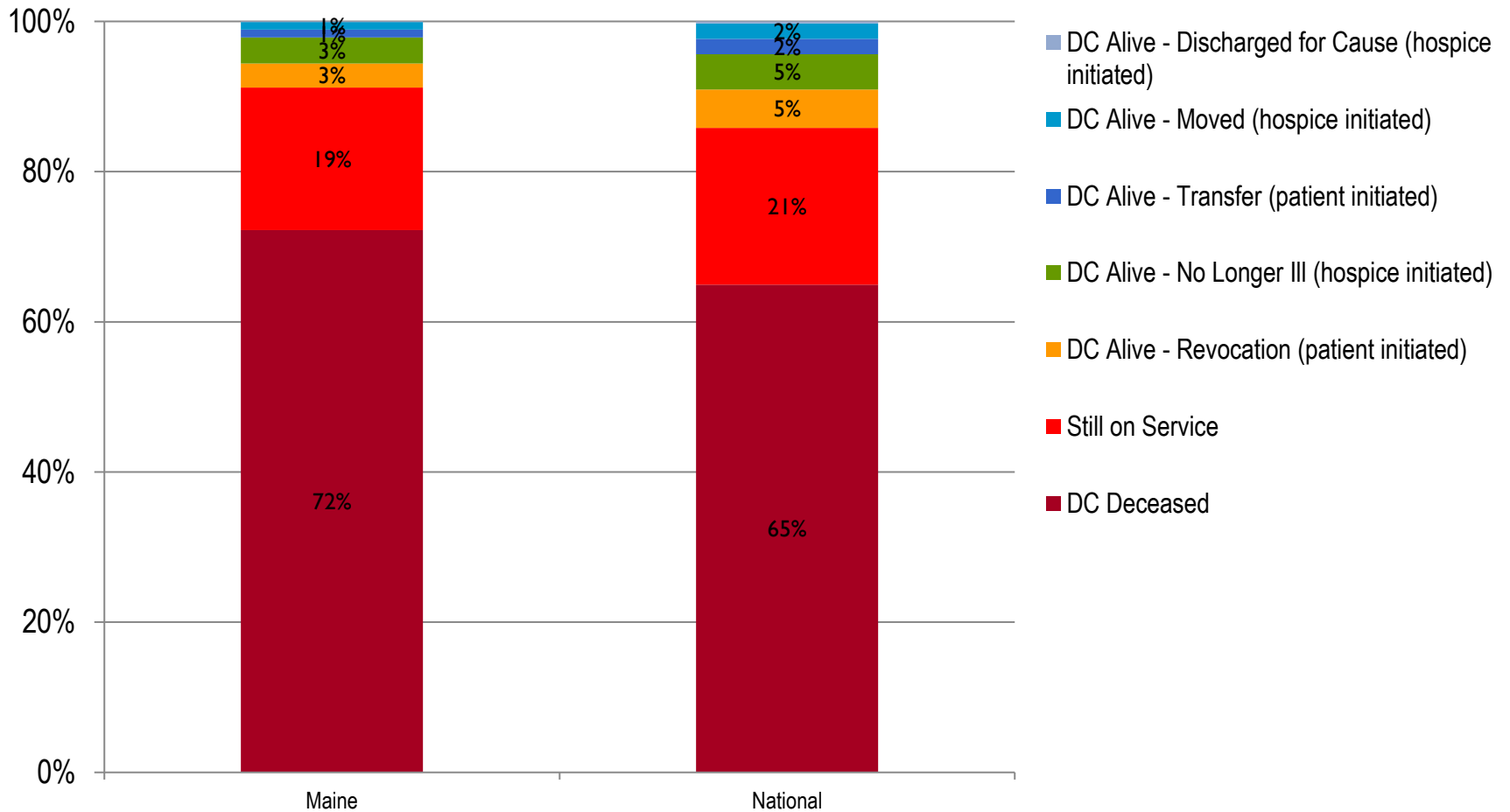
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▶ Note: Percent DC Deceased = DC Deceased / (DC Deceased + DC Alive) calculated for each admission.

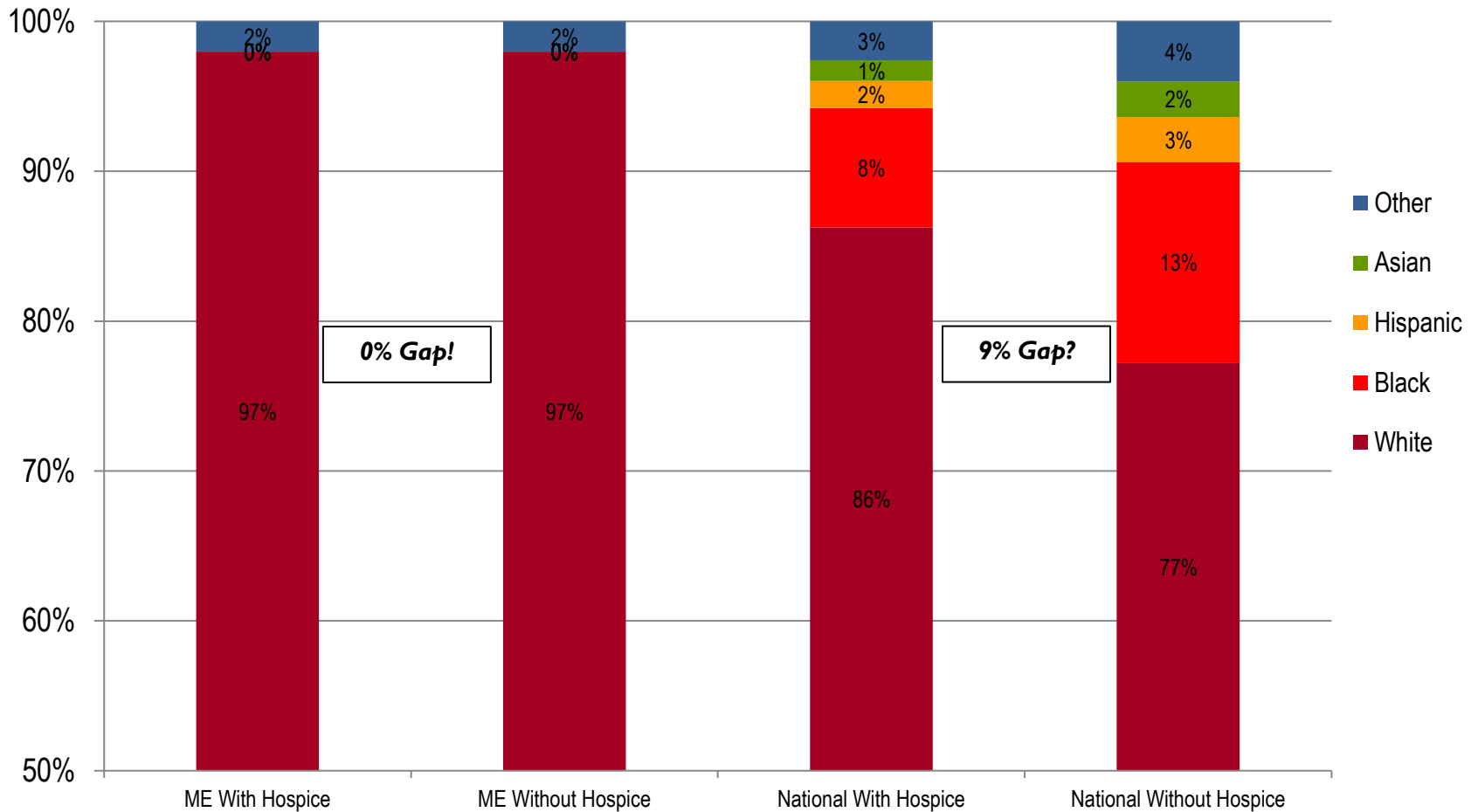
# 2023 Medicare Hospice Beneficiaries Status at Discharge - Detailed



▶ Note: Percentages calculated for each admission.

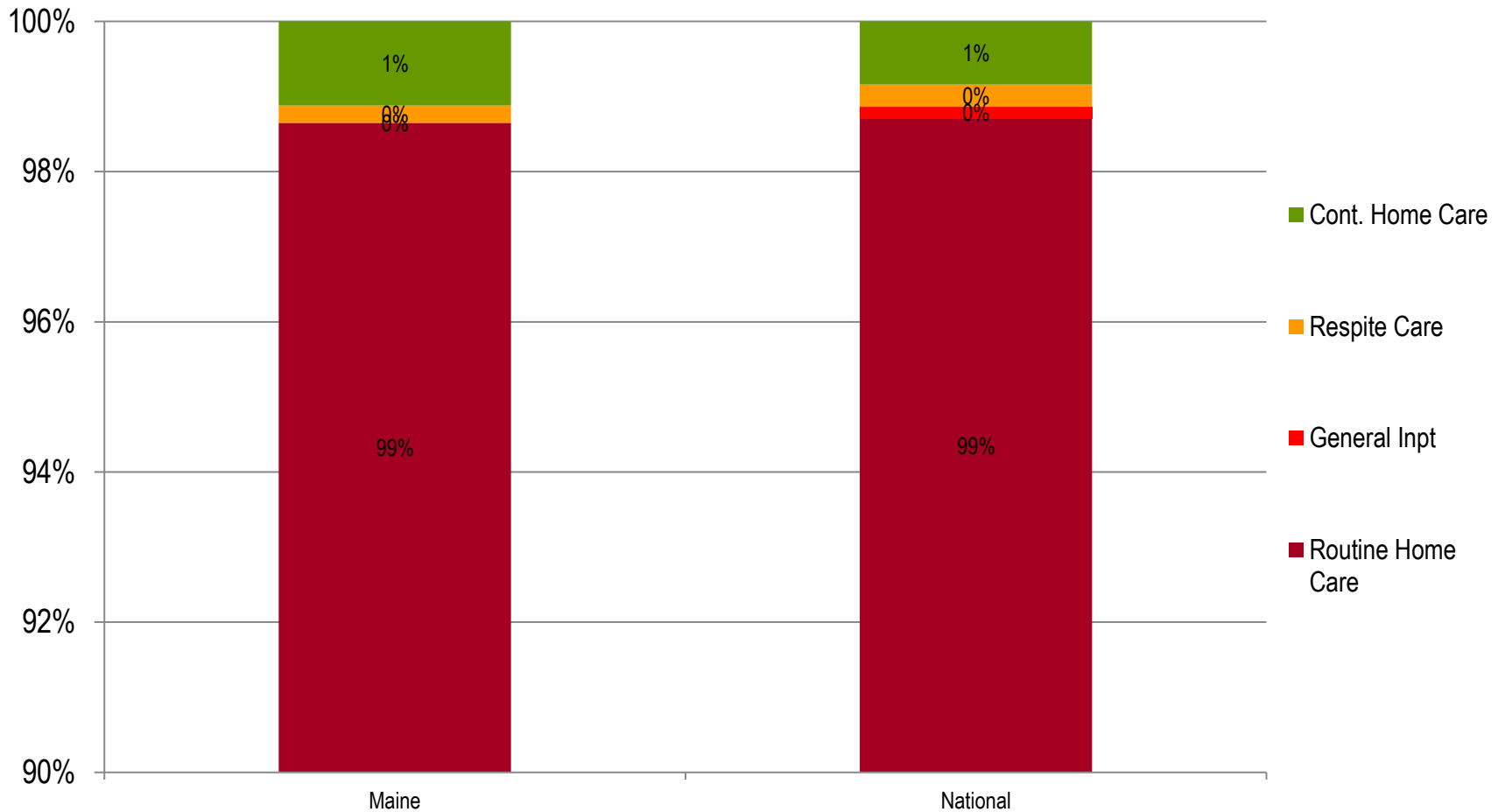
# 2023 Medicare Hospice Beneficiaries

## Race: Dying With vs. Without Hospice



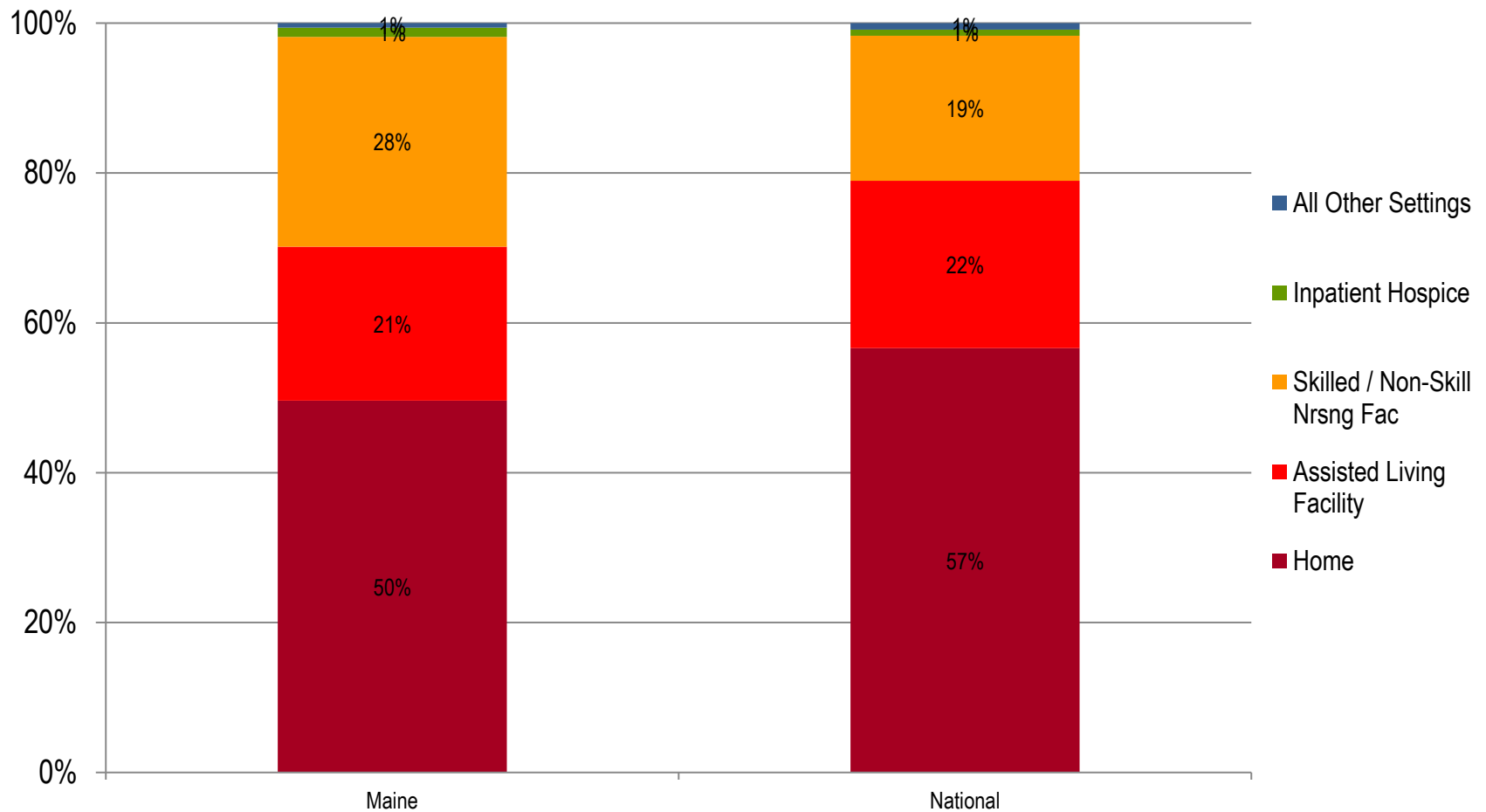
# 2023 Medicare Hospice Beneficiaries

## Levels of Care (days)



# 2023 Medicare Hospice Beneficiaries

## Locations of Care (days)



# Thank you

Please contact Cordt Kassner, PhD, at Hospice Analytics with any questions, comments, feedback, or for additional information:

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\* Review the new National Hospice Locator at [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com) –  
geo-maps and detailed information on every known hospice in the United States –  
*now sorted by quality!*