HOSPICE ANALYTICS

2025 Minnesota State Hospice Report

A Proud Supporter of MNHPC | MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE

2024 Medicare Information
With 2023 Comparisons

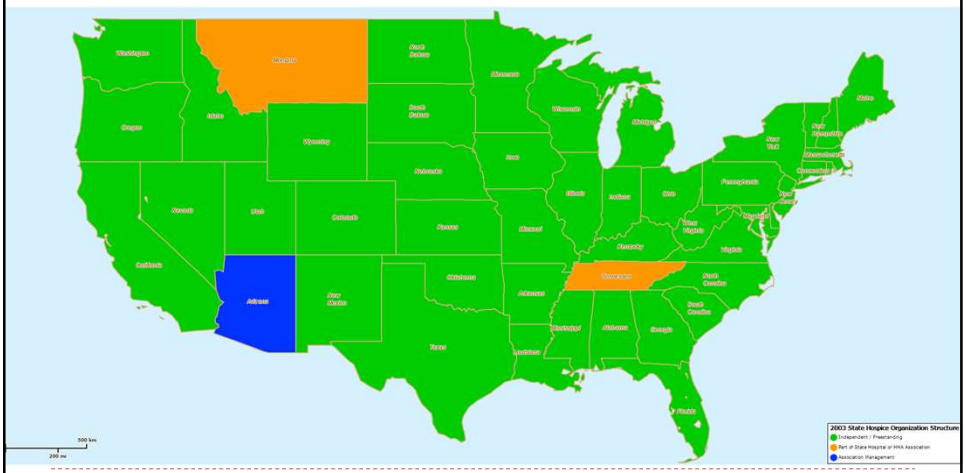
8/25/25

1

How have state hospice organizations changed?

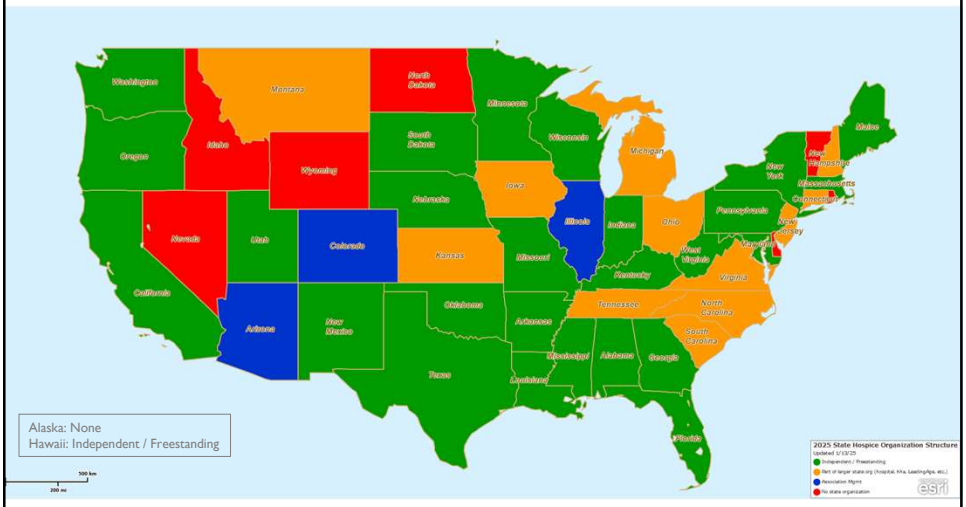
2

2003 State Hospice Organization Structure



3

2025 State Hospice Organization Structure



Updated 1/13/25.

4

Hospice Utilization

5

Hospice Utilization

- Is a measure of ACCESS…
- Is a measure of QUALITY…

Care Flanders. 2010. Palliative sedation guideline. [in Dutch]. Available from http://www.pallialine.be/template.asp?l=nl_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.[1] 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 $2509 per hospice user ($7318 for hospice users vs. $9827 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.[1] 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).[2]

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-

Abernethy AP, Kassner CT, Whitten E, Bull J, Taylor DH. Death Service Ratio: A Measure of Hospice Utilization and Cost Impact. J Pain Symptom Manage 2011; 41(#6 June):e5-6.

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Hospice Utilization

- Is complicated…

322 Journal of Pain and Symptom Management Vol. 63 No. 4 April 2022

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

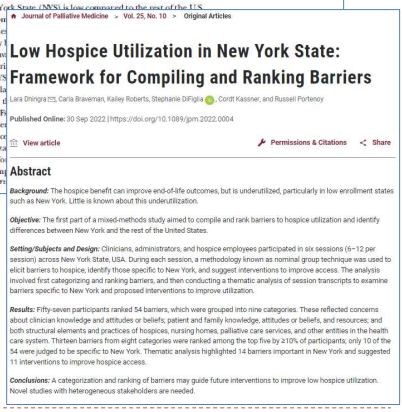
Context. Hospice utilization in New York State (NYS) is low compared to the rest of the U.S.

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

Methods. Ten Medicare or publicly insured patients dying in 2018. Multivariate enrollment or length of stay between NYS

Results. The NYS population was relatively (SES), and saw more physicians during the beds, and fewer for-profit hospitals, SNFs pice utilization was associated with higher for-profit SNF facilities; and fewer hospice

Conclusion. NYS's low hospice utilization health care system. Combined with information improve hospice utilization. J Pain Symptom cine. 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://www.liebertpub.com/doi/abs/10.1089/jpm.2022.0004.

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://doi.org/10.1089/jpm.2022.004.

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Hospice Utilization – Post COVID-19!

	2019 Hospice Utilization	2020 Hospice Utilization	2021 Hospice Utilization	2022 Hospice Utilization	2023 Hospice Utilization	2024 Hospice Utilization
National	50.5%	46.7%	44.9%	47.3%	49.5%	**50.6%**

- 2020 Hospice Utilization *decreased* nationally for the first time ever.
- 2021 Hospice Utilization *decreased* nationally again – but a smaller decrease.
- 2022 Hospice Utilization *rebounded* nationally – bringing us back to 2020…
- 2023 Hospice Utilization *rebounded* nationally – almost to the 2019 high…
- 2024 Hospice Utilization *rebounded* nationally – *to the highest percentage to date!*

- ***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.

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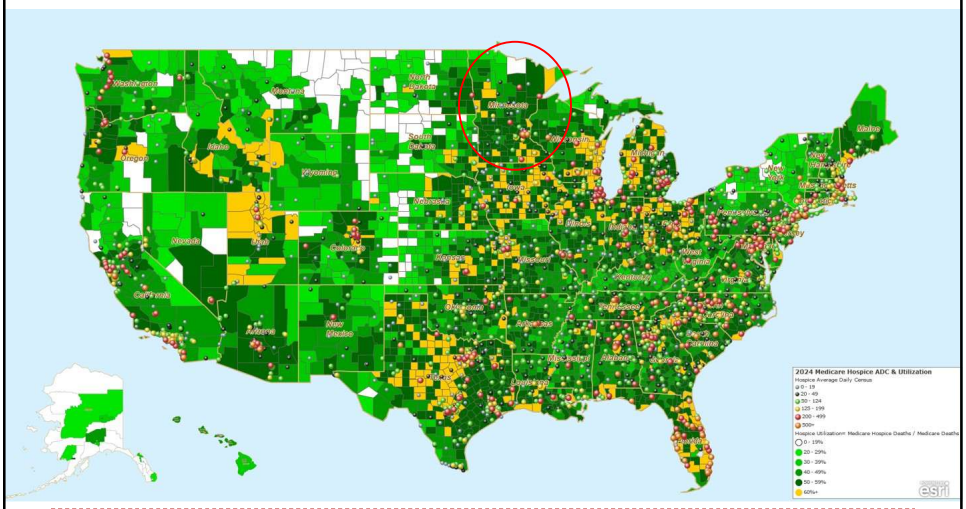
2024 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



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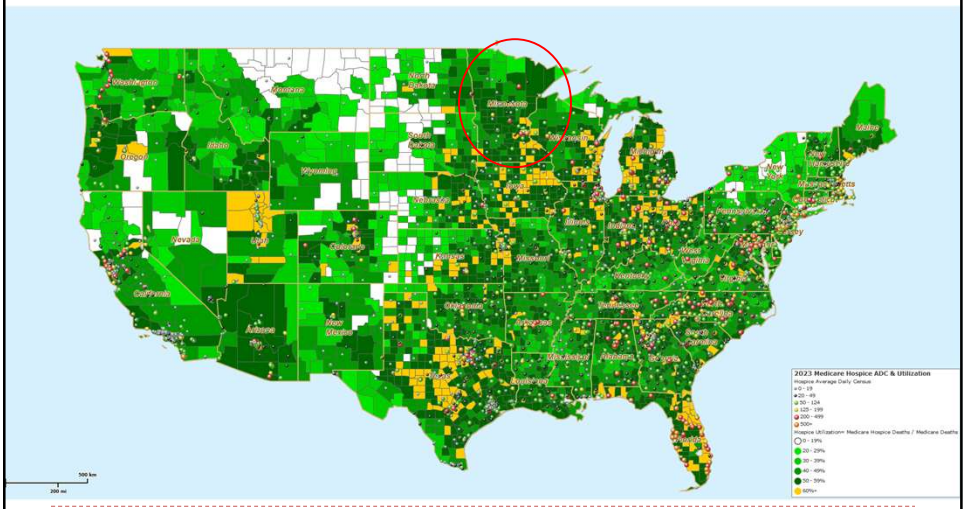
2023 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



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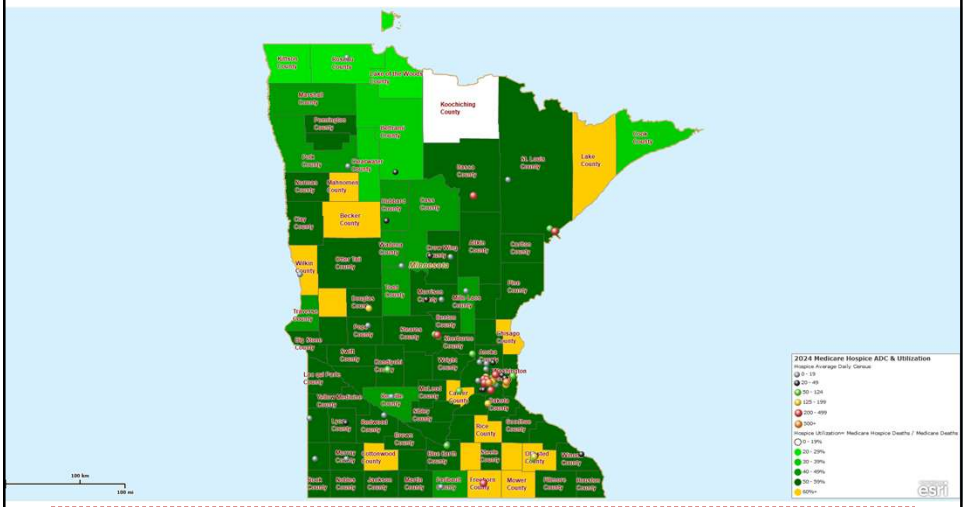
2024 Hospice Utilization – Minnesota
(Medicare Hospice Deaths / Total Medicare Deaths)



www.HospiceAnalytics.com

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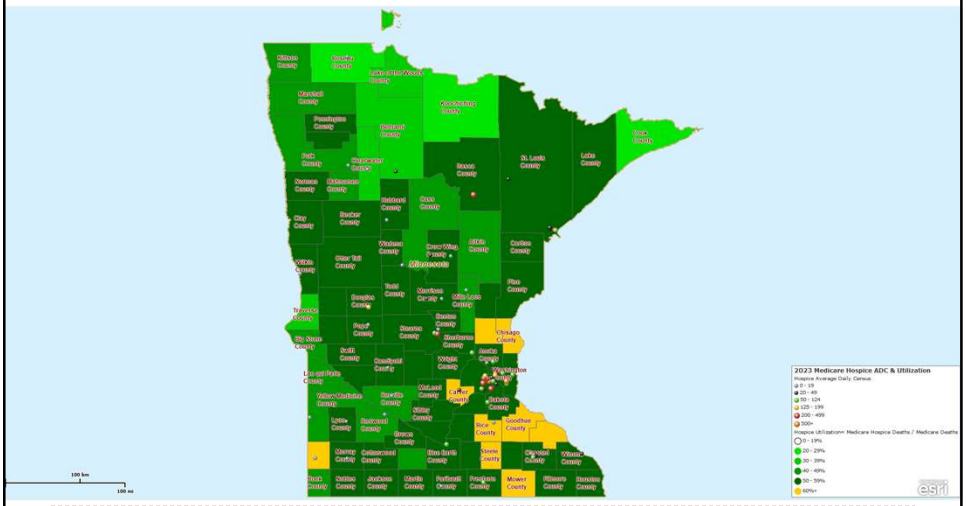
2023 Hospice Utilization – Minnesota
(Medicare Hospice Deaths / Total Medicare Deaths)



www.HospiceAnalytics.com

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2024 Demographics & Hospice Utilization

	Minnesota	National
Population (2023, 2024 NA)	*5,737,915*	*331,277,446*
Total Deaths (2023, 2024 NA)	*49,203*	*3,090,804*
Medicare Beneficiaries	1,201,800	70,306,074
Medicare Beneficiary Deaths	41,629	2,512,241
Medicare Hospice Unduplicated Beneficiaries	31,718 76% of Medicare deaths	1,829,143 73% of Medicare deaths
Medicare Hospice Beneficiary Deaths	23,168 **55.7% of Medicare deaths**	1,269,998 **50.6% of Medicare deaths**
Medicare Hospice Total Days of Care	2,425,920 Days	145,136,920 Days
Medicare Hospice Mean Days / Beneficiary Medicare Hospice Median Days / Beneficiary	76 Days 33 Days	80 Days 28 Days
Medicare Hospice Total Payments Medicare Hospice Mean Payment / Beneficiary	$463,463,814 $14,612	$27,756,388,541 $15,266

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2023 Demographics & Hospice Utilization

	Minnesota	National
Population (2023, 2024 NA)	5,737,915	331,277,446
Total Deaths (2023, 2024 NA)	49,203	3,090,804
Medicare Beneficiaries	1,169,434	68,761,678
Medicare Beneficiary Deaths	40,650	2,494,852
Medicare Hospice Unduplicated Beneficiaries	30,521 75% of Medicare deaths	1,755,773 70% of Medicare deaths
Medicare Hospice Beneficiary Deaths	22,306 **54.9% of Medicare deaths**	1,234,528 **49.5% of Medicare deaths**
Medicare Hospice Total Days of Care	2,354,377 Days	135,270,520 Days
Medicare Hospice Mean Days / Beneficiary Medicare Hospice Median Days / Beneficiary	77 Days 34 Days	77 Days 27 Days
Medicare Hospice Total Payments Medicare Hospice Mean Payment / Beneficiary	$436,963,876 $14,337	$25,158,674,760 $14,367

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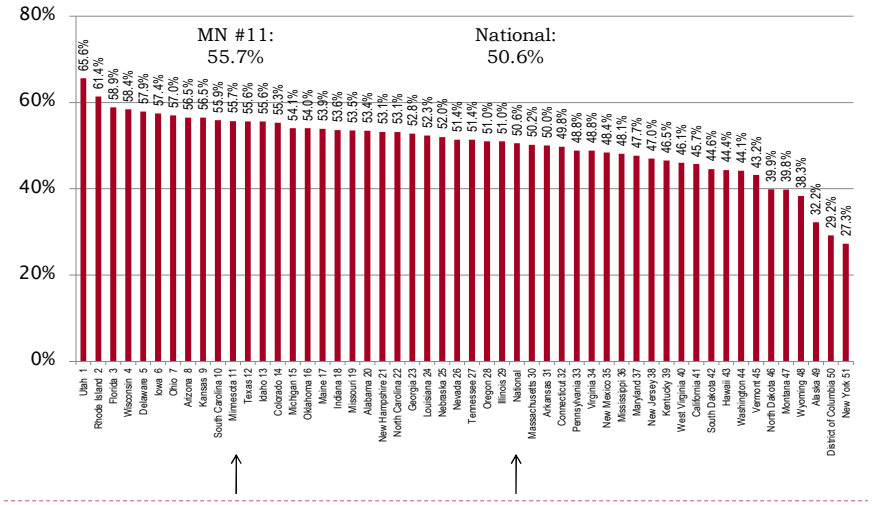
2024 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



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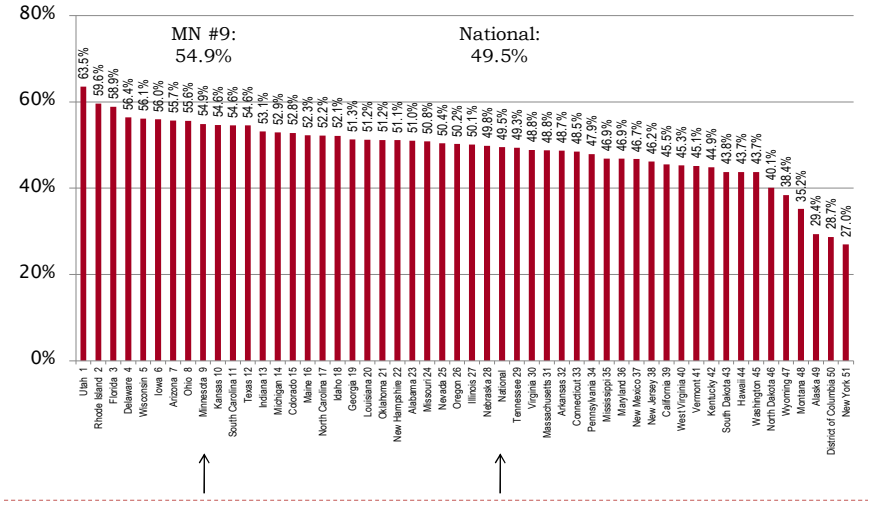
2023 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



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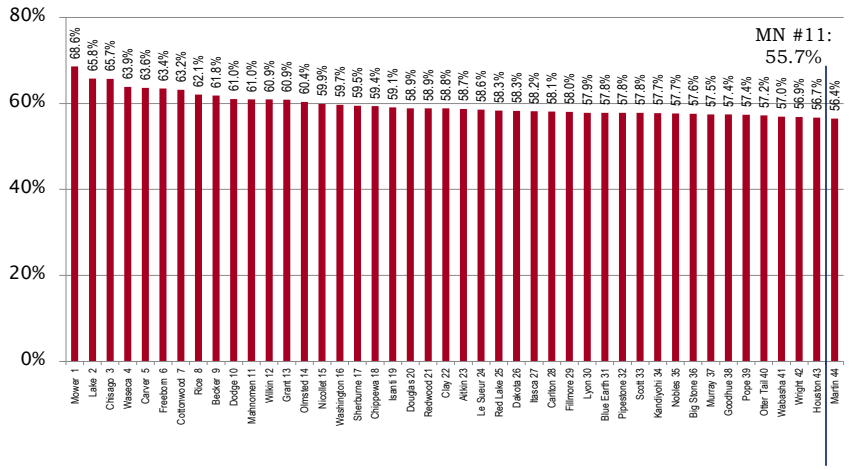
2024 Hospice Utilization x County – MN (slide 1 of 2)
(Medicare Hospice Deaths / Total Medicare Deaths)



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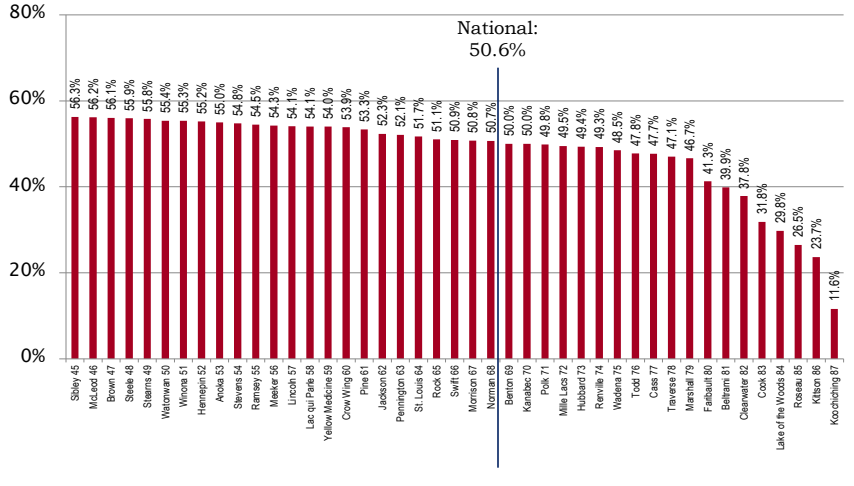
2024 Hospice Utilization x County – MN (slide 2 of 2)
(Medicare Hospice Deaths / Total Medicare Deaths)



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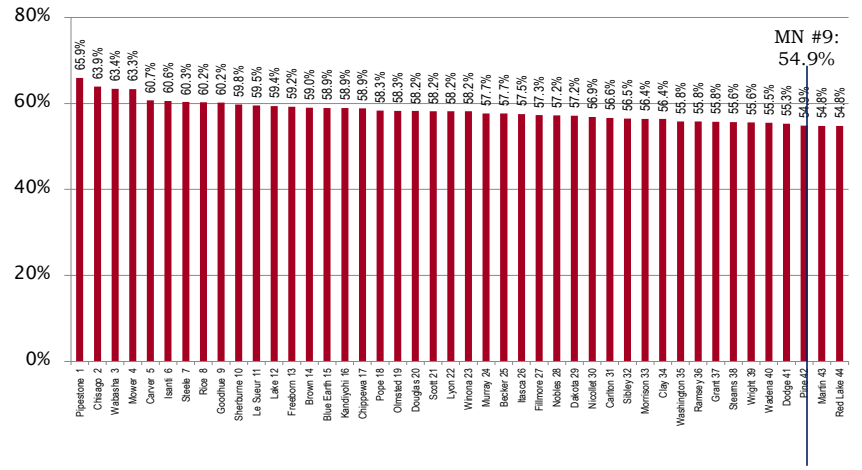
2023 Hospice Utilization x County – MN (slide 1 of 2)
(Medicare Hospice Deaths / Total Medicare Deaths)



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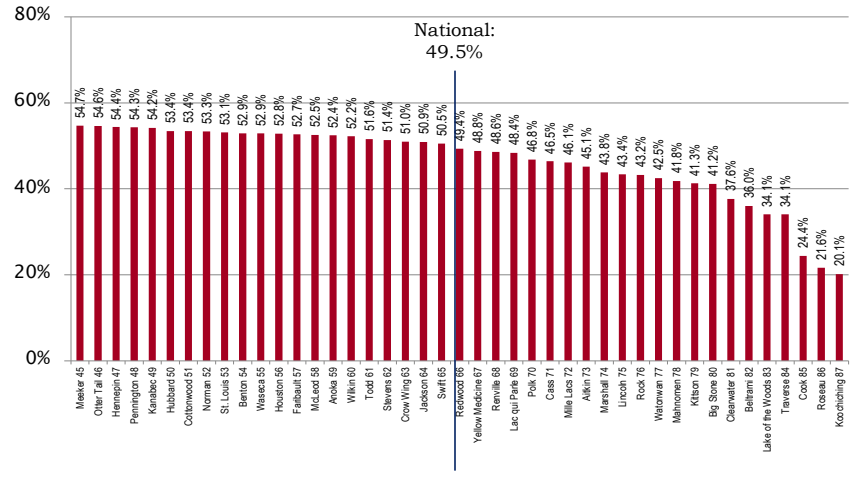
2023 Hospice Utilization x County – MN (slide 2 of 2)
(Medicare Hospice Deaths / Total Medicare Deaths)



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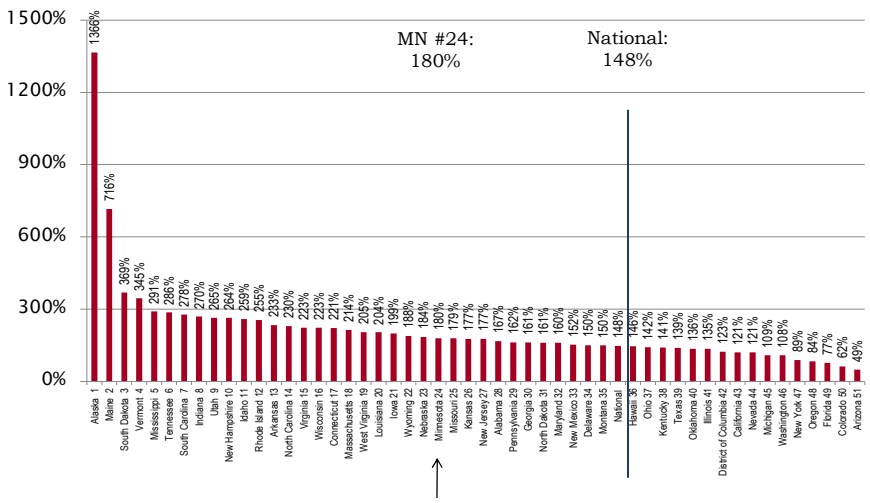
Change in Hospice Utilization 2000-2024
(Medicare Hospice Deaths / Total Medicare Deaths)



Note:"Change"= (2023 Hospice Utilization – 2000 Hospice Utilization) / 2000 Hospice Utilization.

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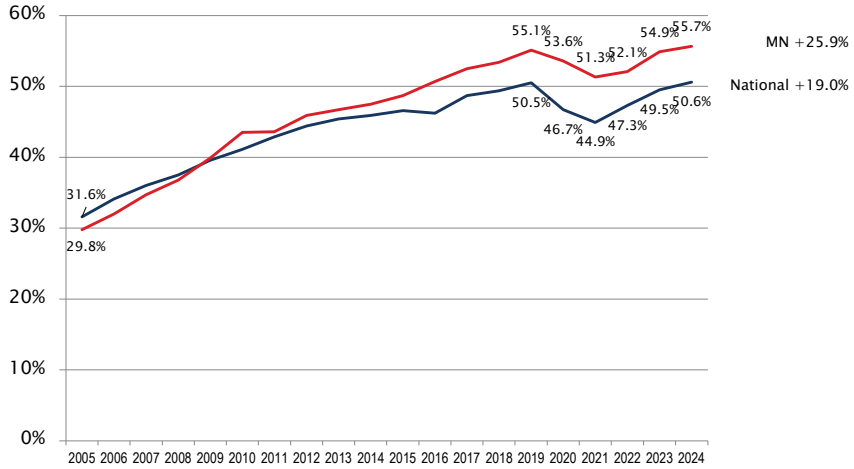
2005-2024 State Hospice Utilization
20-Year Trends

Highest state and national hospice utilization rates on record!



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

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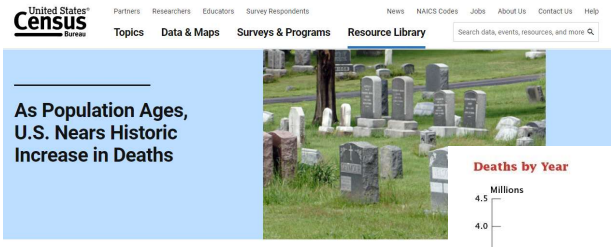
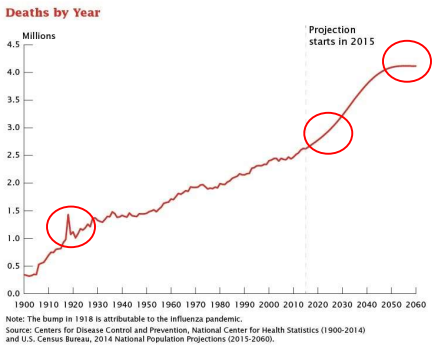
When Will US Deaths Stop Increasing? 2055



Two States, A Third of Counties Have More Deaths Than Births



Difficult to find updated data presented this way…

Devine J. "As Population Ages, U.S. Nears Historic Increase in Deaths." U.S. Census. 10/24/17; https://www.census.gov/library/stories/2017/10/aging-boomers-deaths.html.

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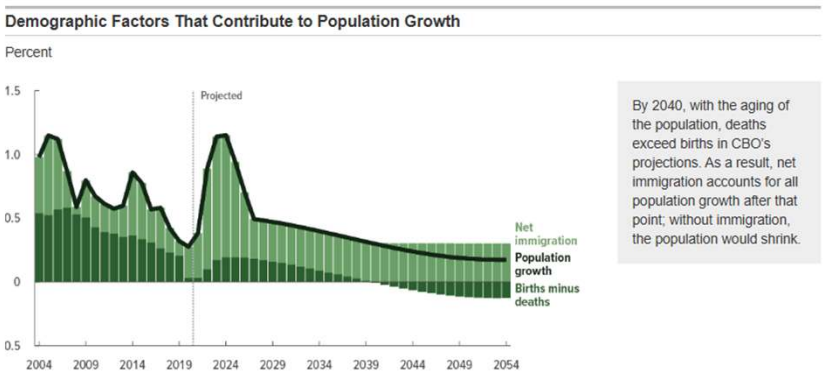
The Demographic Outlook: 2024 to 2054



Consider how these rates may impact future actual numbers and the composition of deaths? Workforce?

Congressional Budget Office; 1/24; https://www.cbo.gov/publication/59899

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Medicare Advantage & Hospice

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Hospice Medicare Advantage

- On January 18, 2019, CMS announced it will test carving hospice into Medicare Advantage (MA) plans under its Value-Based Insurance Design (VBID).
  - *This test began 1/1/2021 and concluded 12/31/24.*
- On June 9, 2023, the CMS Innovation Center set a goal of 100% of Traditional Medicare beneficiaries and the vast majority of Medicaid beneficiaries to be in accountable care relationships by 2030.
  - *As of 1/25, 53.4% of Traditional Medicare beneficiaries were in accountable care relationships.*
  - *On 5/13/25, Modern Healthcare announced CMS is walking away from a goal to have all fee-for-service Medicare beneficiaries under accountable care arrangements by 2030.*

https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020
https://www.cms.gov/priorities/innovation/innovation-models/vbid/vbid-hospice-announcement
https://www.modernhealthcare.com/policy/cmmi-strategy-medicare-advantage-ratings/

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Hospice Medicare Advantage

- What's next?

STAY TUNED!

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Hospice Compare Update 5/2/25

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Hospice Compare Update 5/2/25

- Star ratings (based on CAHPS) available, but only 29% (2053 / 7050) of hospices are rated – mostly due to requirement of 75+ CAHPS surveys to calculate score.
- Hospice Care Index (HCI) available, although may be removed due to lack of variation among high scores.
- ***Hospice Outcomes & Patient Evaluation (HOPE) tool begins 10/1/25.***

Hospice Compare Update 5/2/25

- Of hospices with reportable Star Ratings:

5 Star= 314 (15%) hospices	MN 7 (17%)
4 Star= 816 (40%) hospices	MN 14 (34%)
3 Star= 646 (32%) hospices	MN 16 (39%)
2 Star= 241 (12%) hospices	MN 3 (7%)
1 Star= 36 (2%) hospices	MN 1 (2%)

- Therefore, nationally:
  - 55% of hospices had 4+ Star Ratings
  - 87% of hospices had 3+ Star Ratings

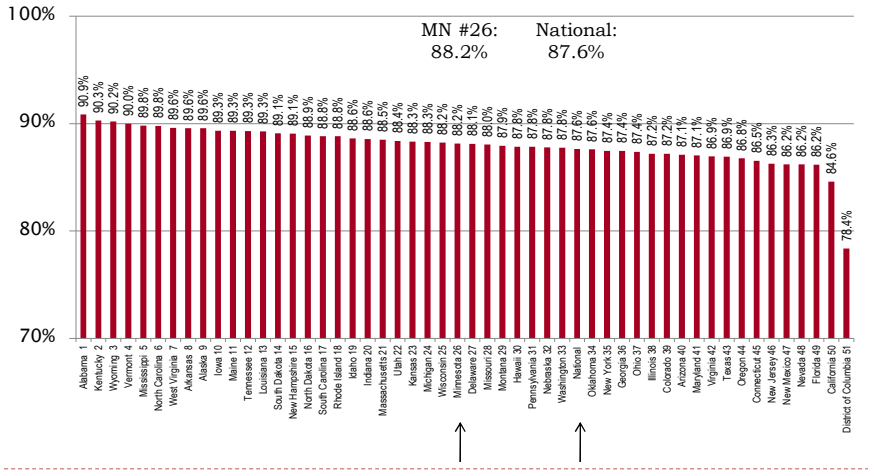
Hospice Compare Update 5/2/25

- Some caveats:
  - The percentages of hospices with Star Ratings in each state ranged from 7% (CA) to 96% (KY). Reasons for hospices missing Star Ratings need to be better understood, discussed, and reduced in the future.
  - *KY had 22/23 (96%; 1 missing) hospices reporting Star Ratings.*

Hospice Compare Update 5/22/24

- Some caveats:
  - Hospice Star Ratings will be updated every six (6) months.
  - Hospice Star Ratings started 2/22 and are 3 years old. This is an appropriate timeframe for both CMS and Hospices to receive, understand, and work to improve scores before making important decisions based on this information.

5/25 Hospice Compare:
Hospice HIS & CAHPS – Average Top Box Scores



Hospice Compare v. 5/2/25 www.HospiceAnalytics.com 33

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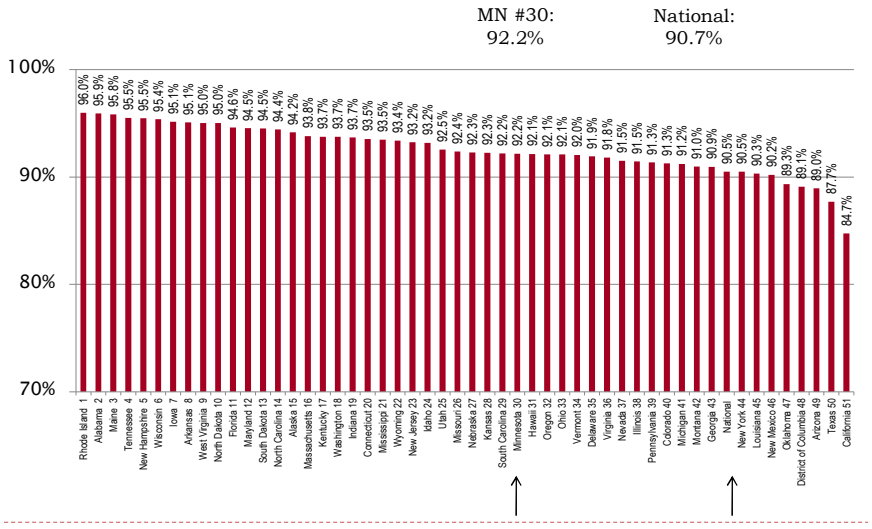
5/25 Hospice Compare:
Hospice Item Set – Mean of 9 Quality Measures



Hospice Compare v. 5/2/25 www.HospiceAnalytics.com 34

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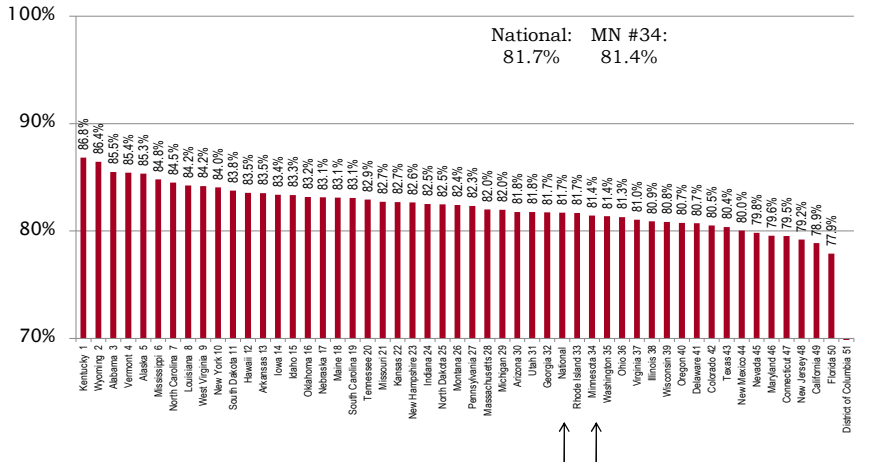
5/25 Hospice Compare:
Hospice CAHPS – Mean of 8 Quality Measures



Hospice Compare v. 5/2/25

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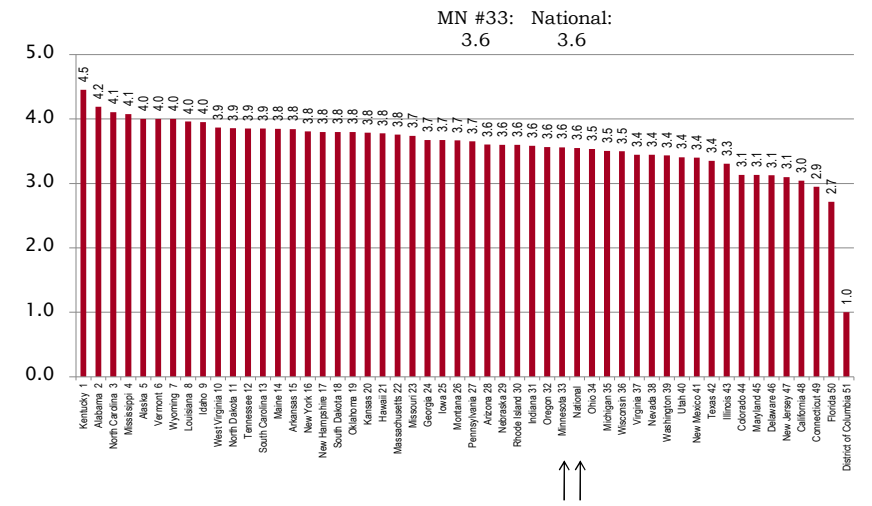
5/25 Hospice Compare:
Hospice Star Ratings



Hospice Compare v. 5/2/25

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5/25 Hospice Compare:
Hospice HIS & CAHPS – Average Top Box Scores

Minnesota Top 10:

Hospice	HIS Mean Score of Reported Measures	CAHPS Mean Score of Reported Measures	Calculated Composite HIS & CAHPS	CAHPS Star Rating - Family caregiver survey rating
UNITED HOSPITAL DISTRICT INC 241549	96.32	89.75	93.04	5.00
CENTRACARE HOSPICE 241500	98.60	87.25	92.93	5.00
CENTRACARE HOSPICE 241517	98.56	87.00	92.78	
LAKEVIEW HOSPICE 241552	97.18	87.88	92.53	5.00
WINONA AREA HOSPICE SERVICES 241535	97.76	87.13	92.44	5.00
AVERA AT HOME SOUTHWEST MINNESOTA 241598	97.30	87.50	92.40	5.00
MINNESOTA HOSPICE LLC 241582	95.67	88.50	92.08	5.00
HORIZON PUBLIC HEALTH 241548	96.47	87.13	91.80	4.00
St Croix Hospice 241606	97.86	85.25	91.55	4.00
CHI HEALTH AT HOME 241510	97.52	85.13	91.32	

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Additional Medicare Claims Data Points

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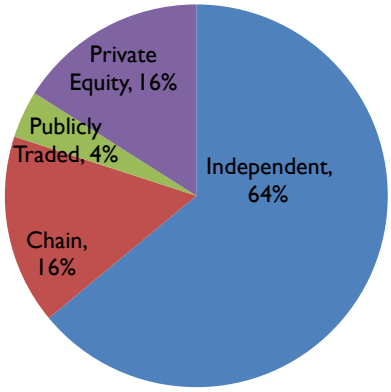
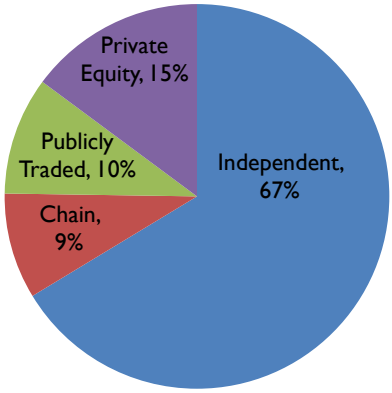
6/25 Medicare Hospice
Percentage of Hospices x Corporate Ownership

Minnesota



National



JAMA, Stevenson; Aldridge, 2021.

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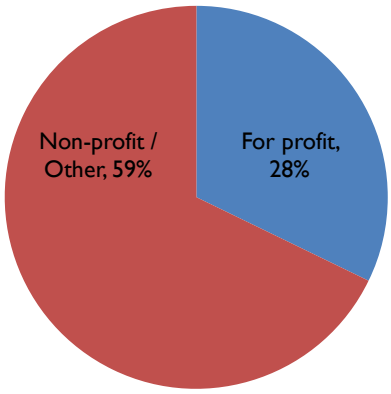
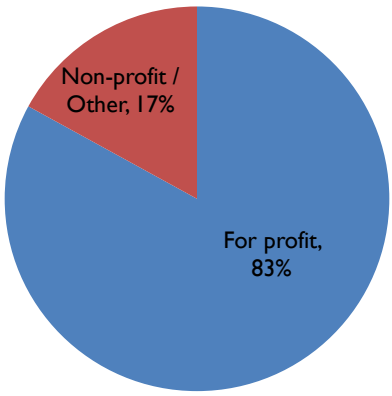
2024 Medicare Hospice
Percentage of Hospices x Type Control

Minnesota

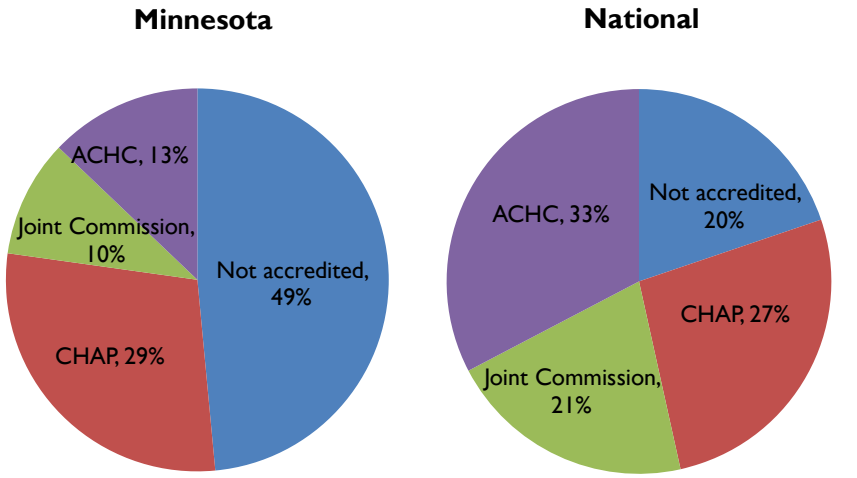


National



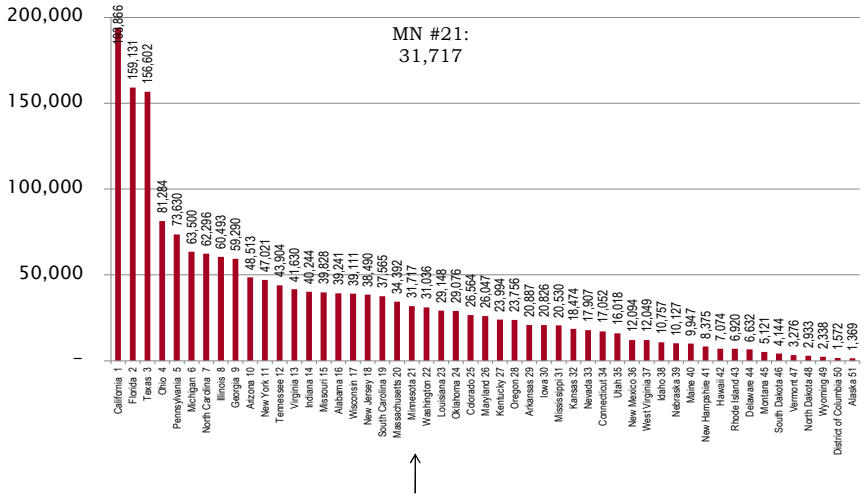
40

2024 Medicare Hospice
Percentage of Hospices x Accreditation Organization



41

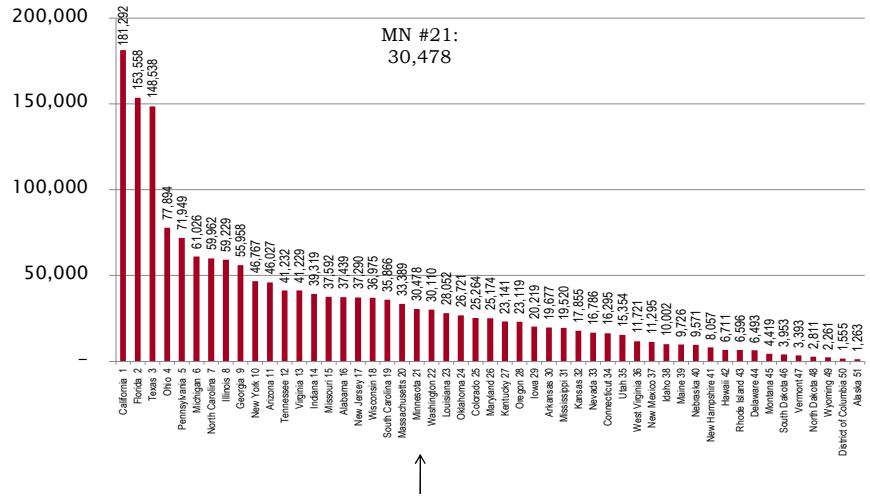
2024 Medicare Beneficiaries Admitted to Hospice
National= 1,818,206



Note: 2024 Medicare Hospice Admissions= 1,983,432.

42

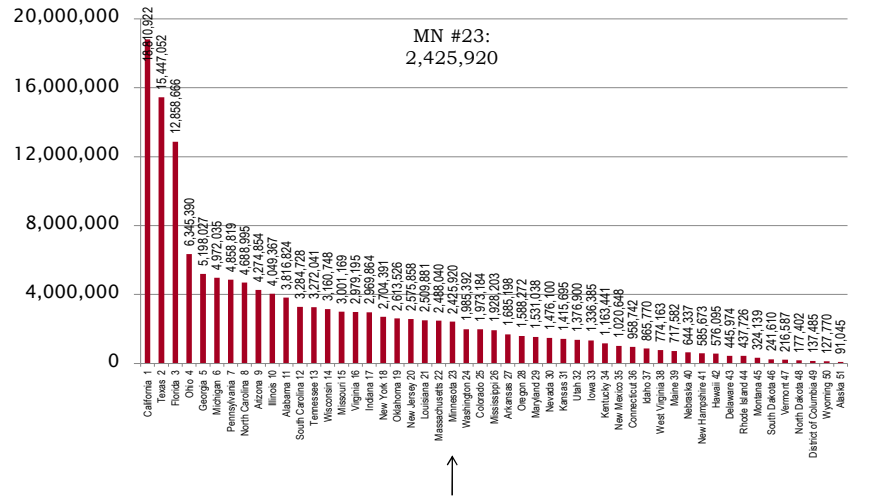
2023 Medicare Beneficiaries Admitted to Hospice
National= 1,751,197



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

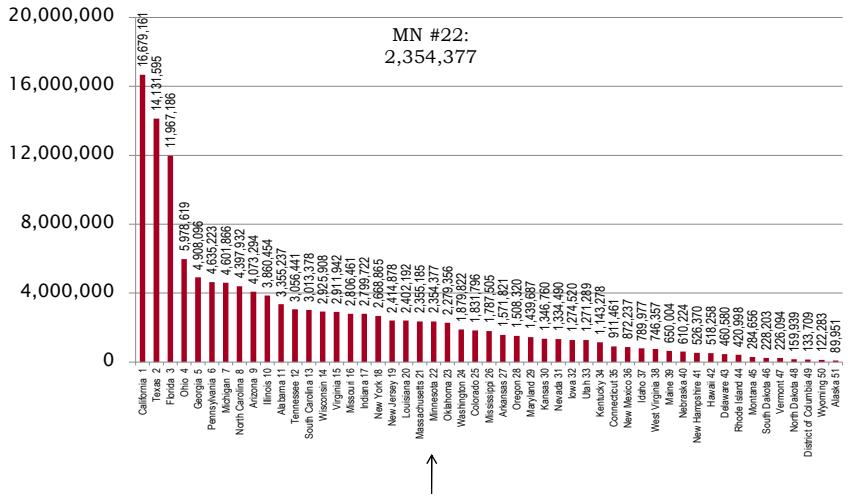
43

2024 Medicare Total Days of Hospice Care
National= 137,270,520 Days



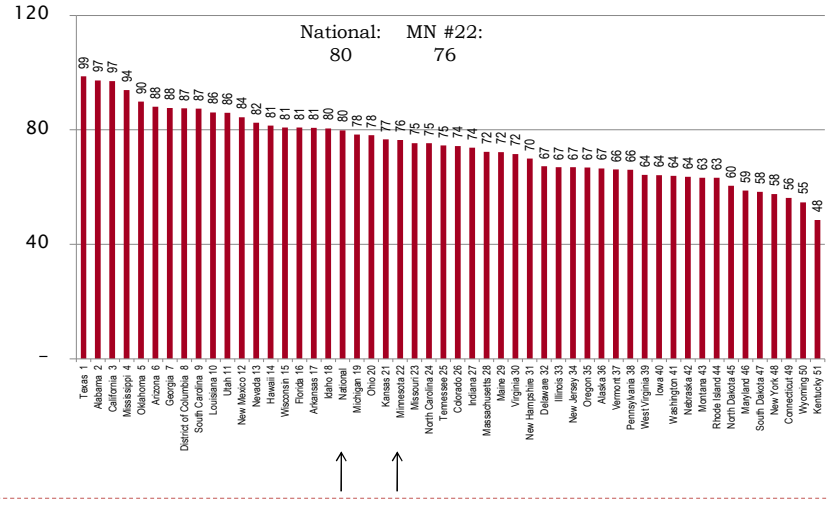
44

2023 Medicare Total Days of Hospice Care
National= 135,270,520 Days



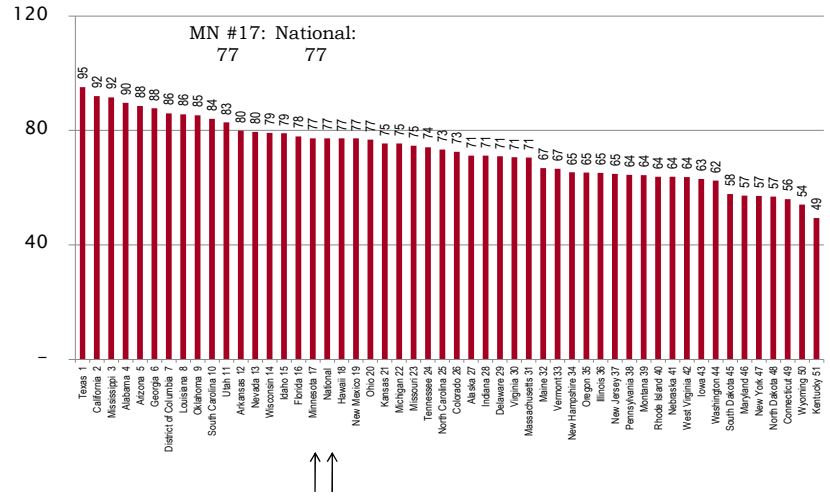
45

2024 Medicare Hospice
Mean Days of Care / Beneficiary



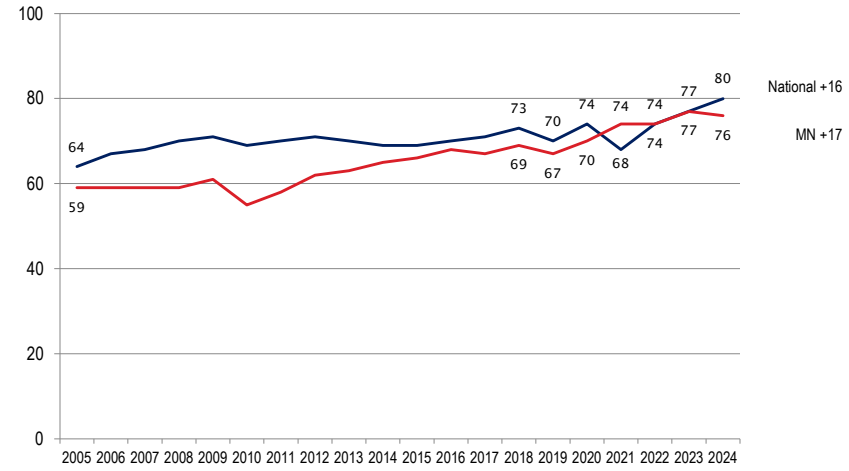
46

2023 Medicare Hospice
Mean Days of Care / Beneficiary



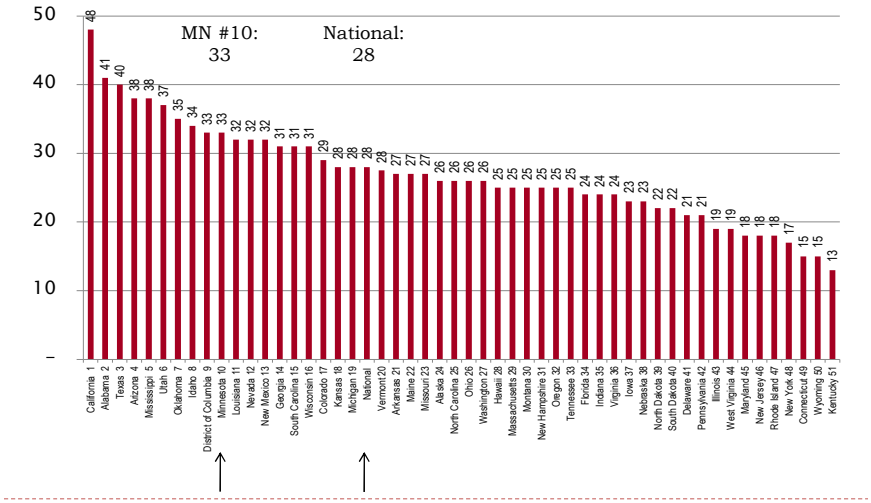
47

2005-2024 Hospice Mean Days of Care
20-Year Trends



48

2024 Medicare Hospice
Median Days of Care / Beneficiary



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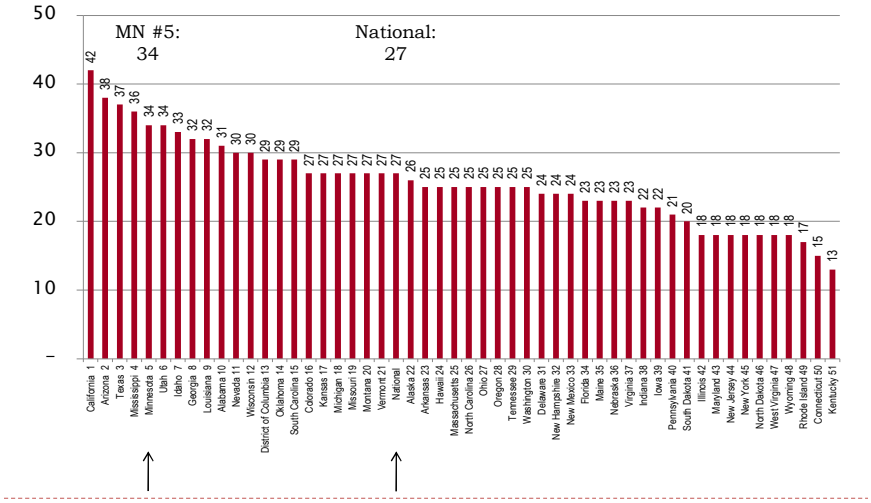
2023 Medicare Hospice
Median Days of Care / Beneficiary



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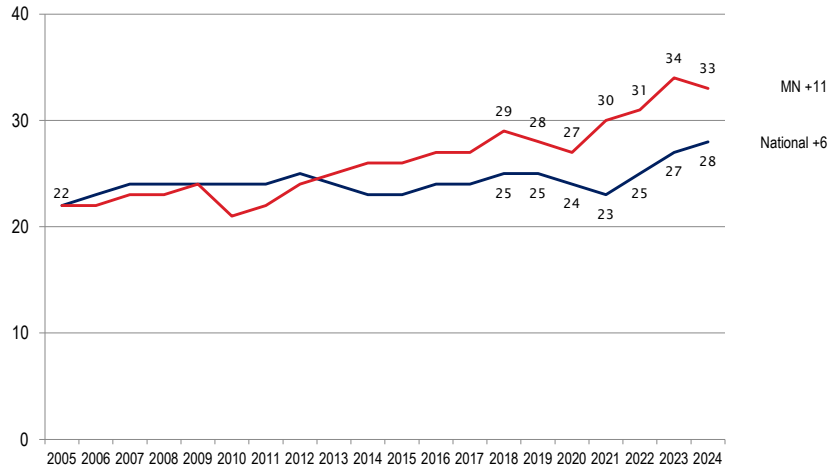
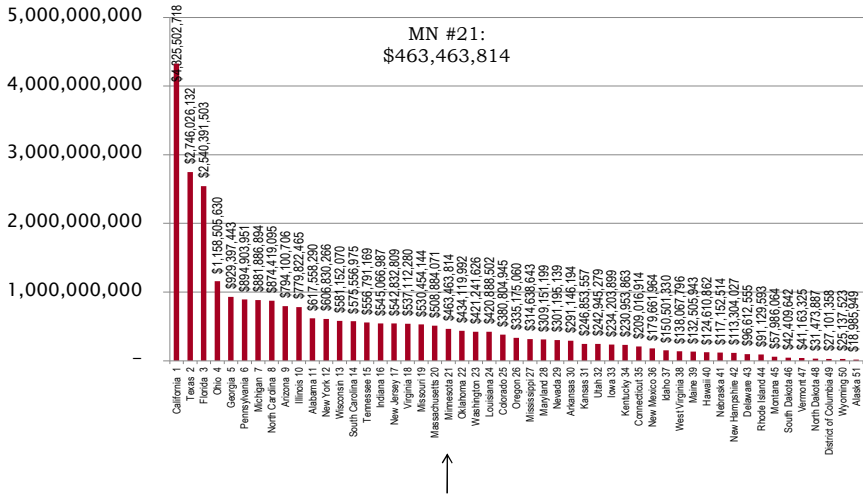
2005-2024 Hospice Median Days of Care
20-Year Trends



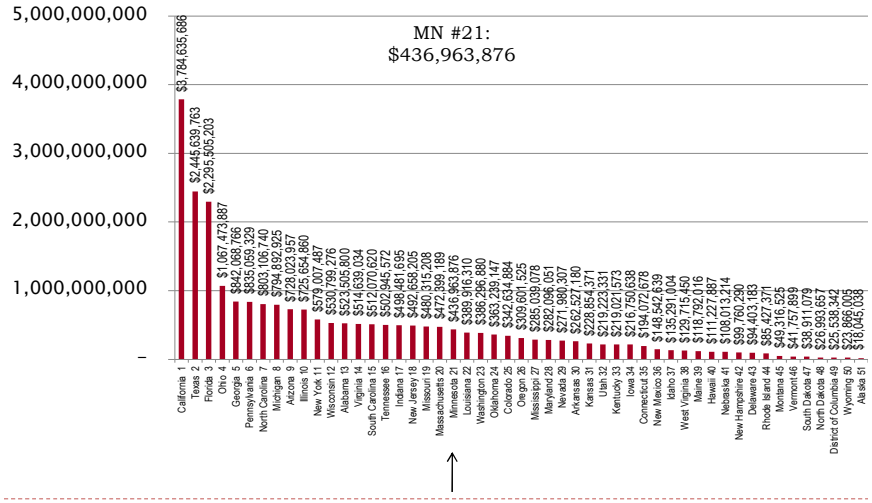
51

2024 Medicare Hospice Total Medicare Reimbursement
National= $27,756,388,541



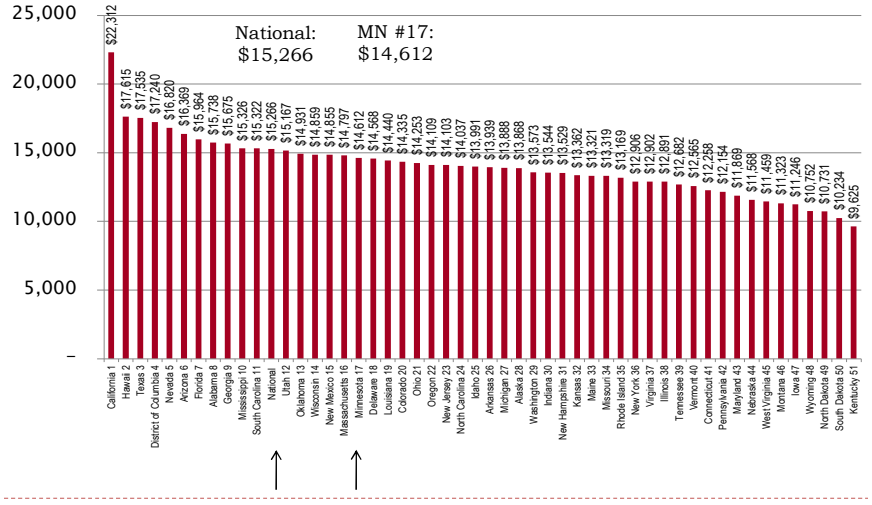
52

2023 Medicare Hospice Total Medicare Reimbursement
National= $25,158,674,760



53

2024 Medicare Hospice
Mean Medicare Reimbursement / Beneficiary



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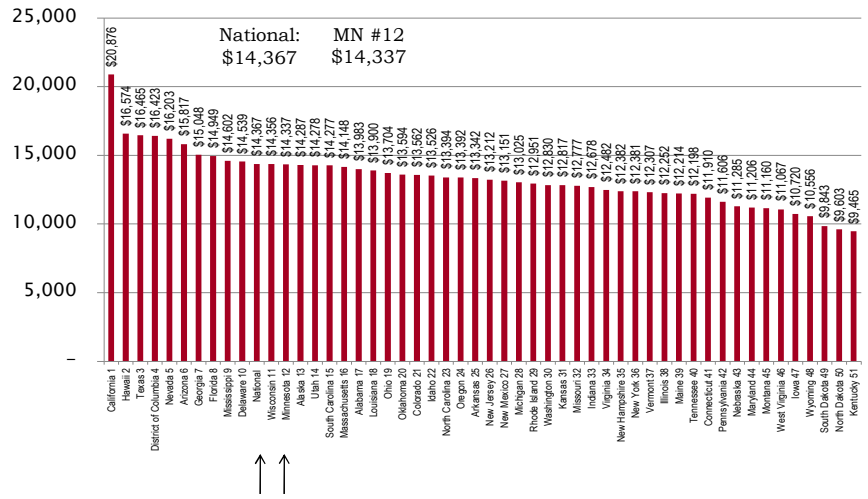
2023 Medicare Hospice
Mean Medicare Reimbursement / Beneficiary



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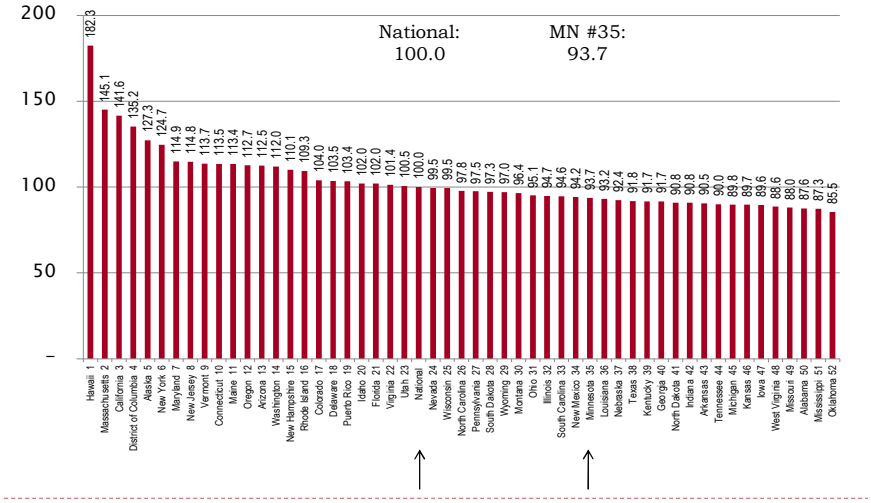
2025 Q1 Annual Average Cost of Living Index
https://meric.mo.gov/data/cost-living-data-series

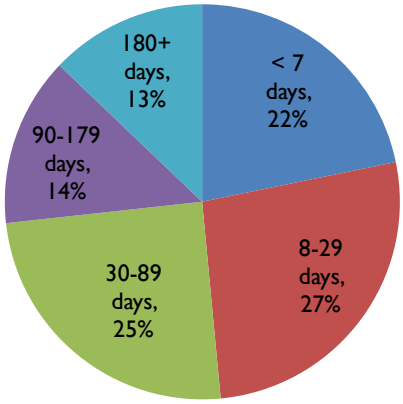


Note: Sorted from most expensive to least.

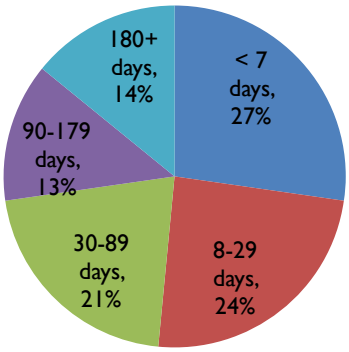
56

2024 Medicare Hospice
Percentage of Days x LOS

Minnesota



National



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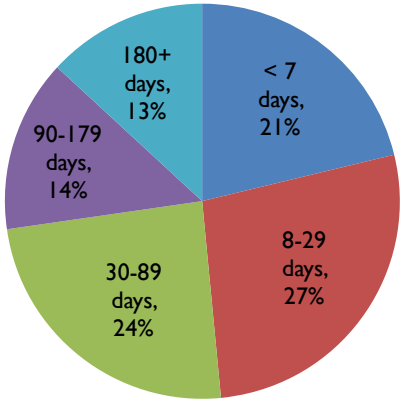
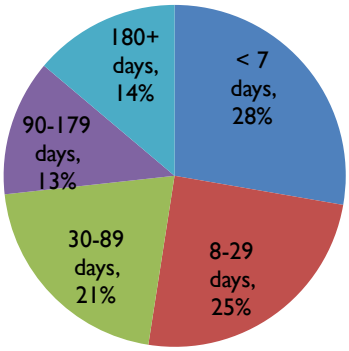
2023 Medicare Hospice
Percentage of Days x LOS

Minnesota



National



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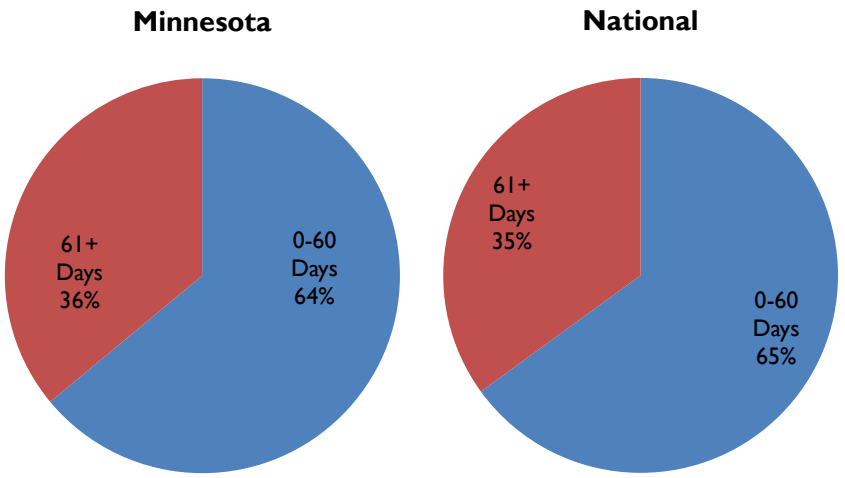
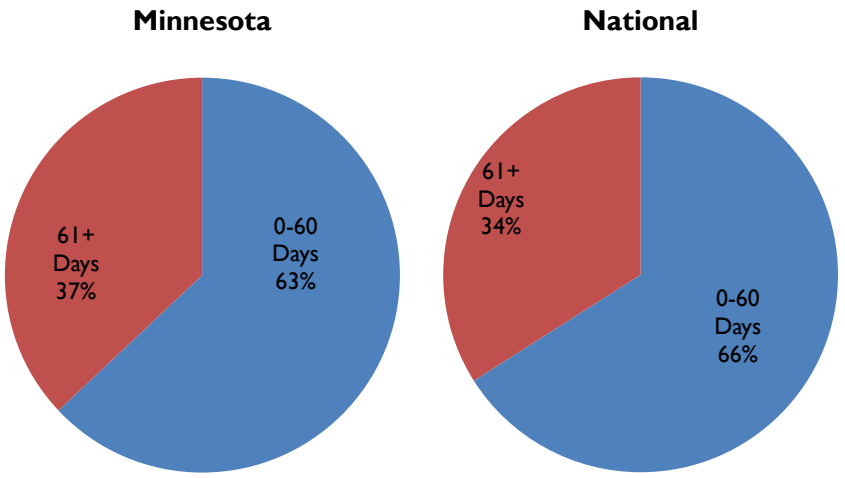
2024 Medicare Hospice
Percentage of Days x LOS



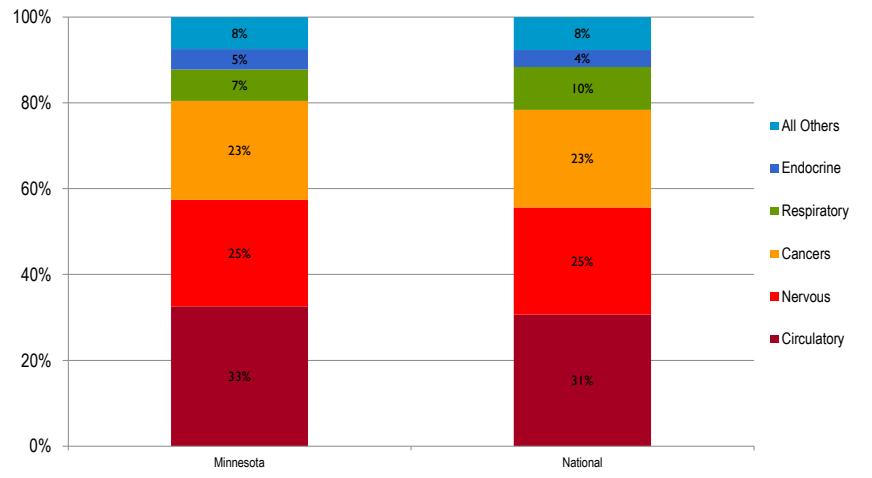
59

2023 Medicare Hospice
Percentage of Days x LOS



60

2024 Medicare Hospice Beneficiaries
Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)



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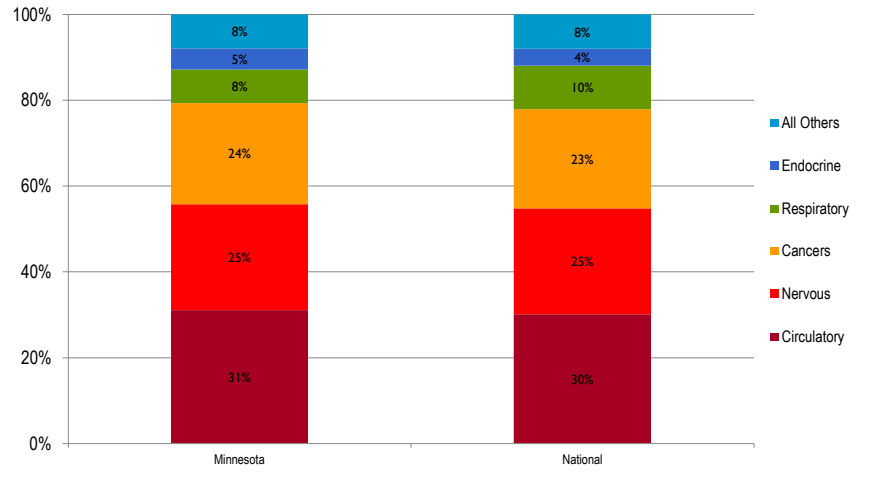
2023 Medicare Hospice Beneficiaries
Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)



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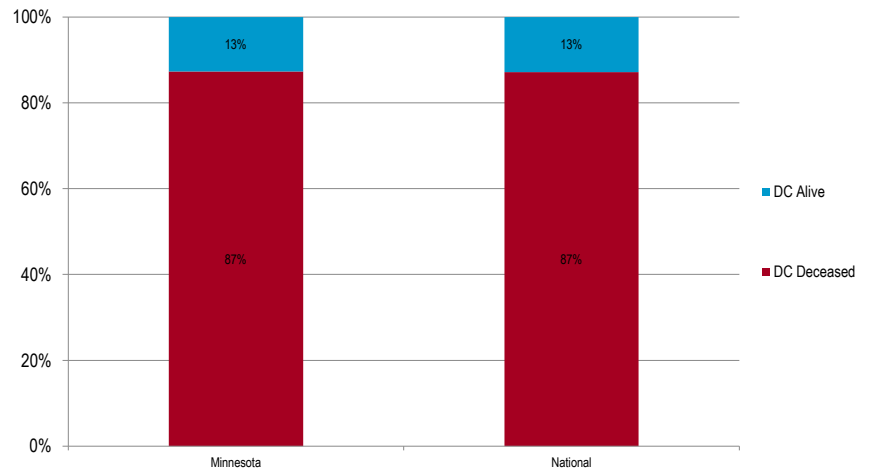
2024 Medicare Hospice Beneficiaries
Status at Discharge



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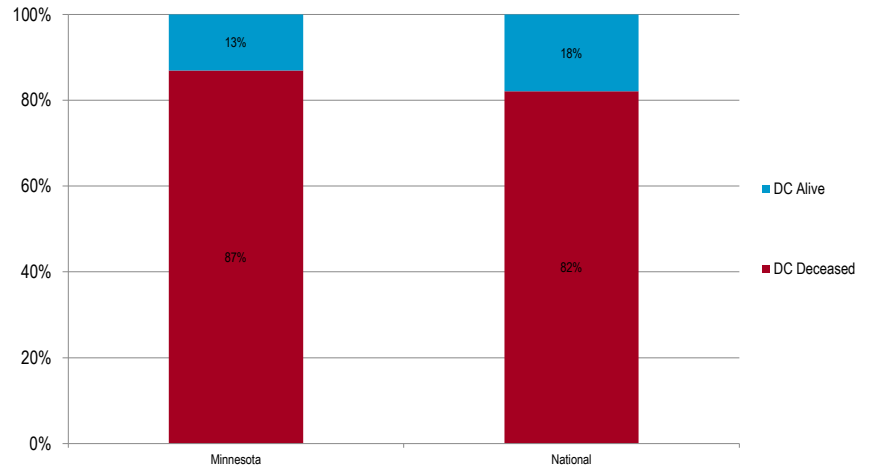
2023 Medicare Hospice Beneficiaries
Status at Discharge



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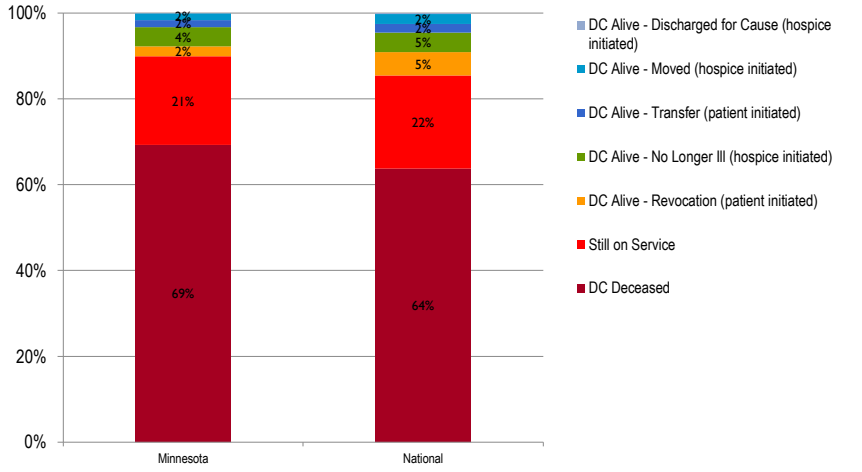
2024 Medicare Hospice Beneficiaries
Status at Discharge - Detailed



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

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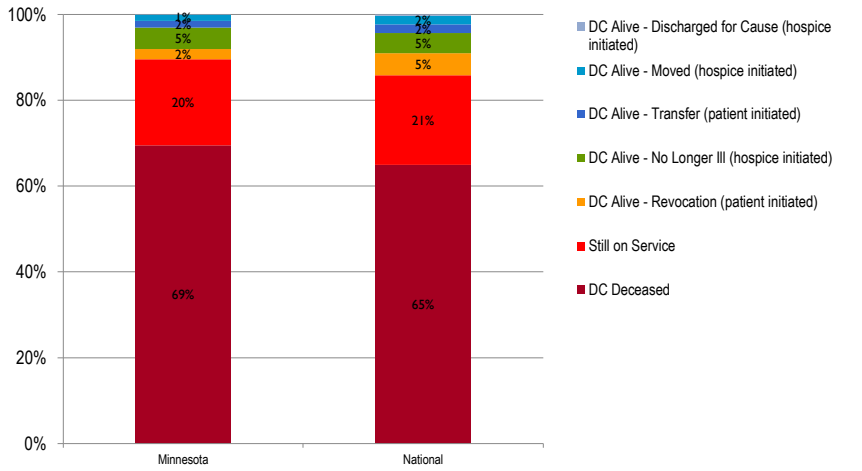
2023 Medicare Hospice Beneficiaries
Status at Discharge - Detailed



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

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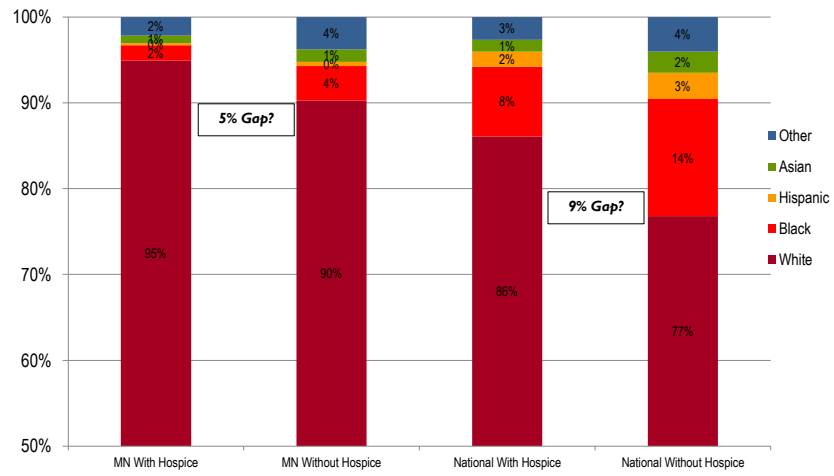
2024 Medicare Hospice Beneficiaries – Kentucky
Race: Dying With vs. Without Hospice



Minorities are underserved in hospice – *although generally improving…*

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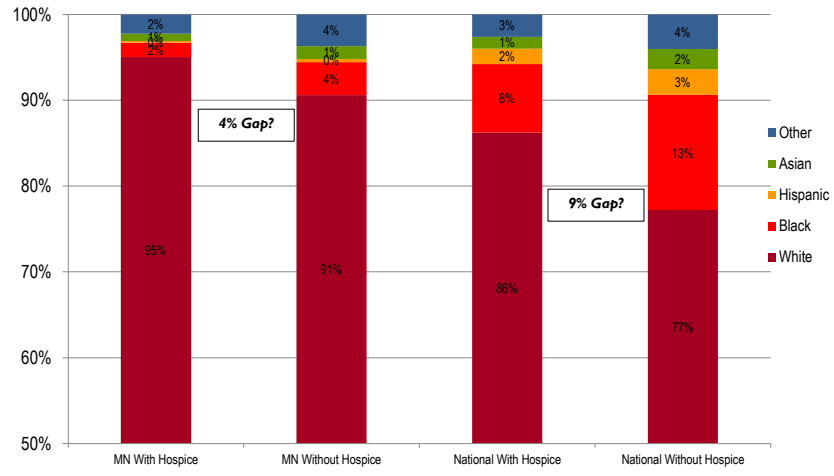
2023 Medicare Hospice Beneficiaries – Kentucky
Race: Dying With vs. Without Hospice



Minorities are underserved in hospice – *although generally improving…*

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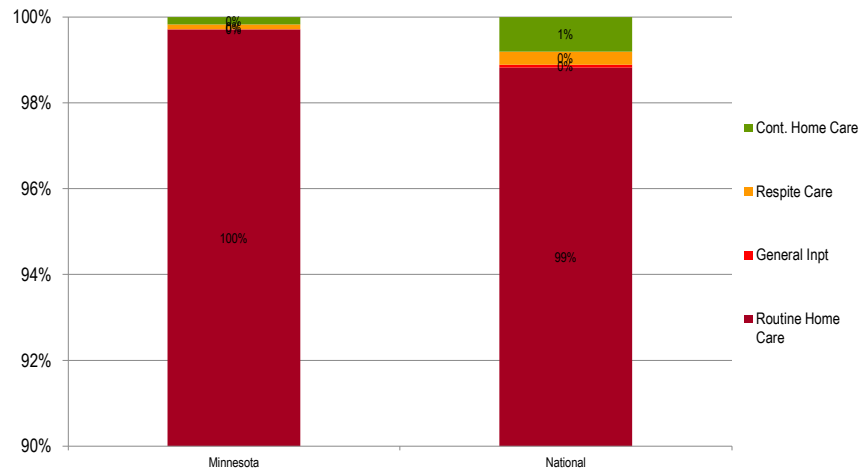
2024 Medicare Hospice Beneficiaries
Levels of Care (days)



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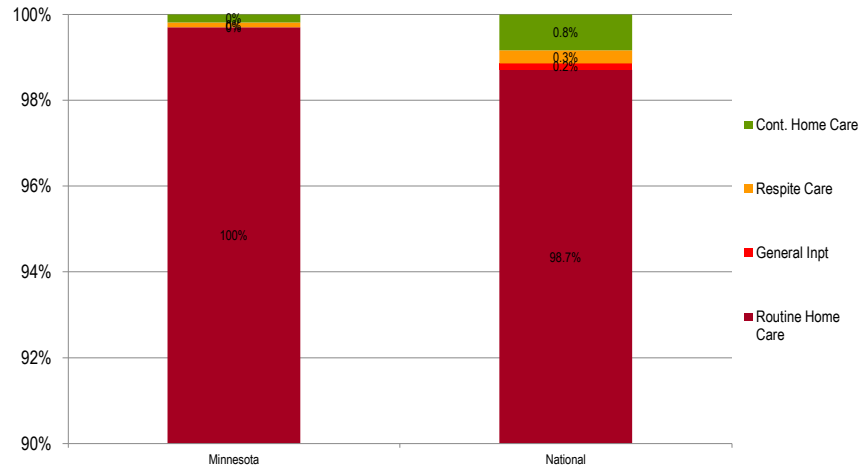
2023 Medicare Hospice Beneficiaries
Levels of Care (days)



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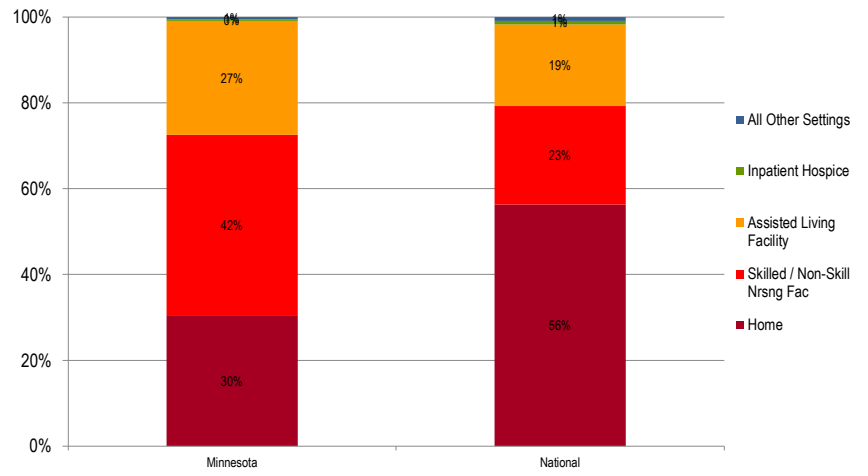
2024 Medicare Hospice Beneficiaries
Locations of Care (days)



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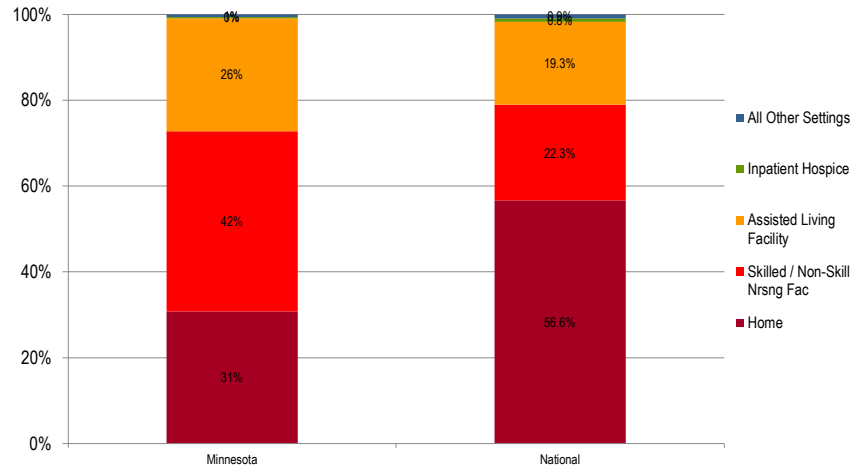
2023 Medicare Hospice Beneficiaries
Locations of Care (days)



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Thank you

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

P: 719-209-1237

E: Info@HospiceAnalytics.com

W: www.HospiceAnalytics.com

* Review the new National Hospice Locator at www.HospiceAnalytics.com – geo-maps and detailed information on every known hospice in the United States – *now sorted by quality!*