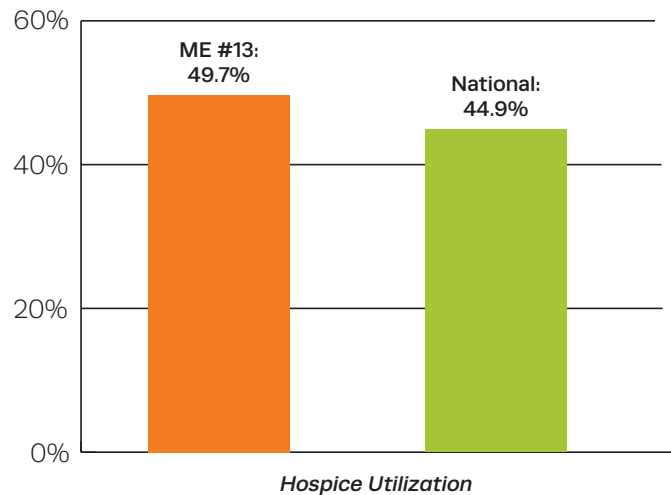


Nonprofit Hospice in Maine

Annual Maine Hospice Information:

Over **10,000** people served –
7,000 by nonprofit hospices

650,000 days of care –
400,000 by nonprofit hospices



Hospice provides expert medical, emotional and spiritual care and support – focusing on comfort and quality of life – to terminally ill patients and their caregivers. Caregivers are often family members. Typically, services are offered in the home, but they may be provided wherever the person calls home – whether that be an assisted living facility or a nursing home or hospice house. The Medicare Hospice Benefit began in 1983 and provides

interdisciplinary team services that include medical, spiritual, personal care, volunteer and bereavement services for beneficiaries with a life expectancy of six months or less and their caregivers.

The purpose of this summary is to highlight important contributions and characteristics specifically of nonprofit hospices in Maine.



Maine Nonprofit Hospices Exceed National Quality Ratings

Hospice quality metrics are publicly reported. High quality is characteristic of hospice, particularly nonprofit hospices.

Innovative practices

100% of Maine Hospice Inpatient Facilities

20,000+ hours of Volunteer patient service

Patient assistance programs

Charity care

Bereavement support

Community investments

Partnering with other community-based organizations

Mutually beneficial service on Boards of Directors

Locally governed

Complementary therapies

Nonprofit, community-integrated hospices benefit their patients, patient families and their communities in unique and recognizable ways.

Nevertheless, hospice providers face some barriers that lawmakers and regulators could address or eliminate. By supporting nonprofit, community-based hospices and the services they offer, policymakers and other payers will not only support the survival of these hospices but raise the bar for high-quality hospice care for all patients, families and communities across the U.S. Hospice providers, families who benefit from comprehensive hospice services, and other advocates and stakeholders, must continue to educate policymakers and decision makers about the value of their work.

Maine Has 4 Hospice Houses

All Administered by Nonprofit Hospices

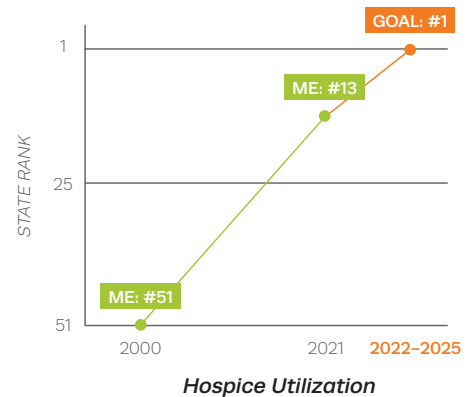
Hospice houses provide important specialized care to people with severe or complex needs in a home-like setting.



Maine Nonprofit Hospices Need Your Support

For Maine to be the Leader Providing Access to Hospice

- Maine hospices strive to offer education, awareness, and services to all eligible Mainers. Specifically, we believe at least 1,500 additional Mainers can benefit from hospice services by 2025
- Meeting the needs of Maine's aged demographic
- Legislative and regulatory changes to address gaps in Maine's end-of-lifecare services
- Community participation in our organizations and events
- Financial support



¹Leading Age, Leading Age Ohio, and National Partnership for Hospice Innovation, 2019. "Nonprofit Hospice Services: Where Missions and Community Meet." http://nphi.wpengine.com/wp-content/uploads/2020/04/Nonprofit_Hospice_Services_FINAL_4.pdf, accessed 6/30/22. ²Information based on Medicare hospice claims through 2021, Care Compare 5/22, cost reports, MedPAC reports, GuideStar, and hospice annual reports for ten nonprofit hospices (nine in ME, one in NH serving ME) and seven for-profit hospices (six in ME, one in NH serving ME). ³Ibid, Leading Age. ⁴Hospice Utilization is the percentage of Medicare Hospice Deaths divided by Total Medicare Deaths.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT HOME CARE & HOSPICE ALLIANCE OF MAINE

Laurie J. Belden, Executive Director

207-213-6125 · laurie@homecarealliance.org · www.HomeCareAlliance.org



A unified voice for affordable, accessible, quality home care and hospice services.

Nonprofit Hospice in Maine

12/1/22

Hospice provides expert medical, emotional and spiritual care and support – focusing on comfort and quality of life – to terminally ill patients and their caregivers. Caregivers are often family members. Typically, services are offered in the home, but they may be provided wherever the person calls home – whether that be an assisted living facility or a nursing home or hospice house. The Medicare Hospice Benefit began in 1983 and provides interdisciplinary team services that include medical, spiritual, personal care, volunteer and bereavement services for beneficiaries with a life expectancy of six months or less and their caregivers. This paper highlights important contributions and characteristics specifically of nonprofit hospices in Maine, including:

1. Growth in Hospice Utilization
2. Hospice Quality Ratings
3. Innovative Practices
4. Hospice Houses

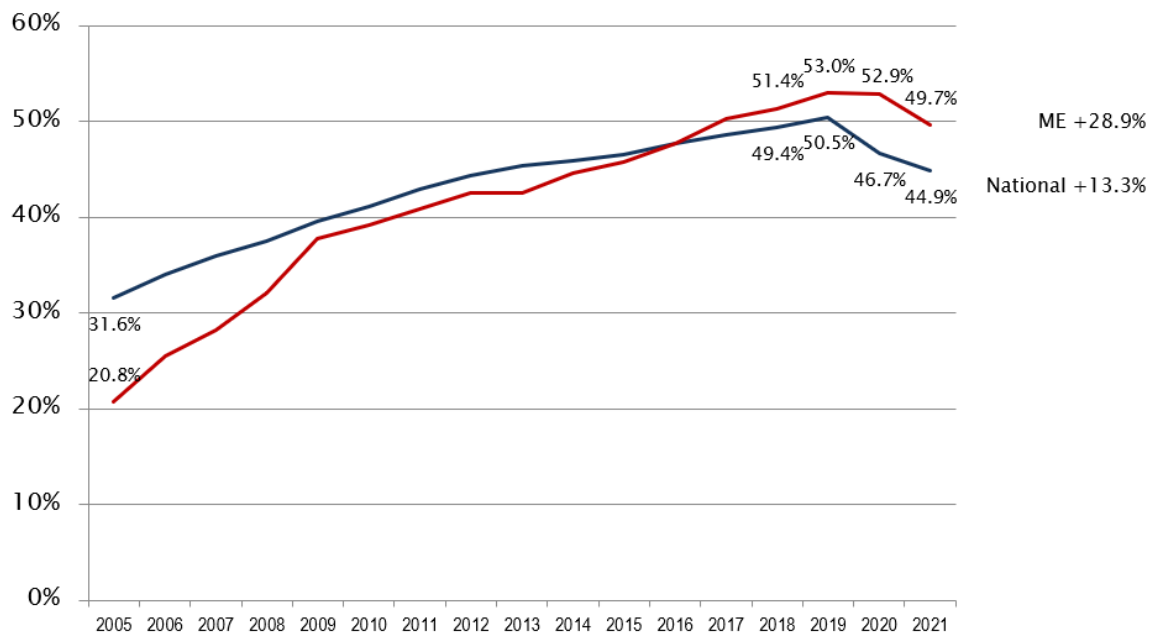
Nonprofit, community-integrated hospices benefit their patients, patient families and their communities in unique and recognizable ways. Nevertheless, hospice providers face some barriers that lawmakers and regulators could address or eliminate. By supporting nonprofit, community-based hospices and the services they offer, policymakers and other payers will not only support the survival of these hospices but raise the bar for high-quality hospice care for all patients, families and communities across the U.S. Hospice providers, families who benefit from comprehensive hospice services, and other advocates and stakeholders, must continue to educate policymakers and decision makers about the value of their work.

Growth in Hospice Utilization

Hospice utilization is a measure of both access to hospice services and a quality measure. Hospice Utilization is the percentage of Medicare Hospice Deaths divided by Total Medicare Deaths. Nationally, the highest hospice utilization rate was reached in 2019 (50.5%), then it tapered due to COVID-19 (2021= 44.9%). Historically, hospice utilization has increased ~1.0% - 1.5% annually since 2000.

Maine, however, has a phenomenal growth story regarding hospice utilization. In 2020, Maine’s hospice utilization rate ranked 50th in the country (6.6%) among all states and the District of Columbia (compared to the national average at the time of 20.4%). Since 2000, Maine’s hospices, due largely to our nonprofit hospices efforts, worked in increase the state’s hospice utilization rate. In 2016, Maine’s hospice utilization equaled the national average (47.7%) and has exceeded it ever since. According to current 2021 Medicare information, Maine ranks 13th highest in the country with a hospice utilization rate of 49.7%. About half of all dying Mainers die in hospice – remarkable work!

2005-2021 State Hospice Utilization 17-Year Trends



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

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Hospice Quality Ratings

Medicare’s Care Compare for Hospice includes public reporting of quality measures. In the FY 2022 Hospice Final Rule, CMS finalized public reporting of CAHPS Hospice Survey Star Ratings. Beginning with the August 2022 refresh of Care Compare, a Family Caregiver Survey Rating summary Star Rating is publicly reported for all hospices with 75 or more completed surveys over the reporting period. Star Ratings will be updated every other quarter⁶.

Nationally, approximately 1/3 of hospices met criteria to report Star ratings. However, in Maine 87% of Medicare certified hospices (13/15) met criteria to report Star ratings. As illustrated in the table below, Maine hospices average Star rating (3.69; 13th highest state score) was higher than the national average (3.41), and no Maine hospices reported Star ratings below 3 (out of a high 5 score).

Stars	Maine	National
5	1 (8%)	195 (10%)
4	7 (54%)	782 (39%)
3	5 (38%)	737 (36%)
2	0	287 (14%)
1	0	25 (1%)
Average	3.7 Stars	3.4 Stars

In addition to strong Hospice Star ratings, Maine hospices also performed stronger than national averages on both of the other Care Compare surveys – the Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey. The HIS includes nine (9) “top box” quality measures (“top box” means the highest quality option). The CAHPS includes eight (8) “top box” quality measures. Maine hospices mean HIS “top box” scores (86.1%) were ranked 2nd highest in the country (national= 77.4%). Maine hospices mean CAHPS “top box” scores (82.2%) were ranked 19th highest in the country (national= 81.6%).

Innovative Practices

While all hospices in Maine and nationally strive to provide excellent end-of-life care, there has been consistent recognition of the outstanding quality of care provided by non-profit hospices^{1,7} and growing concerns regarding the quality of care provided by for profit hospices^{8,9,10,11,12}. Several resources are available to assist the general public in choosing a hospice provider^{13,14,15}. Some of the criteria to choose a good hospice include:

1. Non-profit status
2. 20+ years of experience
3. Hospice and palliative care certified staff
4. Accreditation
5. Inpatient hospice units / Hospice Houses
6. Membership in state and national hospice organizations

Not coincidentally, non-profit hospices strongly meet these recommendations. Hospice began in the United States in the late 1970’s primarily as a non-profit movement. Non-profit hospices average 27 years of Medicare certification, compared to for profit hospices averaging 10 years of Medicare certification¹⁶. While only about 20% of hospices have inpatient hospice units / hospice houses, these specialty services are nearly exclusively provided by non-profit hospice providers.

Hospice Houses

Maine has four (4) Hospice Houses. All four Hospice Houses are administered exclusively by non-profit hospice providers. Hospice Houses provide important specialized care to people with severe or complex needs in a home-like setting. They also provide an alternative for patients not wishing to die in their own home.

How You Can Help


There are several ways you can help support non-profit hospices in Maine, including:

- Maine hospices strive to offer education, awareness, and services to all eligible Mainers. Specifically, we believe at least 1,500 additional Mainers can benefit from hospice services by 2025.
- Meeting the needs of Maine’s aged demographic.
- Legislative and regulatory changes to address gaps in Maine’s end-of-lifecare services.
- Community participation in our organizations and events.
- Financial support.

References:

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2. Information based on Medicare hospice claims through 2021, Care Compare 5/22, cost reports, MedPAC reports, GuideStar, and hospice annual reports for ten nonprofit hospices (nine in ME, one in NH serving ME) and seven for profit hospices (six in ME, one in NH serving ME).
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**HOSPICE
ANALYTICS**

2022 Maine State Hospice Report

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2021 Medicare Information
With 2020 Comparisons

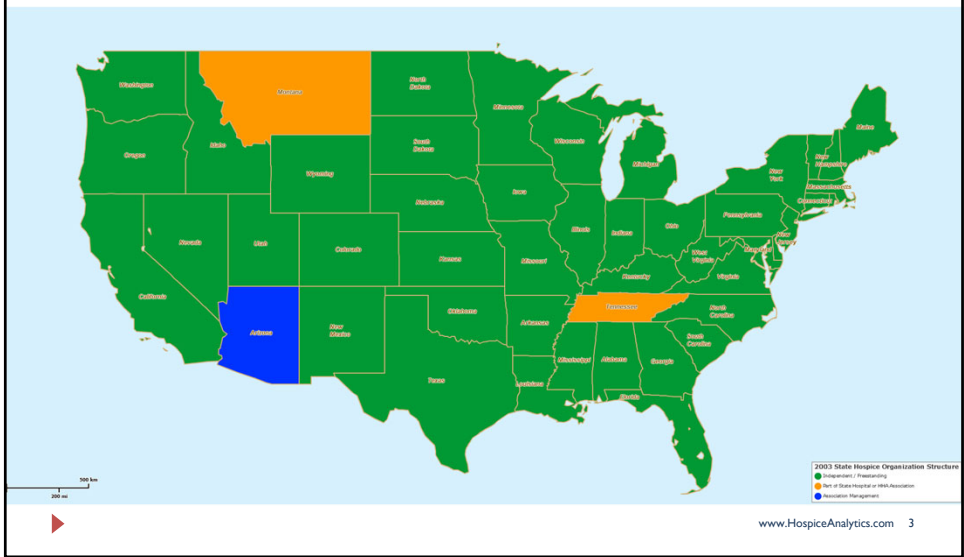
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How have state hospice organizations changed?

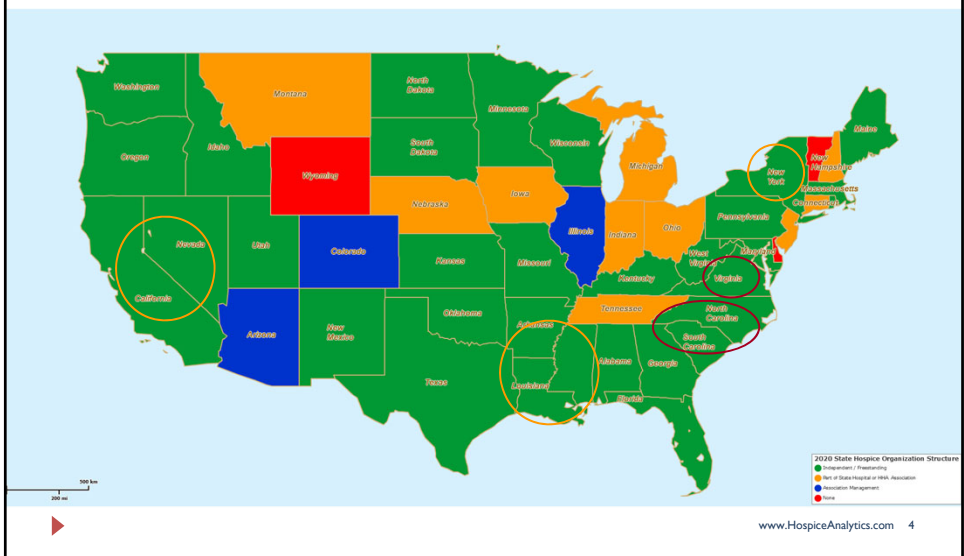


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2003 State Hospice Organization Structure



2022 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 65

Can. Fluinders. 2010. Palliative sedation guideline. [in Dutch]. Available from http://www.palliatie.be/template.aspx?i=1_sedatie.htm#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 (1993–2005), 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 \$2609 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.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 nonfor-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 sector, \$9853. 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...

522 Journal of Pain and Symptom Management Vol. 67 No. 4 April 2022

Original Article

Low Hospice Utilization in New York State: Comparisons Using National Data [Check for updates](#)

Lara Dhingra, PhD, Carla Braverman, RN, MEd, Cordt Kassner, PhD, Clyde Schechter, MD, Stephanie DiFiglia, PhD, and Russell Portenoy, MD
MPGR Institute for Innovation in Palliative Care (I.I., S.D., R.P.), New York, New York, USA; Department of Family and Social Medicine (I.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 differences between New York and the rest of the United States.

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

Results: The NYS population was older (SES), and saw more physicians during of beds, and fewer for-profit hospitals. SNH pleic utilization was associated with higher for-profit SNF facilities, and fewer hospice Conclusion. NYS's low hospice utilization health care system. Combined with info improve hospice utilization. *J Pain Symptom. Published by Elsevier Inc. All rights reserved.*

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

Lara Dhingra MD, Carla Braverman, Kaley Roberts, Stephanie DiFiglia PhD, 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.

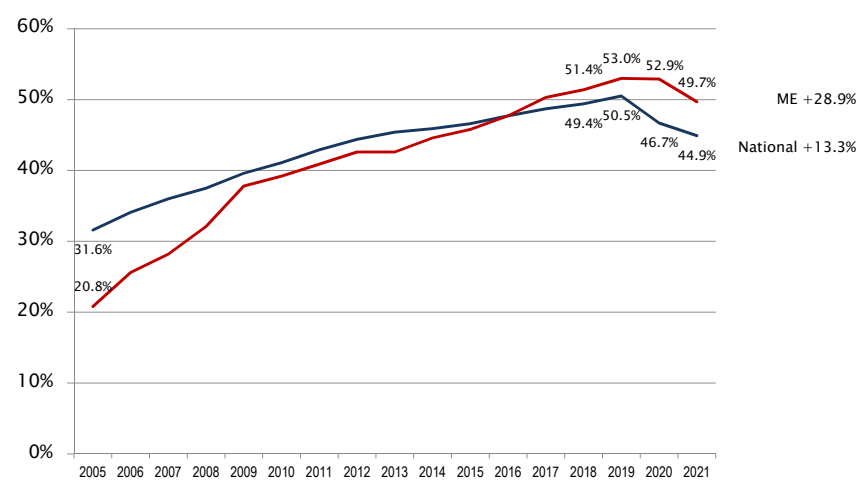
Results: Fifty-seven participants ranked 54 barriers, which were grouped into nine categories. These reflected concerns about clinician knowledge and attitudes or beliefs, patient and family knowledge, attitudes or beliefs, and resources, and both structural elements and practices of hospices, nursing homes, palliative care services, and other entities in the health care system. Thirteen barriers from eight categories were ranked among the top five by 210% 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>.

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2005-2021 State Hospice Utilization 17-Year Trends



Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths. www.HospiceAnalytics.com

Hospice Utilization – Thoughts on 2020 & 2021...

	2019 Hospice Utilization	2020 Hospice Utilization	Difference 2019 – 2020
National	50.5%	46.7%	-3.8%

	2020 Hospice Utilization	2021 Hospice Utilization	Difference 2020 – 2021
National	46.7%	44.9%	-1.8%

- ▶ 2020 Hospice Utilization *decreased* nationally for the first time ever.
- ▶ 2021 Hospice Utilization decreased nationally again – although less of a decrease.
- ▶ The last time Hospice Utilization was ~44.9% was 2012...

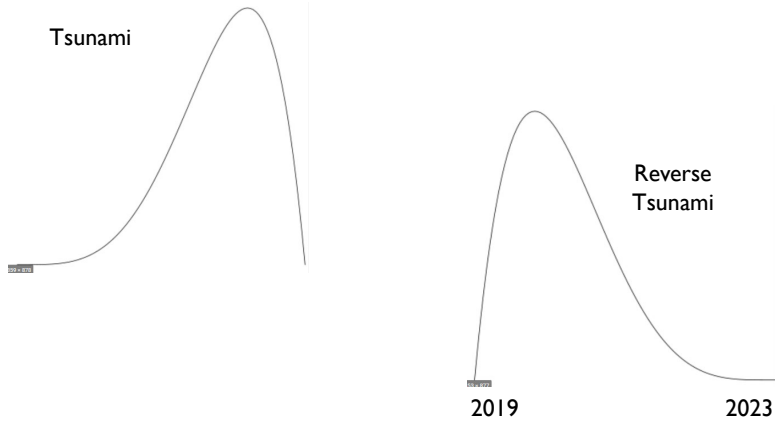
WHY?

Hospice Utilization – Thoughts on 2020 & 2021...

- ▶ **Hospice Trends:**
 - ▶ 2020 and 2021 hospice admissions and deaths are above 2019.
 - ▶ Although, 2021 hospice admissions and deaths are slightly lower than 2020. Presumably, this is due to the ongoing impact of COVID and deaths in hospitals and facilities where hospices had limited access during 2021.
- ▶ **Medicare Trends:**
 - ▶ 2020 and 2021 total Medicare deaths are well above 2019 (~+400K).
 - ▶ On average over the past 10 years, we see an increase of ~40,000 Medicare beneficiary deaths / year.

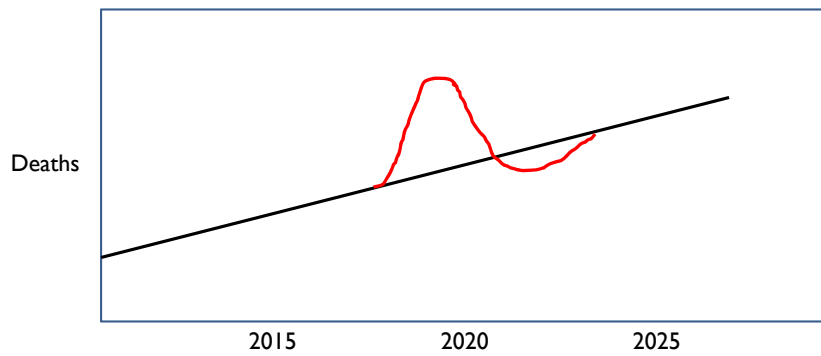
Year	Medicare Deaths	Annual Increase	Medicare Hospice Deaths	Annual Increase
2018	2,280,118	+34,073	1,126,042	+32,235
2019	2,294,493	+14,375	1,157,544	+31,502
2020	2,701,983	+407,490	1,260,695	+103,151
2021	2,722,978	+20,995	1,223,327	-37,368

Hospice Utilization – Thoughts on 2022 & 2023...



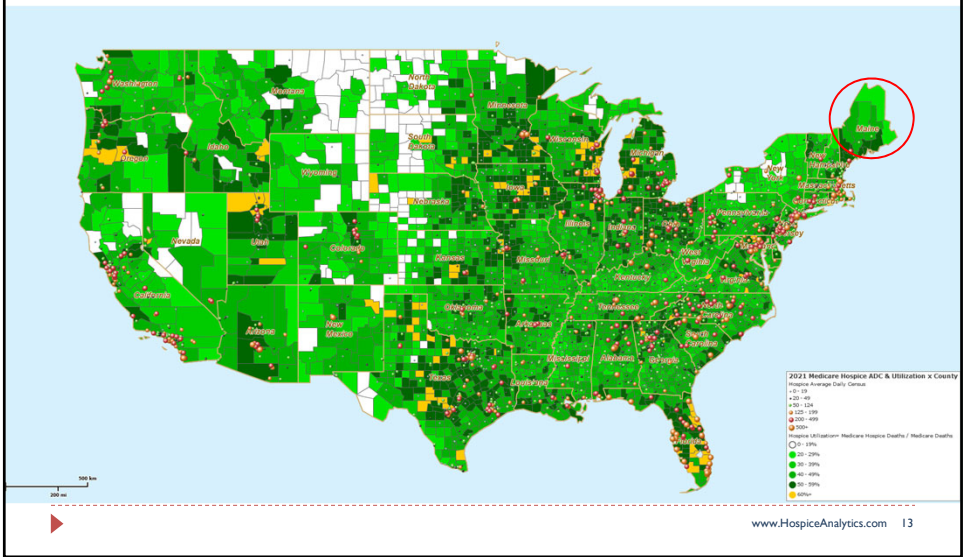
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Hospice Utilization – Thoughts on 2022 & 2023...

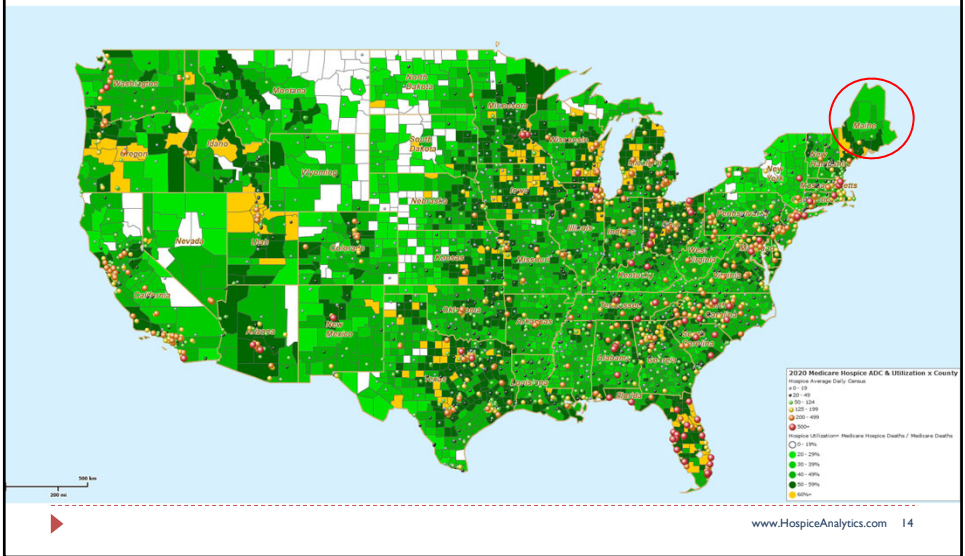


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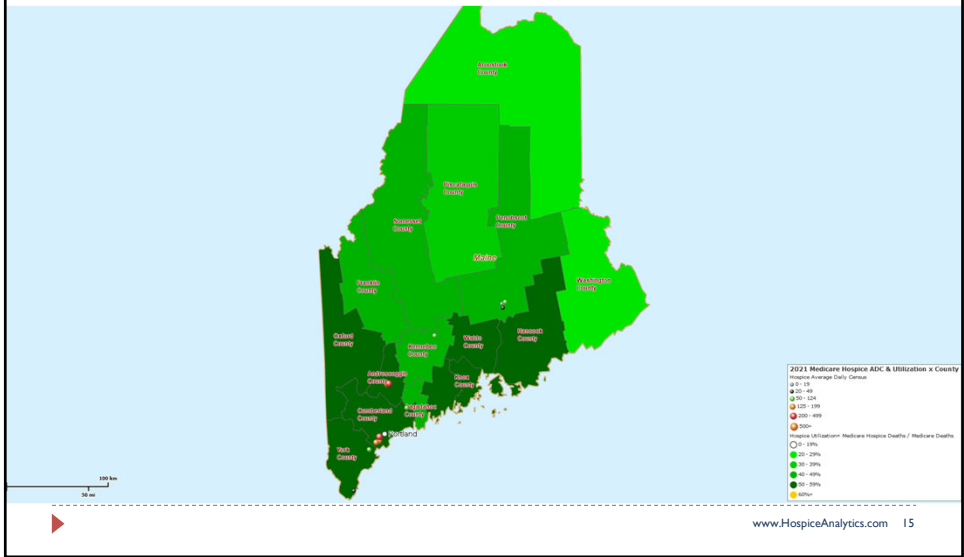
2021 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



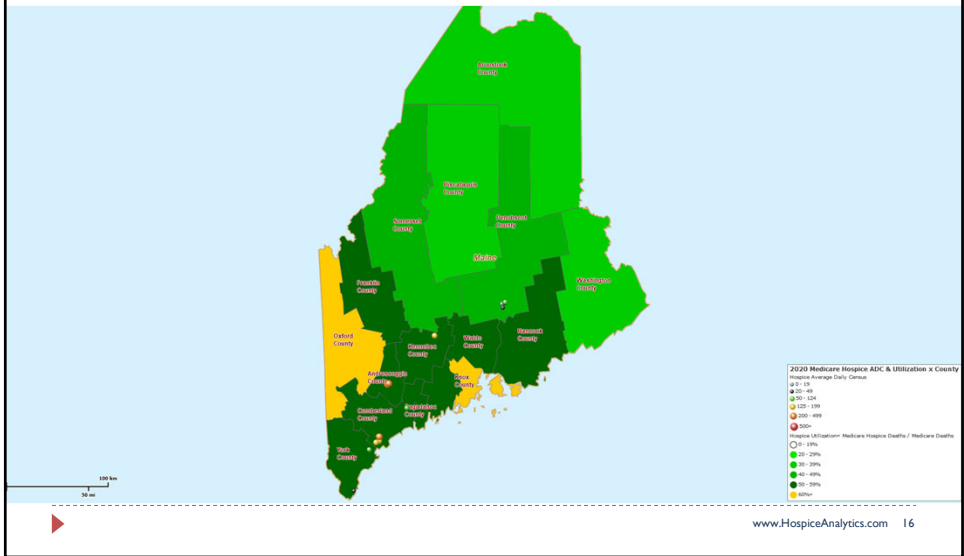
2020 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



2021 Hospice Utilization – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



2020 Hospice Utilization – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



2021 Demographics & Hospice Utilization

	Maine	National
Population (2020 Census; 2021 NA)	1,350,141	339,398,247
Total Deaths (2020 Census; 2021 NA)	15,740	3,465,369
Medicare Beneficiaries	371,136	66,267,916
Medicare Beneficiary Deaths	14,196	2,722,978
Medicare Beneficiaries Admitted to Hospice	9,231 65% of Medicare deaths	1,692,112 62% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,060 49.7% of Medicare deaths	1,223,327 44.9% of Medicare deaths
Medicare Hospice Total Days of Care	626,824 Days	122,454,819 Days
Medicare Hospice Mean Days / Beneficiary	68 Days	68 Days
Medicare Hospice Median Days / Beneficiary	22 Days	23 Days
Medicare Hospice Total Payments	\$111,252,703	\$22,059,484,635
Medicare Hospice Mean Payment / Beneficiary	\$12,052	\$13,117

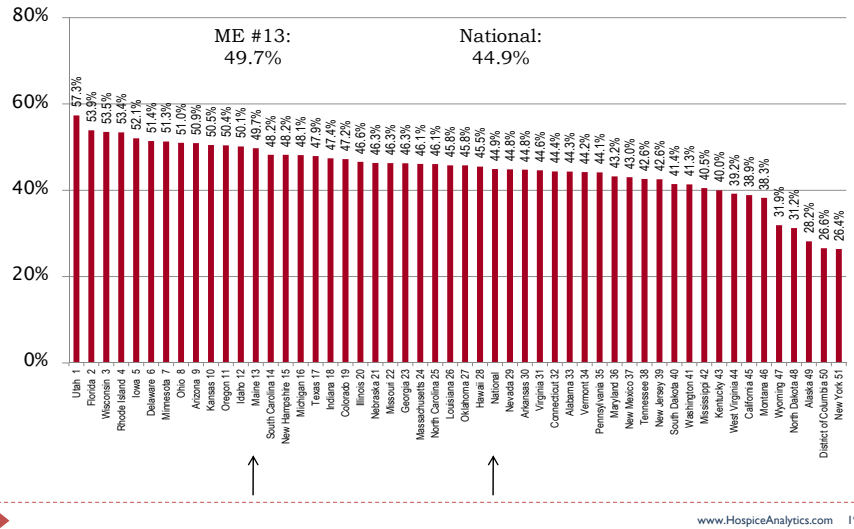
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2020 Demographics & Hospice Utilization

	Maine	National
Population	1,350,141	339,398,247
Total Deaths	15,740	3,465,369
Medicare Beneficiaries	362,482	64,454,982
Medicare Beneficiary Deaths	13,234	2,701,983
Medicare Beneficiaries Admitted to Hospice	9,177 69% of Medicare deaths	1,703,813 63% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,007 52.9% of Medicare deaths	1,260,695 46.7% of Medicare deaths
Medicare Hospice Total Days of Care	628,693 Days	125,709,522 Days
Medicare Hospice Mean Days / Beneficiary	69 Days	74 Days
Medicare Hospice Median Days / Beneficiary	23 Days	24 Days
Medicare Hospice Total Payments	\$109,198,152	\$22,060,231,454
Medicare Hospice Mean Payment / Beneficiary	\$11,899	\$12,949

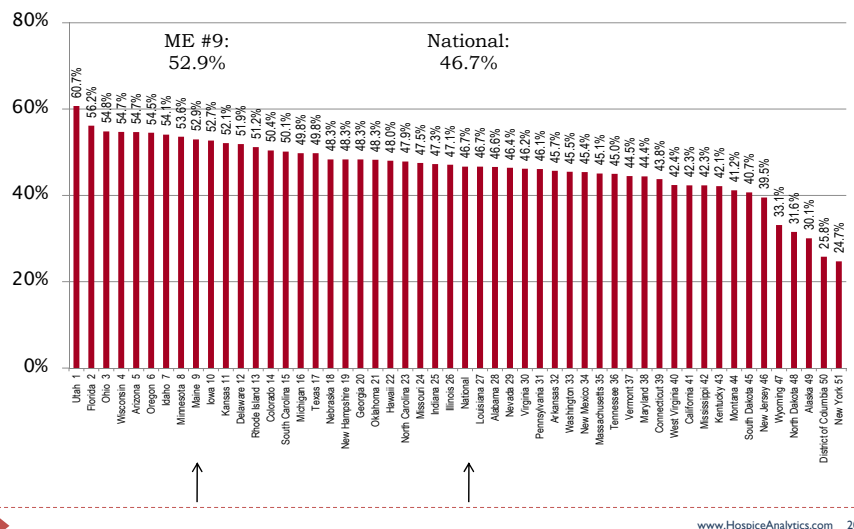
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2021 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



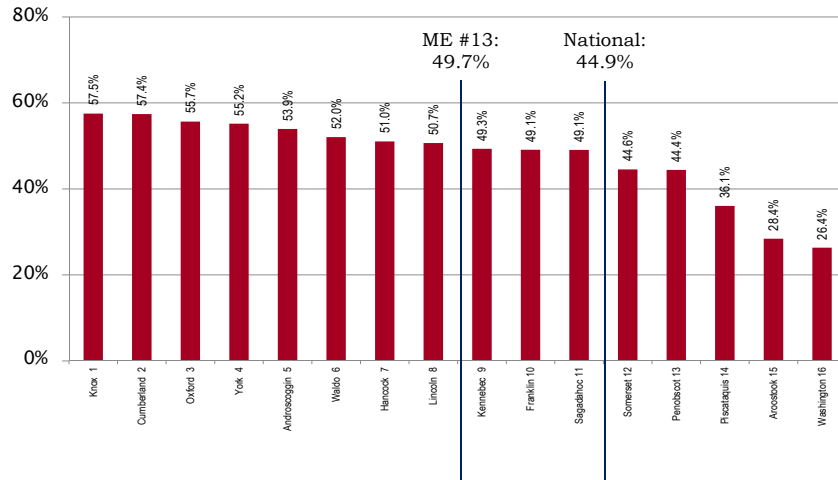
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2020 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



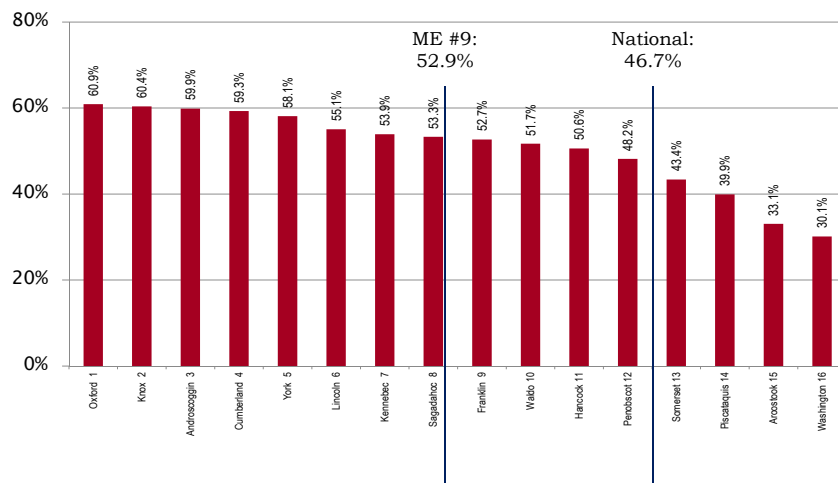
www.HospiceAnalytics.com 20

2021 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



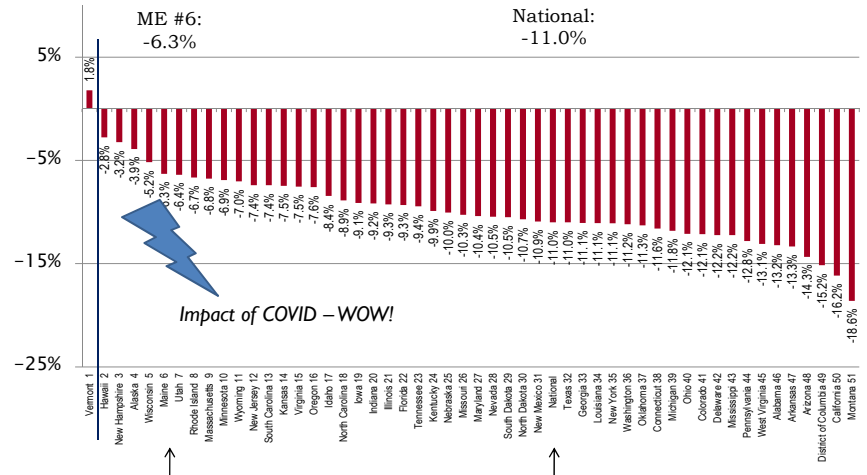
www.HospiceAnalytics.com 21

2020 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



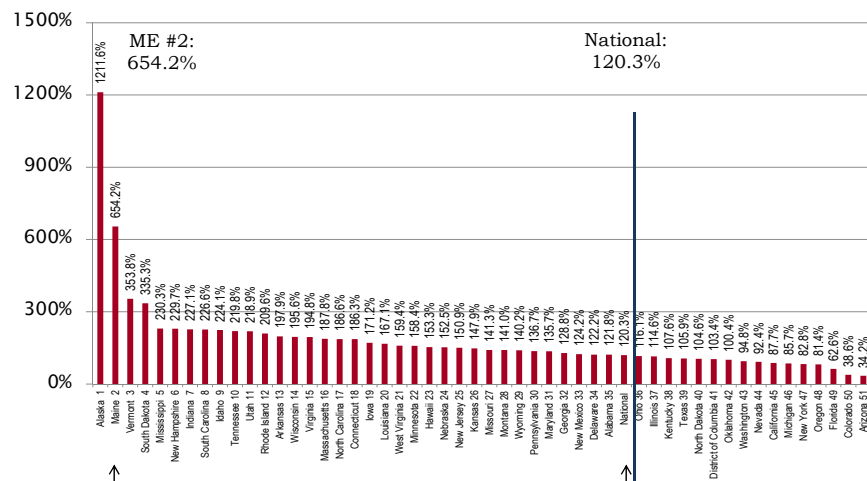
www.HospiceAnalytics.com 22

Change in Hospice Utilization 2019-2021 (Medicare Hospice Deaths / Total Medicare Deaths)



Note: "Change" = (2021 Hospice Utilization - 2019 Hospice Utilization) / 2019 Hospice Utilization. www.HospiceAnalytics.com 23

Change in Hospice Utilization 2000-2021 (Medicare Hospice Deaths / Total Medicare Deaths)



Note: "Change" = (2021 Hospice Utilization - 2000 Hospice Utilization) / 2000 Hospice Utilization. www.HospiceAnalytics.com 24

Medicare Advantage & Hospice

www.HospiceAnalytics.com 25

Hospice Medicare Advantage

The screenshot shows the CMS.gov Newsroom page for a fact sheet titled "Value-Based Insurance Design Model (VBID) Fact Sheet CY 2020". The page includes the CMS.gov logo, navigation links for Newsroom, Press Kit, Blog, Data, and Contact, and a share button. The main content area features the title, date (Jan 18, 2019), category (Innovation models), and an overview paragraph.

CMS.gov Centers for Medicare & Medicaid Services

Newsroom Press Kit Blog Data Contact

Fact sheet

Value-Based Insurance Design Model (VBID) Fact Sheet CY 2020

Jan 18, 2019 | Innovation models

Share

Overview

The Centers for Medicare & Medicaid Services (CMS) is announcing a broad array of Medicare Advantage (MA) health plan innovations that will be tested in the Value-Based Insurance Design (VBID) model for CY 2020. The VBID model is being tested under the authority of the CMS Center for Medicare and Medicaid Innovation (Innovation Center). The model is designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including dual-eligible beneficiaries, and improve the coordination and efficiency of health care service delivery. The changes to the VBID Model announced today aim to contribute to the modernization of Medicare Advantage through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries.

<https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020>

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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**.
- ▶ Some initial concerns include:
 - ▶ Will hospice reimbursement be reduced by MA plans? Perhaps MA plans will send more beneficiaries to hospice, but pay less for them?
 - ▶ Will hospice interdisciplinary services be unbundled? Perhaps MA plans will only pay for more skilled discipline visits?
 - ▶ How will CMS measure success? (Only \$\$\$?) *This is the quality question!*

▶ <https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020>

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Hospice Medicare Advantage

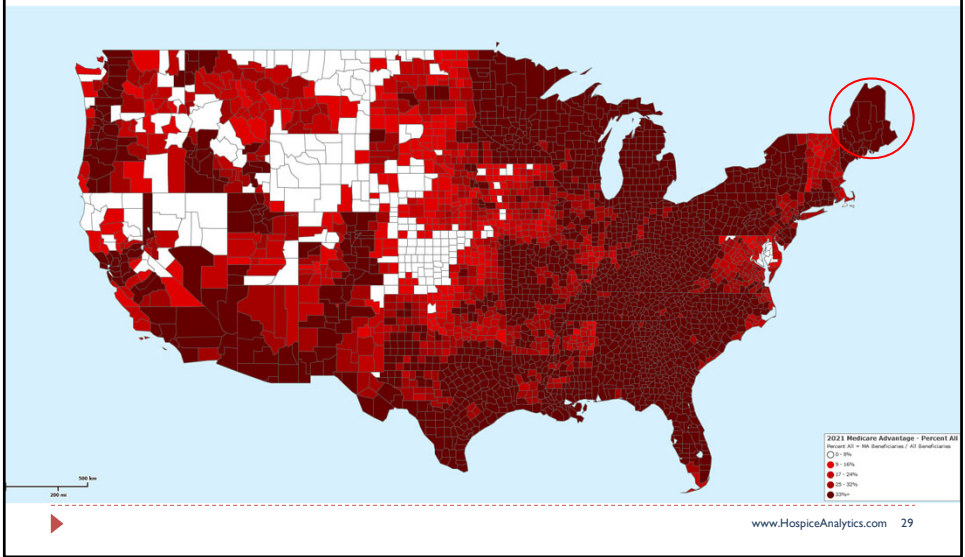
The screenshot shows the CMS.gov website page for the Medicare Advantage Value-Based Insurance Design Model. The page includes a navigation menu with categories like Medicare, Medicaid/CHIP, Medicare/Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled 'Medicare Advantage Value-Based Insurance Design Model' and contains several sections: 'FOR INFORMATION ON THE HOSPICE BENEFIT COMPONENT, PLEASE CLICK HERE', 'FOR INFORMATION ON THE 2023 VBID MODEL, PLEASE CLICK HERE', a paragraph describing the model's goals, a 'Model Summary' box with details on participants and milestones, and a 'Read more' link.

- ▶ **9/29/22:** CMS posted the list of plans that will be participating in the MA VBID Hospice Component model for CY 2023. Fifteen plans will be participating, six more than in 2021 and two more than in 2022.
~Theresa Forster, NAHC

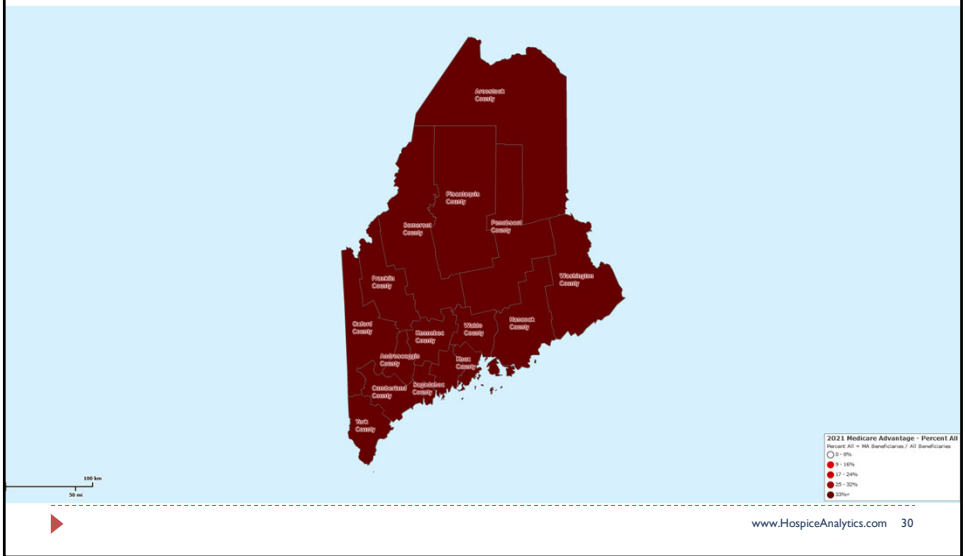
▶ <https://innovation.cms.gov/innovation-models/vbid>

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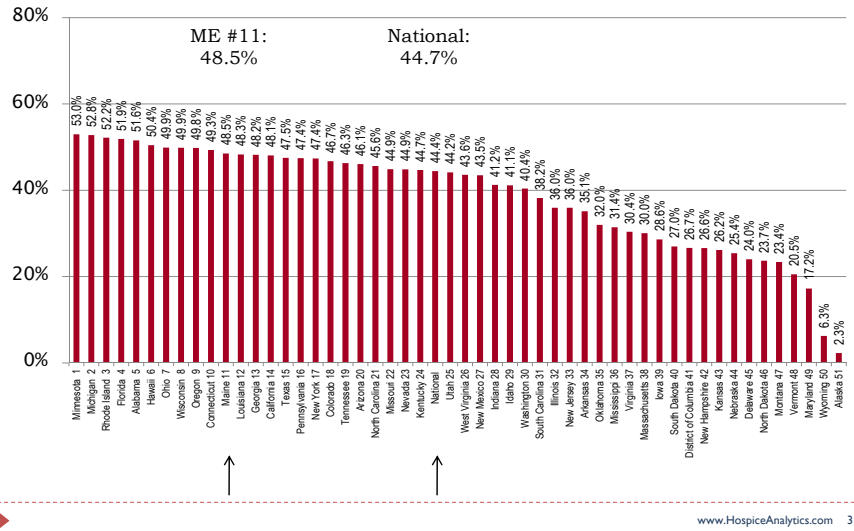
2021 Medicare Advantage – All Percentage of All Beneficiaries



2021 Medicare Advantage – All, Maine Percentage of All Beneficiaries

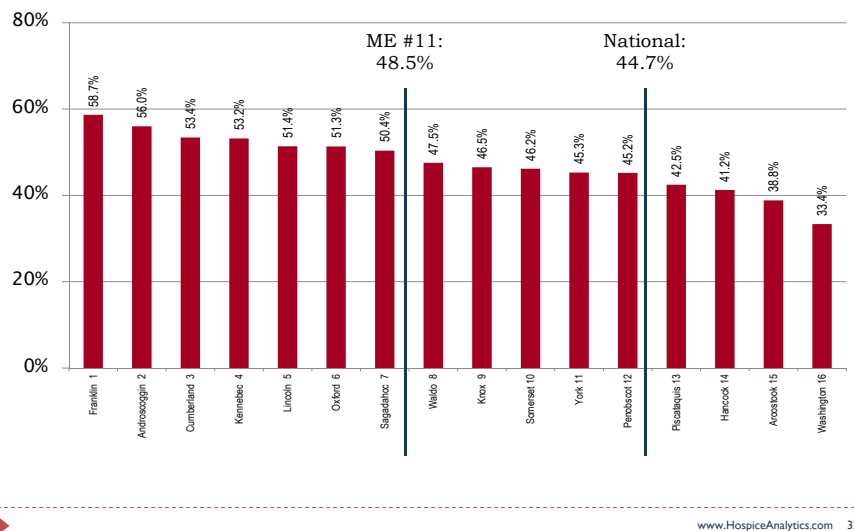


2021 Medicare Advantage – All Percentage of All Beneficiaries



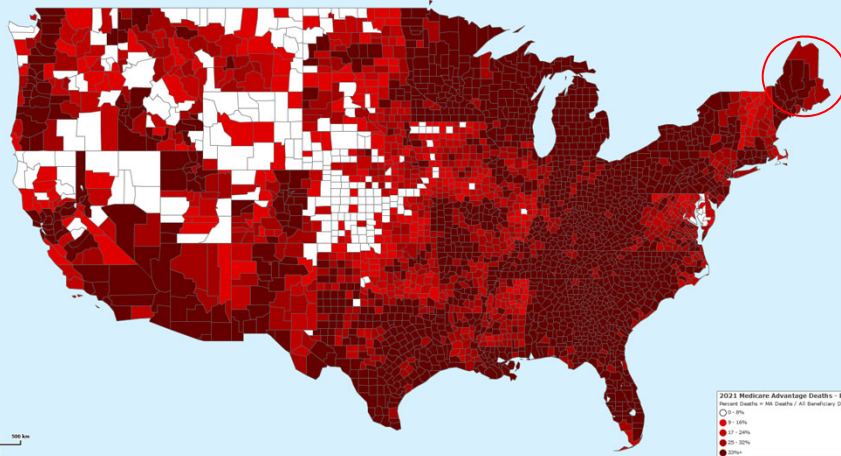
www.HospiceAnalytics.com 31

2021 Medicare Advantage – All – Maine Percentage of All Beneficiaries



www.HospiceAnalytics.com 32

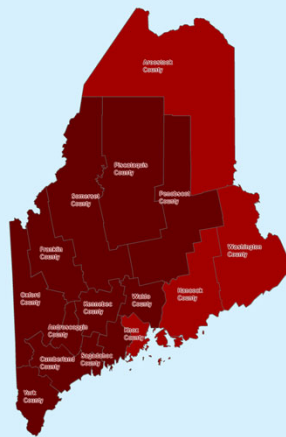
2021 Medicare Advantage – Deaths Percentage of Beneficiary Deaths



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

www.HospiceAnalytics.com 33

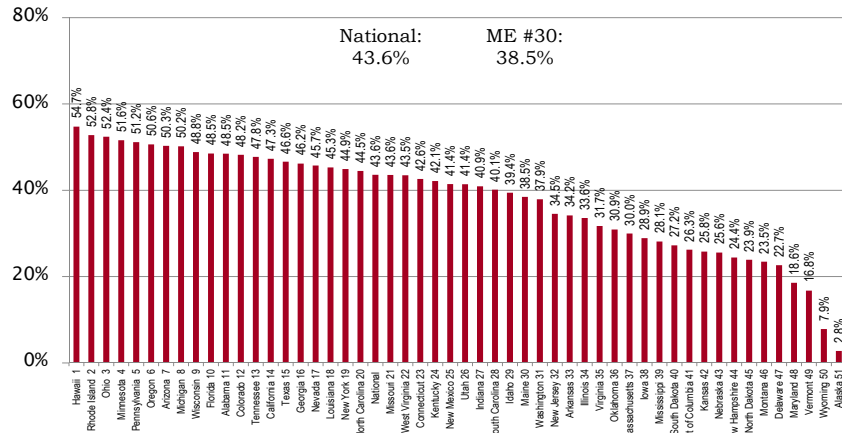
2021 Medicare Advantage – Deaths, Maine Percentage of Beneficiary Deaths



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

www.HospiceAnalytics.com 34

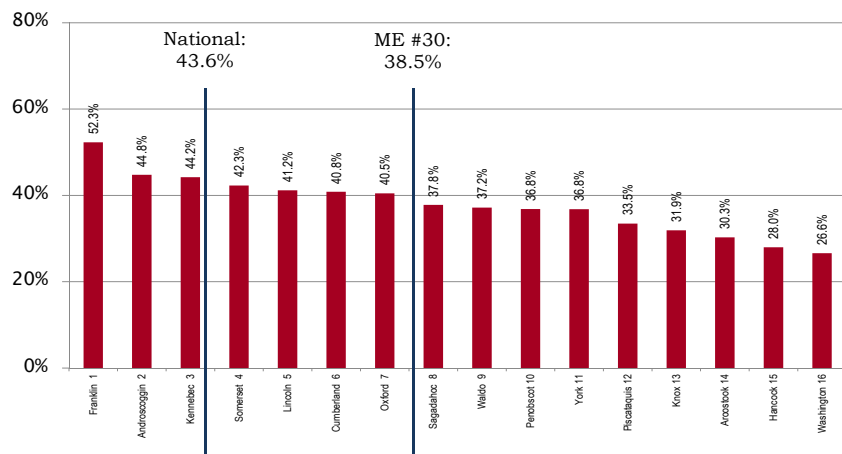
2021 Medicare Advantage – Deaths Percentage of All Beneficiaries



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

www.HospiceAnalytics.com 35

2021 Medicare Advantage – Deaths, Maine Percentage of All Beneficiaries



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

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Care Compare – Hospice Update 8/31/22

10/11/22 Notes:

- CMS released the August refresh of Hospice Compare information on 8/31/22. Several changes have been made, including:
 - New Hospice Star Rating information is available.
 - CMS is removing seven individual HIS process measures and the Comprehensive Assessment Measure no earlier than May 2022.
 - CMS adding the Hospice Care Index (HCI), a composite measure of 10 indicators from claims data, expected in the 8/22 refresh.
- Hospice Outcomes & Patient Evaluation (HOPE) tool is in development.

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New Medicare Hospice Star Ratings, 8/31/22

- Over 6,000 hospices were included in the Aug. 31, 2022, Care Compare for Hospice release (N= 6,041; 27% of hospices nationally in CA).
- Only 1/3 of hospices had reportable Star Ratings (2,026 / 6,041), perhaps because CMS blanks cells with <70 beneficiaries for Star Ratings.
- Of hospices with reportable Star Ratings:
 - 5 Star= 195 (10%) hospices *ME= 1/13 (8%)*
 - 4 Star= 782 (39%) hospices *ME= 7/13 (54%)*
 - 3 Star= 737 (36%) hospices *ME= 5/13 (38%)*
 - 2 Star= 287 (14%) hospices *ME= 0/13 (0%)*
 - 1 Star= 25 (1%) hospices *ME= 0/13 (0%)*
- Therefore, about half of hospices had Star Ratings 4+ (49%) and 85% of hospices had 3+ Star Ratings.

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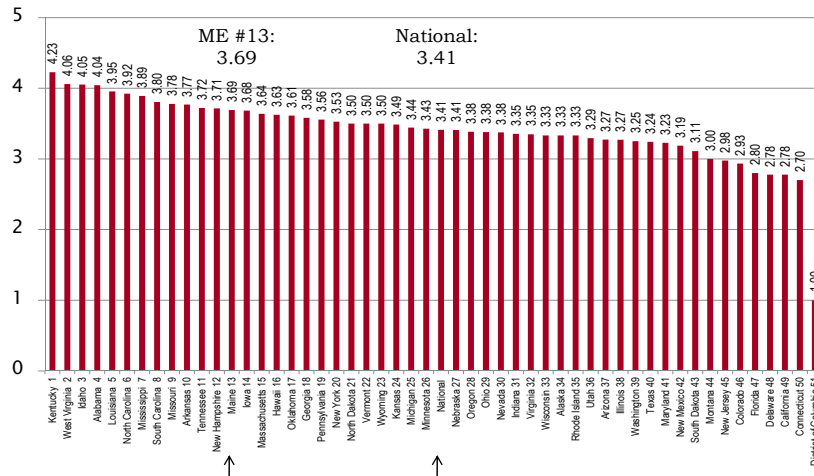
New Medicare Hospice Star Ratings, 8/31/22

- Some caveats:
 - Hospice Star Ratings are new. We should allow ~2 years for both CMS and Hospices to receive, understand, and work to improve scores before making important decisions based on this information.
 - The percentages of hospices with Star Ratings in each state ranged from 10% (CA) to 96% (KY). Reasons for hospices missing Star Ratings need to be better understood, discussed, and reduced in the future.
 - *In Maine, 13/15 (87%) of Medicare certified hospices eligible for Star Ratings received Star Ratings.*

Hospice Item Set Notes, 8/31/22

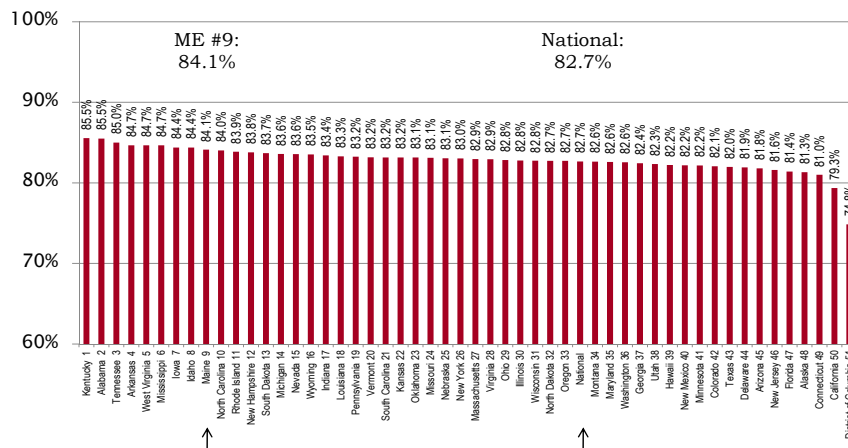
- Interestingly, Hospice Item Set scores dropped significantly between 2022 Q2 and Q3 – perhaps COVID related (since this is an internal measure)?
- This decreased both HIS mean scores and HIS & CAHPS mean scores.

8/22 Care Compare – Hospice Mean Hospice Star Scores x State



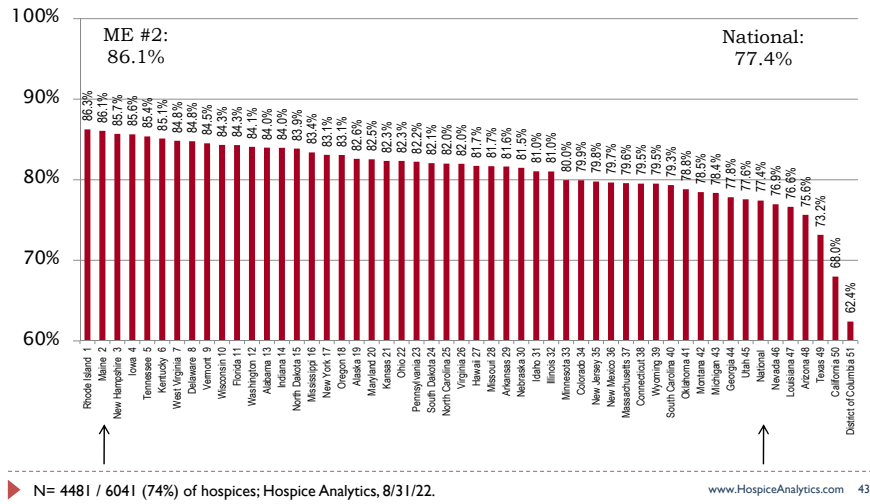
► N= 2020 / 6041 (33%) of hospices; Hospice Analytics, 8/31/22. www.HospiceAnalytics.com 41

8/22 Care Compare - Hospice Hospice HIS & CAHPS – Average Top Box Scores

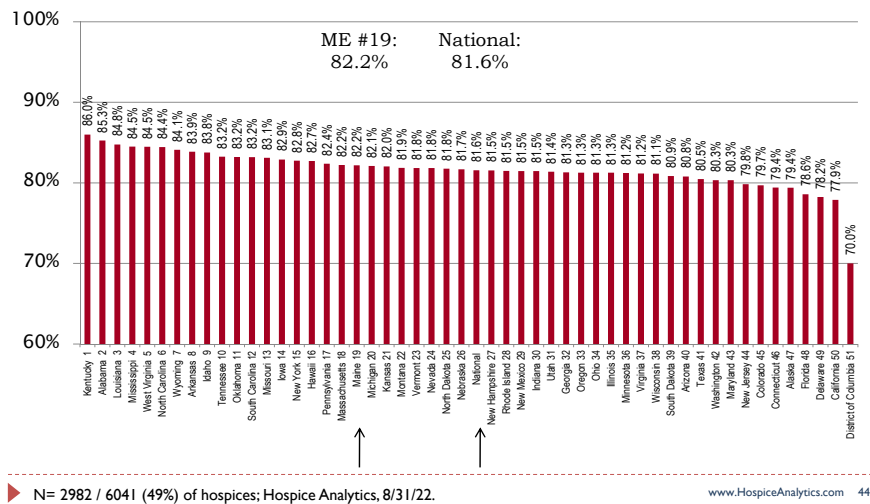


► N= 2979 / 6041 (49%) of hospices; Hospice Analytics, 8/31/22. www.HospiceAnalytics.com 42

8/22 Care Compare - Hospice Hospice Item Set – Mean of 9 Quality Measures



8/22 Care Compare - Hospice Hospice CAHPS – Mean of 8 Quality Measures



8/22 Hospice Compare: Hospice HIS & CAHPS – Average Top Box Scores

Maine Top 10:

State	Hospice	Mean HIS & CAHPS	Star Rating
Maine	ST. JOSEPH HOSPICE 201504	88.76	5.00
Maine	CHANS HOSPICE CARE 201501	86.58	4.00
Maine	HEALTHREACH HOMECARE & HOSPICE 201500	86.33	4.00
Maine	HOSPICE OF SOUTHERN MAINE 201511	86.09	4.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201517	85.66	4.00
Maine	ANDROSCOGGIN HOME HEALTHCARE & HOSPICE 201513	85.32	4.00
Maine	KINDRED HOSPICE 201523	85.26	3.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201516	85.26	3.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201520	84.85	3.00
Maine	COMPASSUS - GREATER MAINE 201519	84.18	4.00

▶ N= 2979 / 6041 (49%) of hospices; Hospice Analytics, 8/31/22.

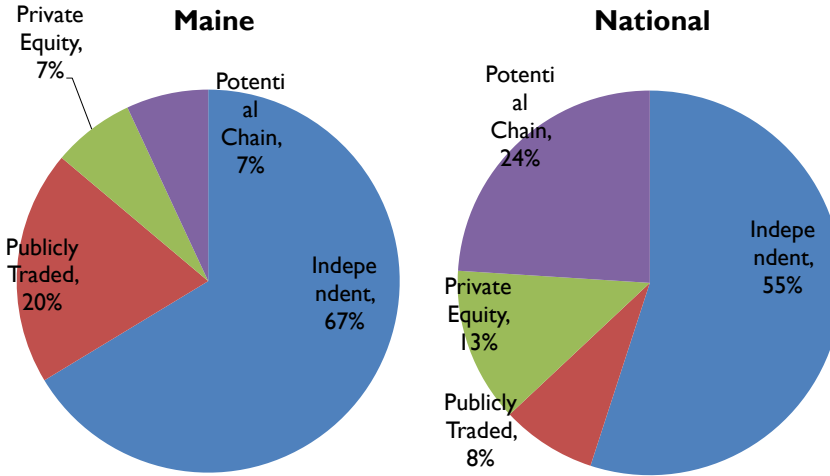
www.HospiceAnalytics.com 45

Additional Medicare Claims Data Points



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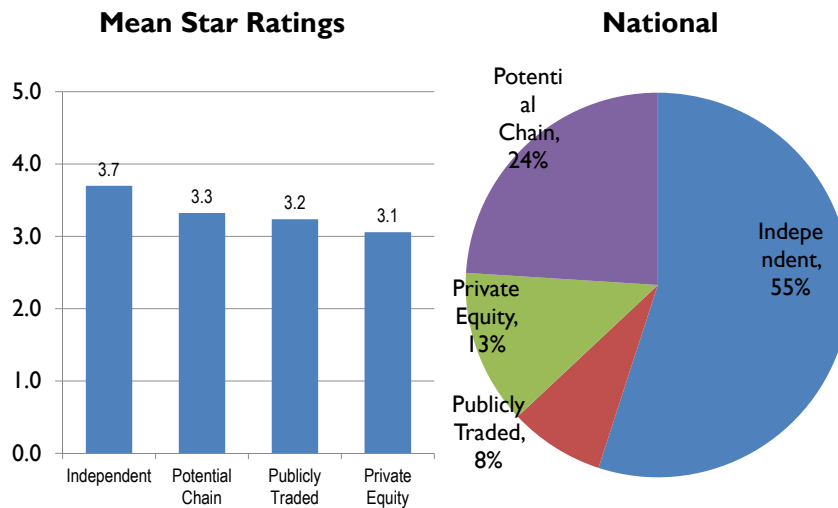
6/22 Medicare Hospice
Percentage of Hospices x Corporate Ownership



6/22 Hospice Analytics update; based on JAMA, Stevenson; Aldridge, 2021.

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6/22 Medicare Hospice
Percentage of Hospices x Corporate Ownership

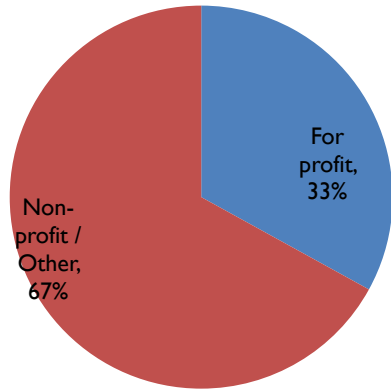


6/22 Hospice Analytics update; based on JAMA, Stevenson; Aldridge, 2021.

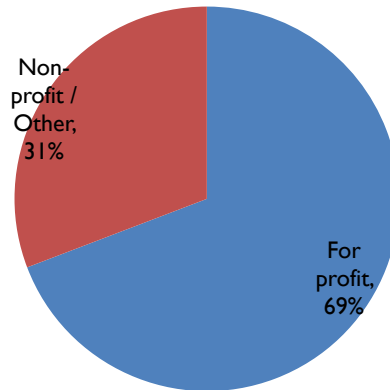
www.HospiceAnalytics.com 48

2021 Medicare Hospice Percentage of Hospices x Type Control

Maine



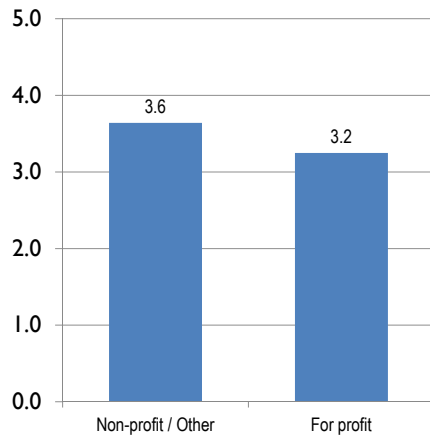
National



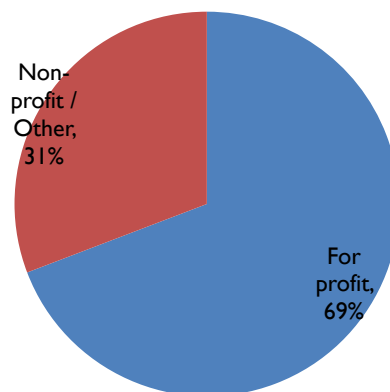
www.HospiceAnalytics.com 49

2021 Medicare Hospice Percentage of Hospices x Type Control

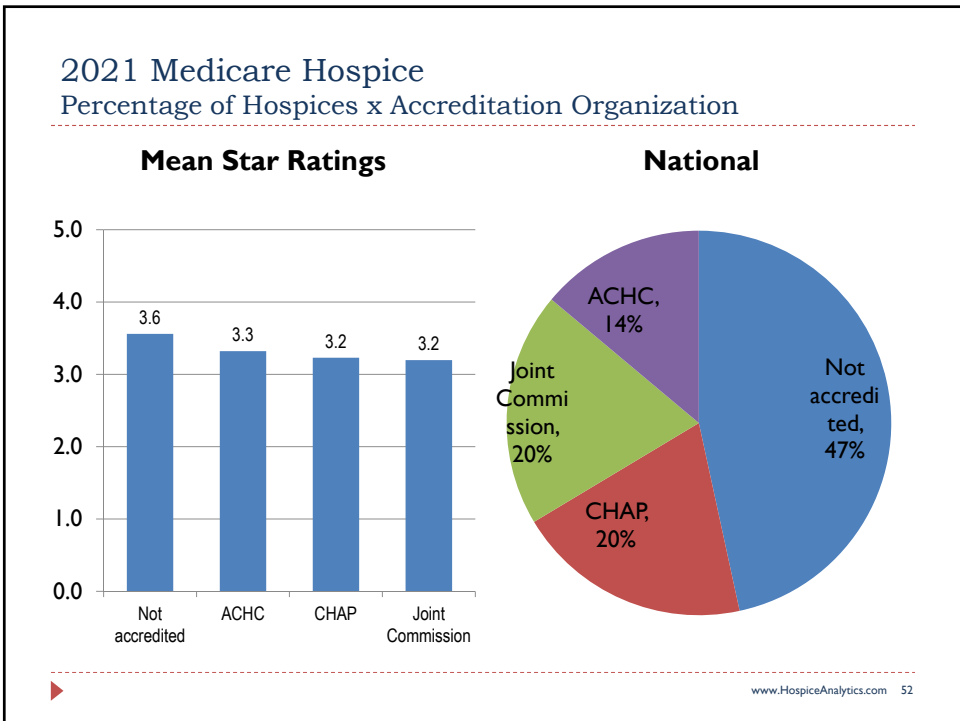
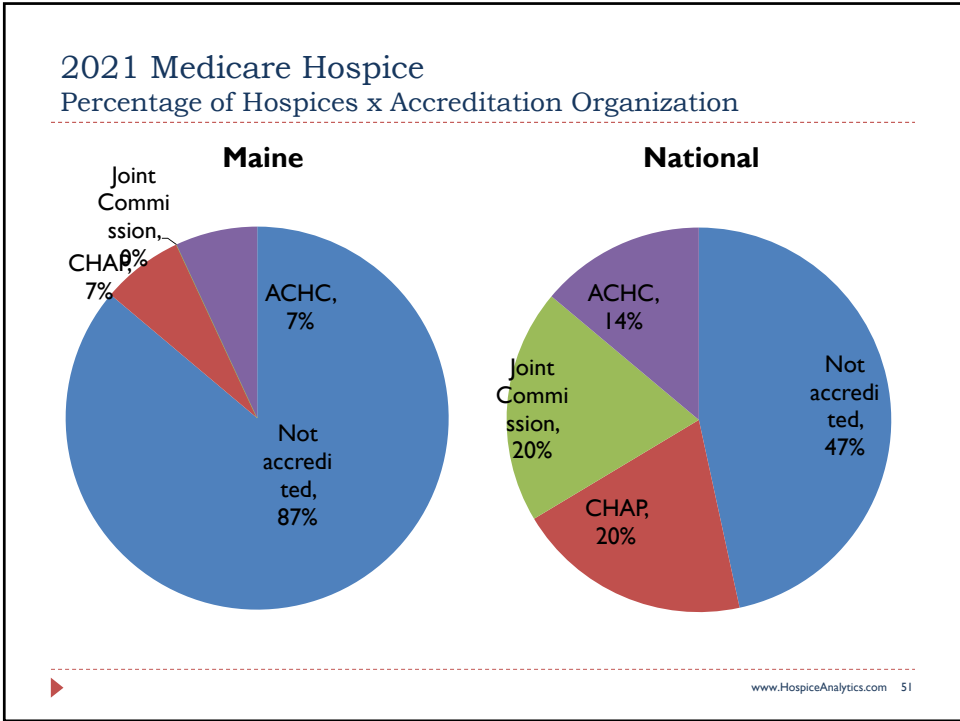
Mean Star Ratings



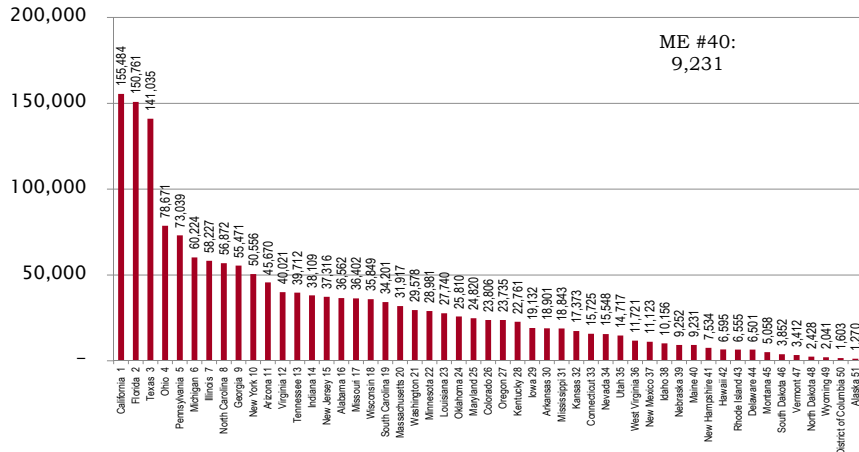
National



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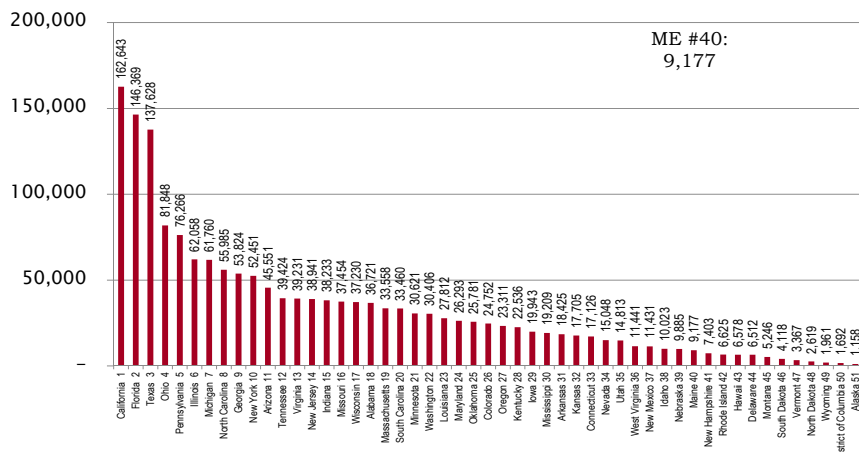
2021 Medicare Beneficiaries Admitted to Hospice National= 1,692,112



Note: 2021 Medicare Hospice Admissions= 1,806,306.

www.HospiceAnalytics.com 53

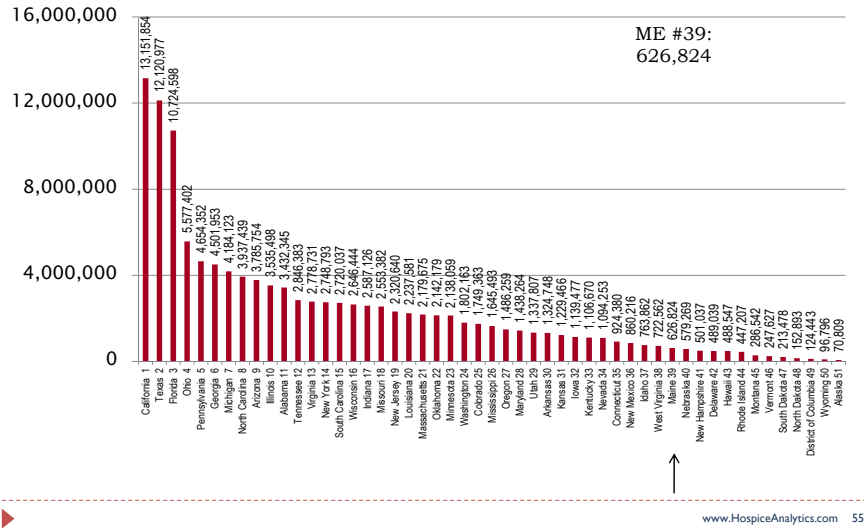
2020 Medicare Beneficiaries Admitted to Hospice National= 1,703,652



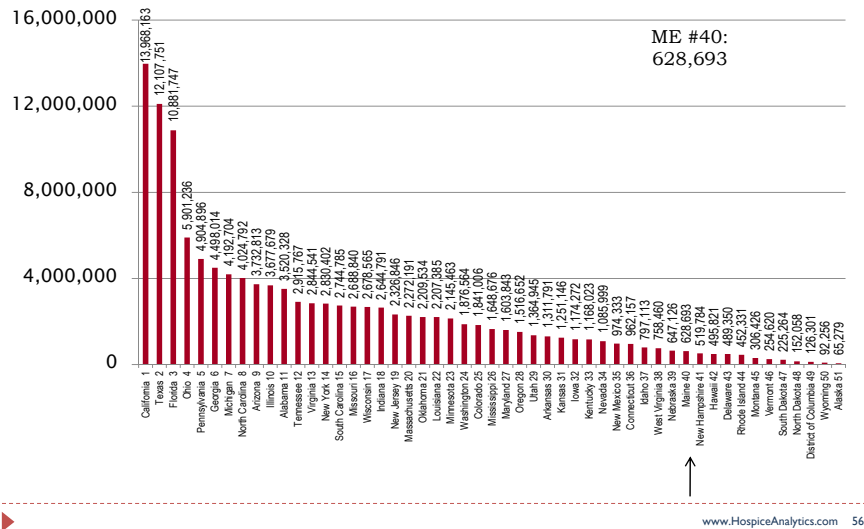
Note: 2020 Medicare Hospice Admissions= 1,820,889.

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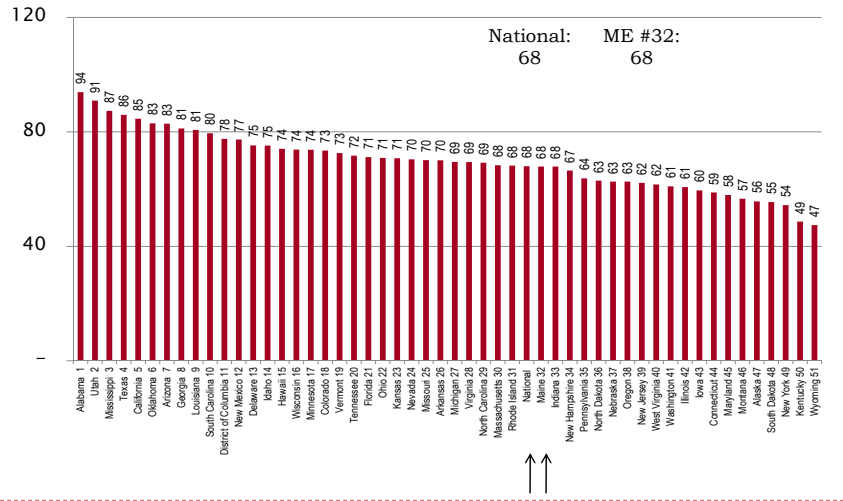
2021 Medicare Total Days of Hospice Care National= 122,454,819 Days



2020 Medicare Total Days of Hospice Care National= 125,709,522 Days

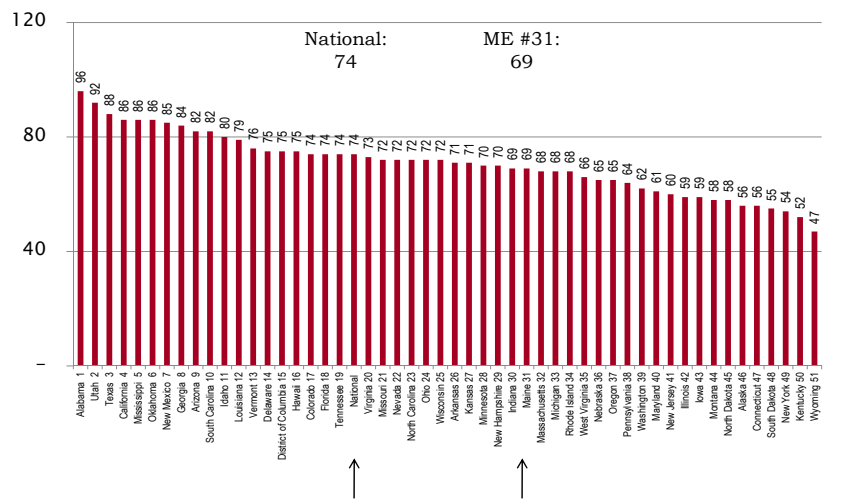


2021 Medicare Hospice Mean Days of Care / Beneficiary



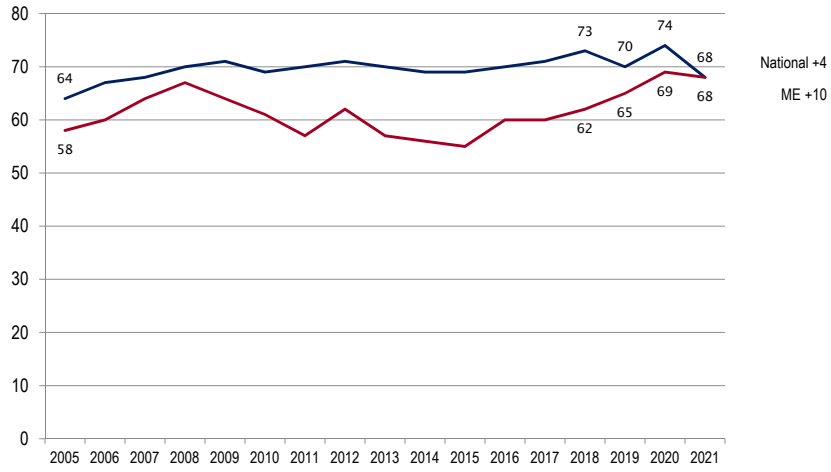
www.HospiceAnalytics.com 57

2020 Medicare Hospice Mean Days of Care / Beneficiary



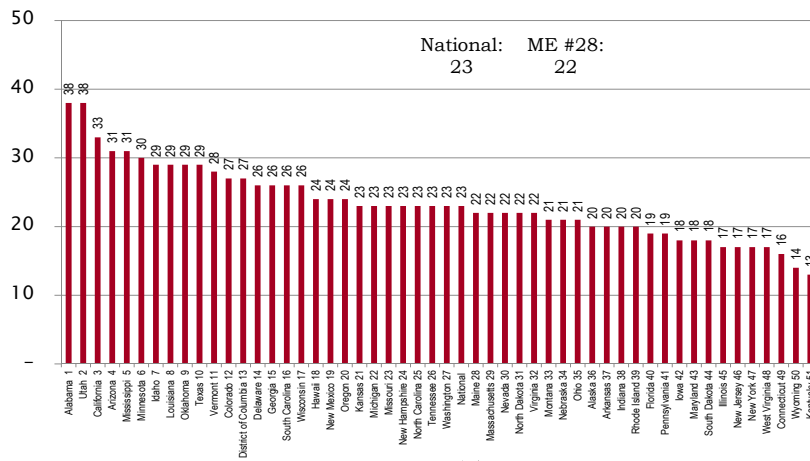
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2005-2021 Hospice Mean Days of Care 17-Year Trends



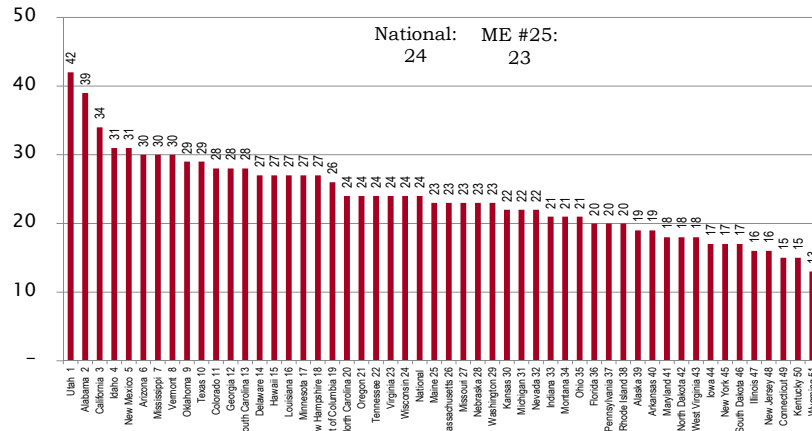
www.HospiceAnalytics.com 59

2021 Medicare Hospice Median Days of Care / Beneficiary



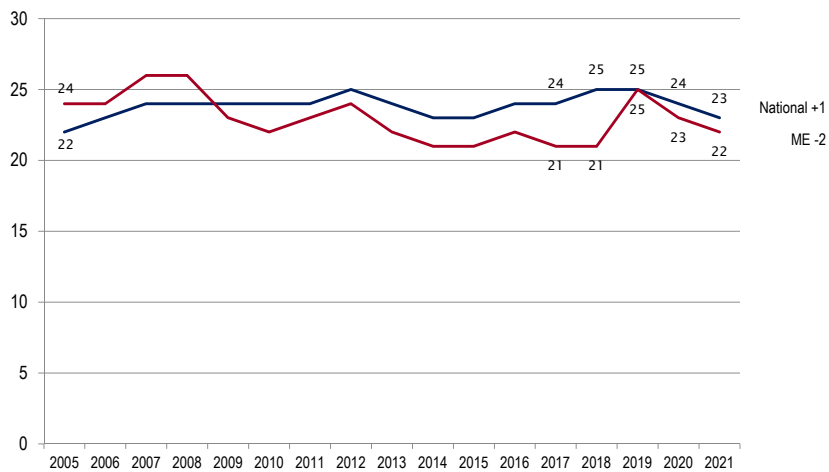
www.HospiceAnalytics.com 60

2020 Medicare Hospice Median Days of Care / Beneficiary



www.HospiceAnalytics.com 61

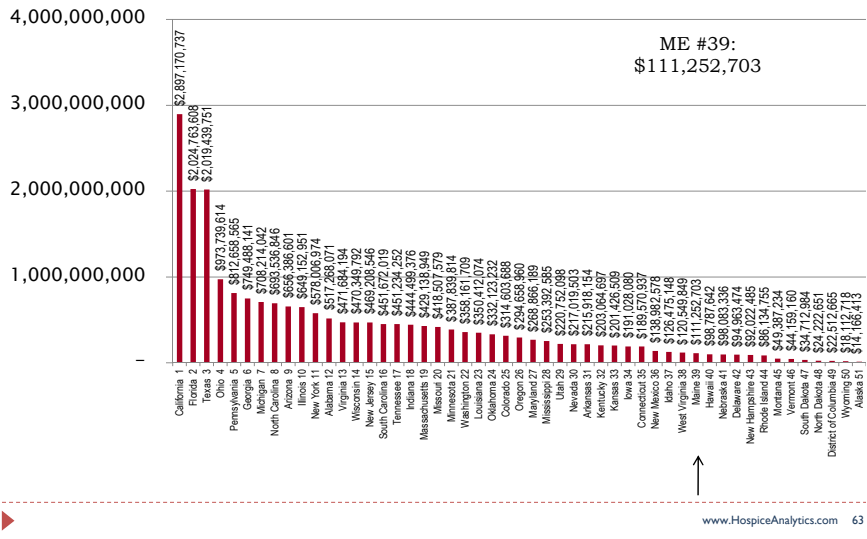
2005-2021 Hospice Median Days of Care 17-Year Trends



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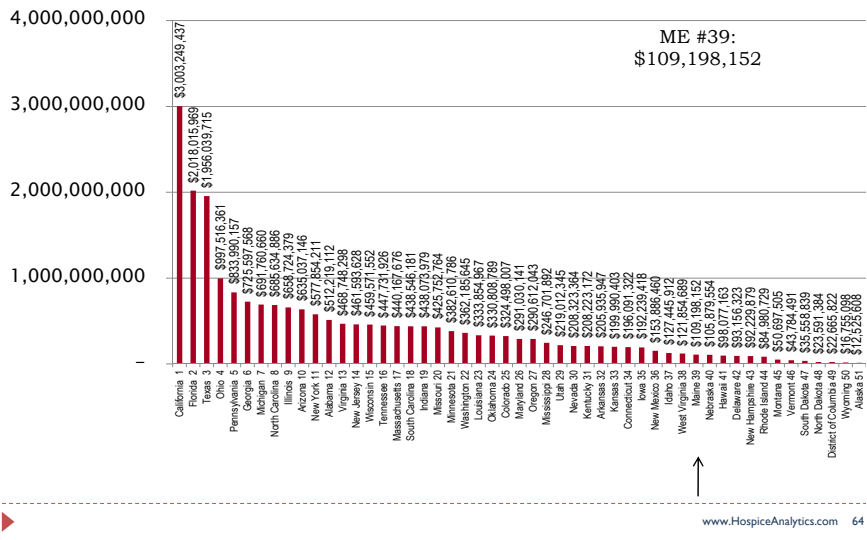
2021 Medicare Hospice Total Medicare Reimbursement

National= \$22,059,484,635

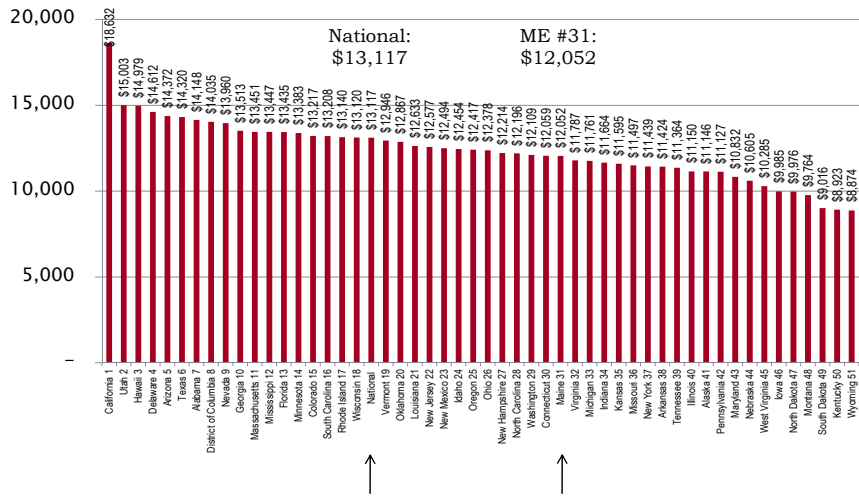


2020 Medicare Hospice Total Medicare Reimbursement

National= \$22,060,231,454

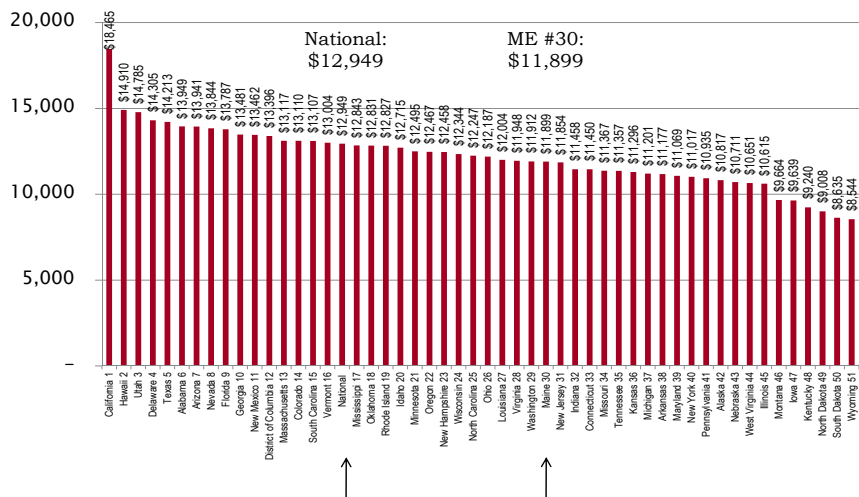


2021 Medicare Hospice Mean Medicare Reimbursement / Beneficiary



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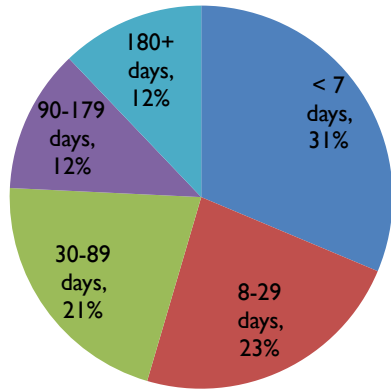
2020 Medicare Hospice Mean Medicare Reimbursement / Beneficiary



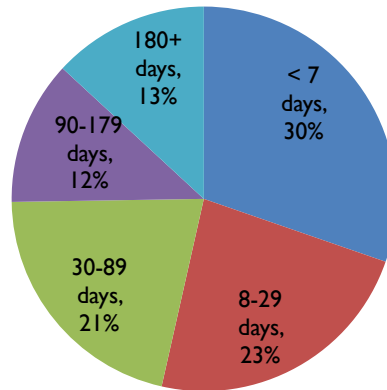
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2021 Medicare Hospice
Percentage of Days x LOS / Beneficiary

Maine



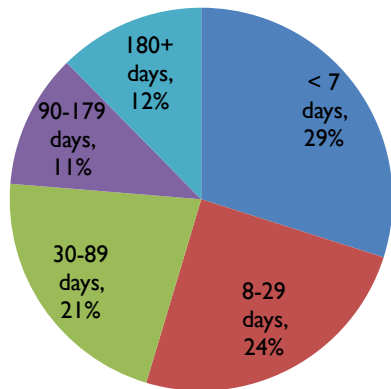
National



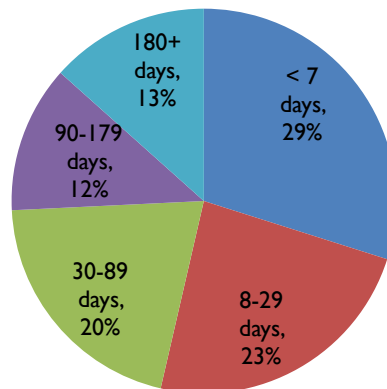
www.HospiceAnalytics.com 67

2020 Medicare Hospice
Percentage of Days x LOS / Beneficiary

Maine



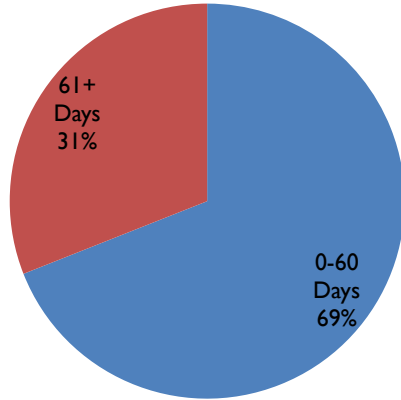
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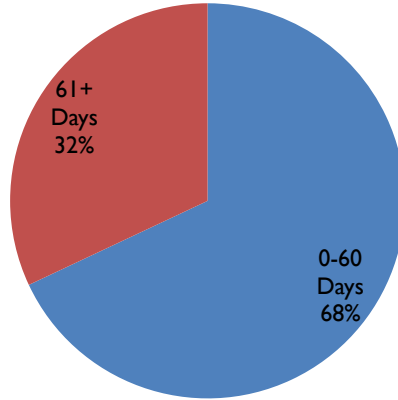
www.HospiceAnalytics.com 68

2021 Medicare Hospice
Percentage of Days x LOS / Beneficiary

Maine



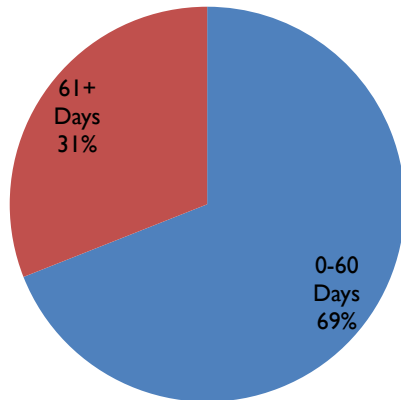
National



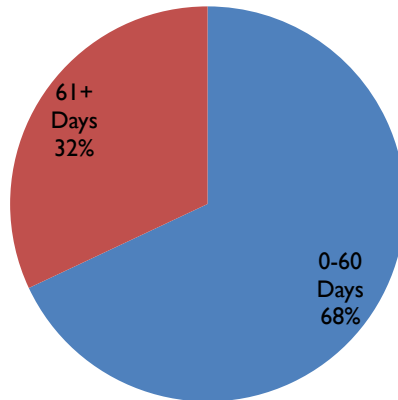
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2020 Medicare Hospice
Percentage of Days x LOS / Beneficiary

Maine

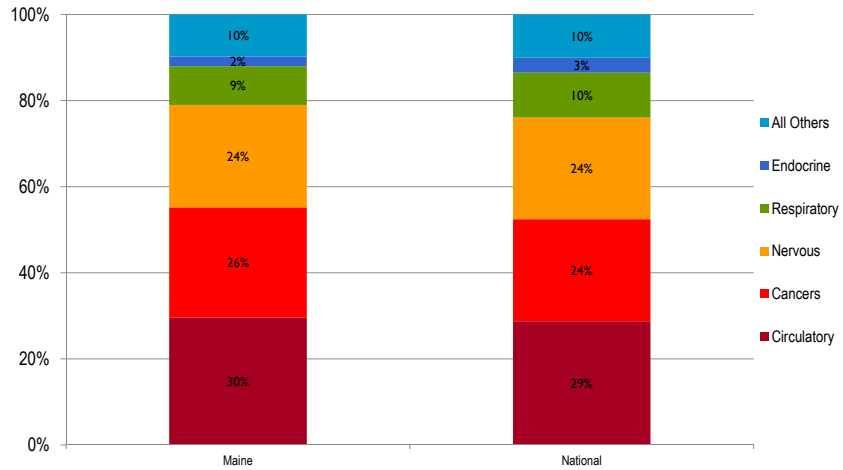


National



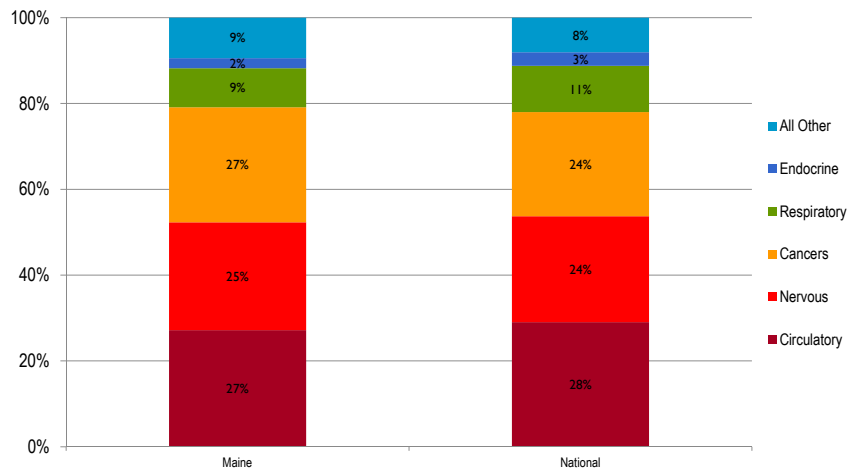
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2021 Medicare Hospice Beneficiaries Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)



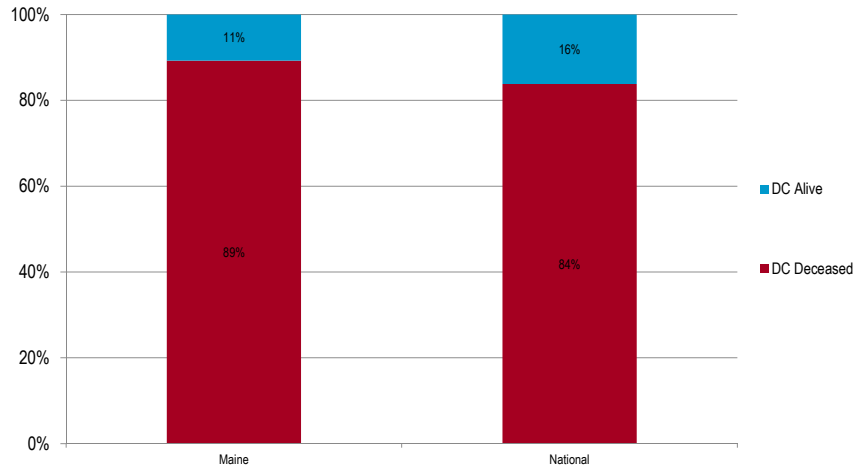
www.HospiceAnalytics.com 71

2020 Medicare Hospice Beneficiaries Top Six ICD-10 PRIMARY Diagnoses (out of 19 categories)



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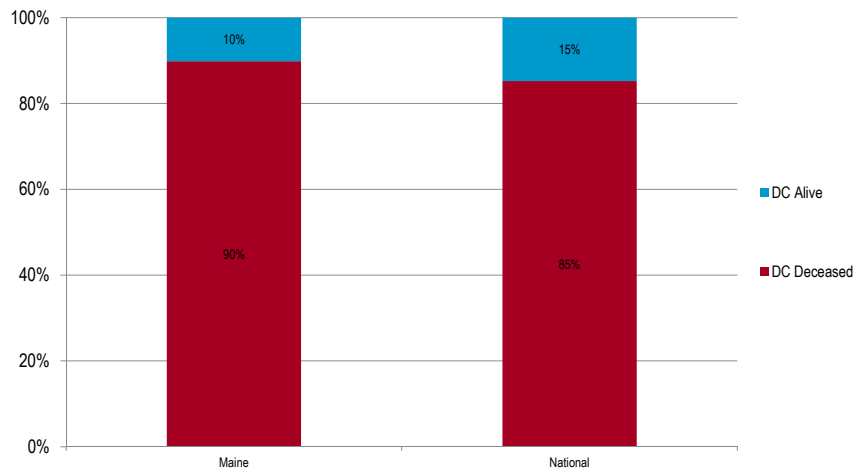
2021 Medicare Hospice Beneficiaries Status at Discharge



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

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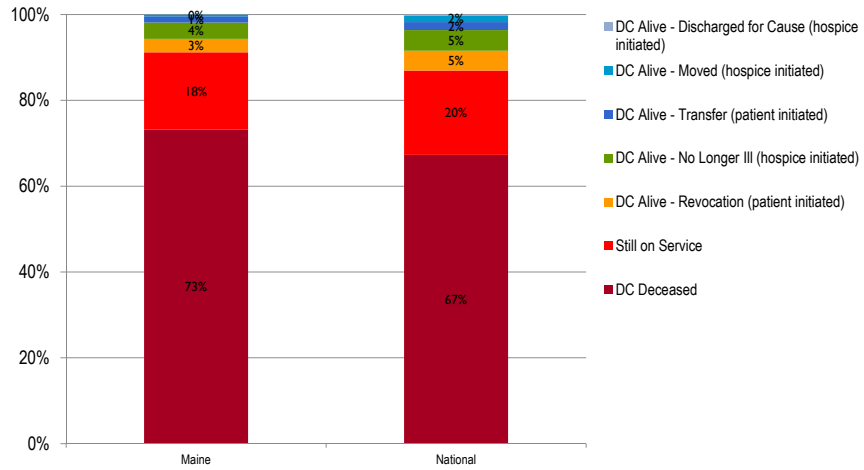
2020 Medicare Hospice Beneficiaries Status at Discharge



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

www.HospiceAnalytics.com 74

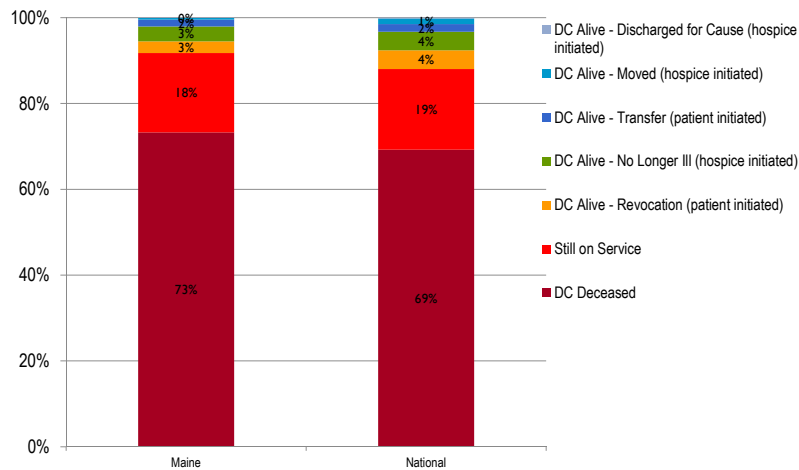
2021 Medicare Hospice Beneficiaries Status at Discharge - Detailed



Note: Percentages calculated for each admission.

www.HospiceAnalytics.com 75

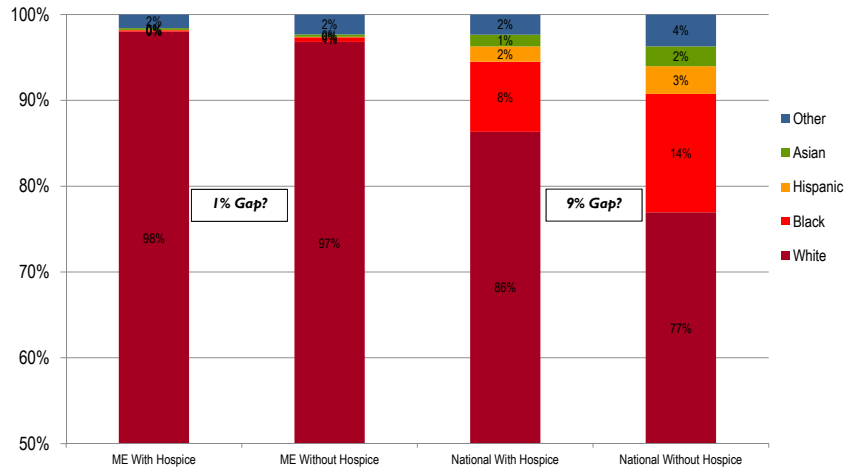
2020 Medicare Hospice Beneficiaries NEW - Status at Discharge - Detailed



Note: Percentages calculated for each admission.

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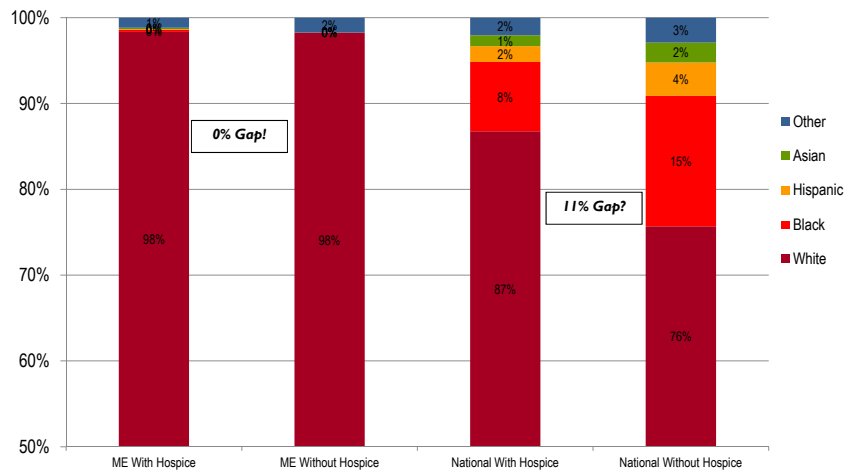
2021 Medicare Hospice Beneficiaries Race: Dying With vs. Without Hospice



Minorities are underserved in hospice.

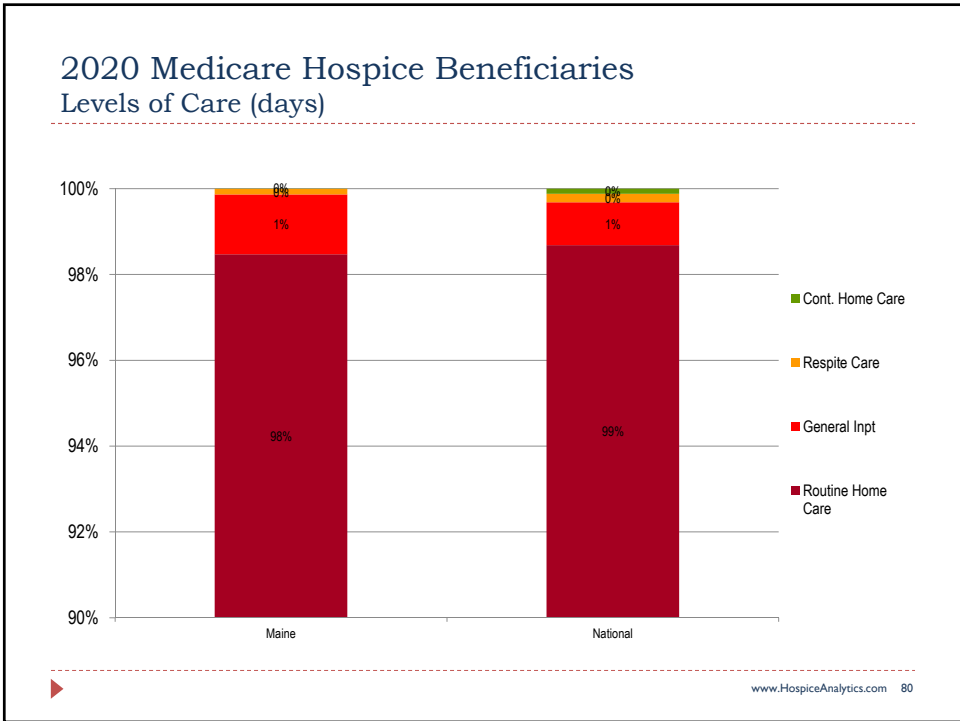
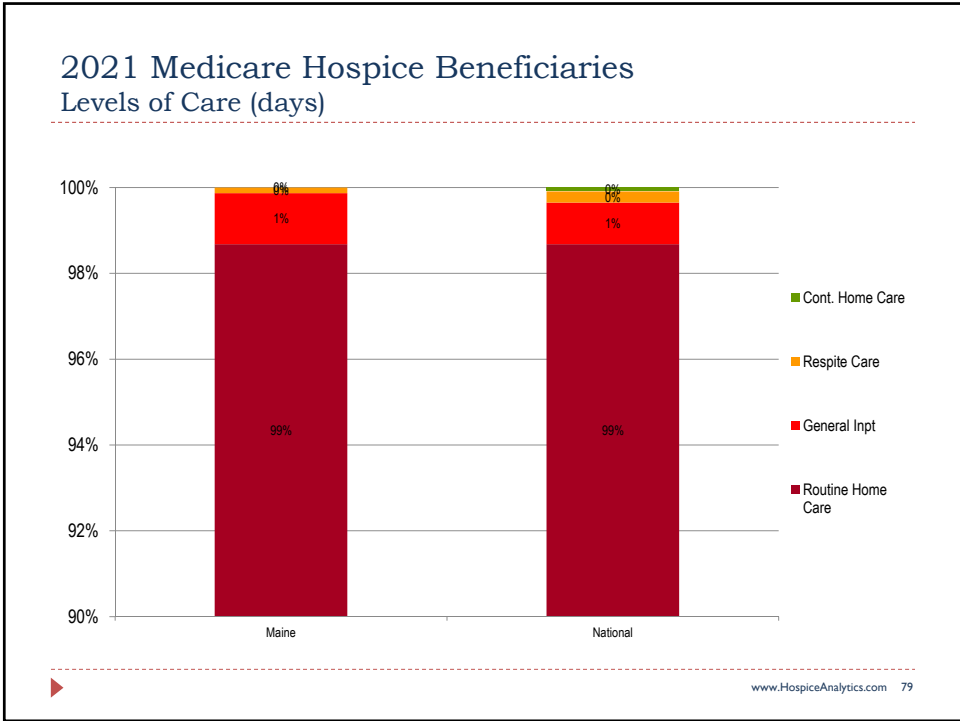
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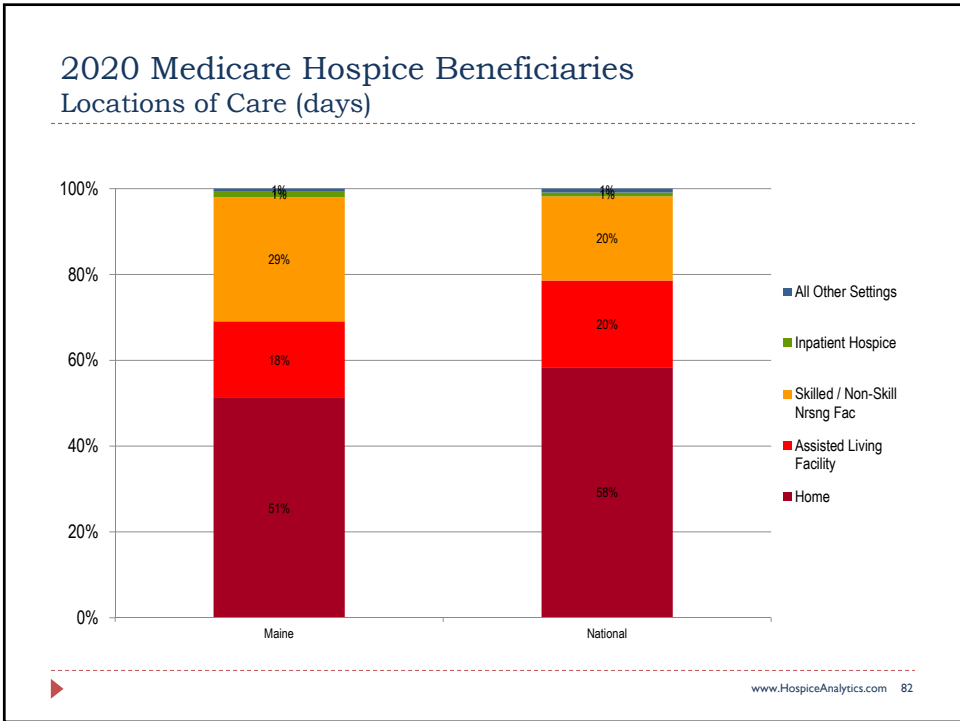
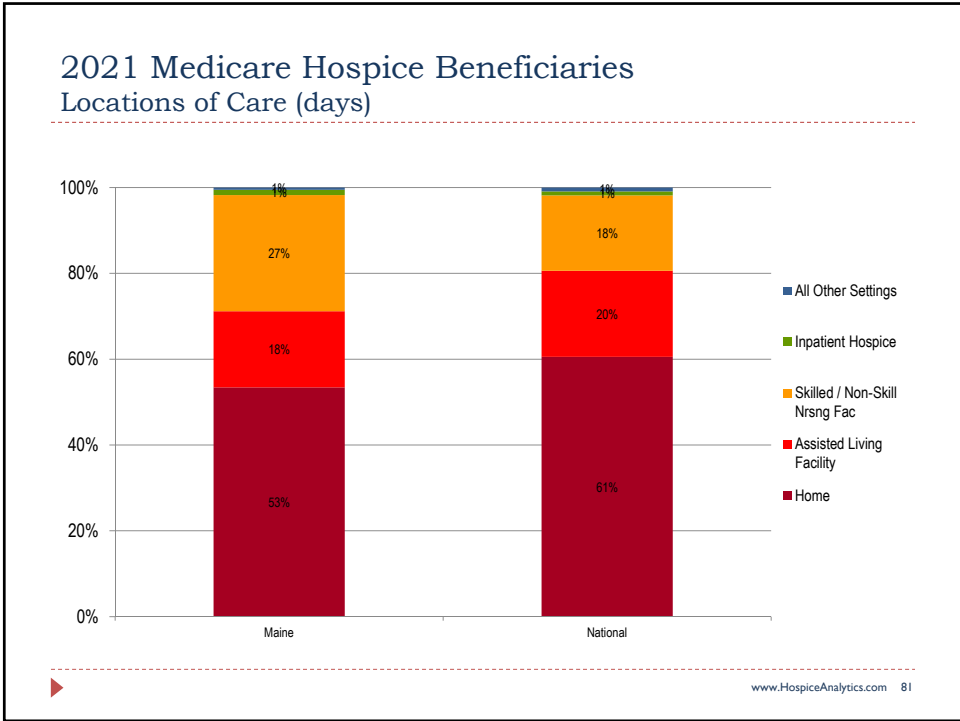
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Thank you

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!