

STATE OF MARYLAND

Andrew N. Pollak, MD
CHAIRMAN



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

April 10, 2019

By E-Mail and USPS

Margaret M. Witherup, Esquire
Leslie M. Cumber, Esquire
Gordon Feinblatt, LLC
233 East Redwood Street
Baltimore, Maryland 21202

Marta D. Harting, Esquire
Venable LLP
750 E. Pratt Street, Suite 900
Baltimore, Maryland 21202

Howard L. Sollins, Esquire
Baker Donelson
100 Light Street
Baltimore, Maryland 21202

Re: Project Status Conference Summary
Baltimore City Hospice Review:
Bayada Home Health Care, Inc. d/b/a Bayada Hospice
(Docket No. 16-24-2387)
Carroll Hospice, Inc.
(Docket No.:16-24-2388)
P-B Health Home Care Agency, Inc.
(Docket No. 16-24-2389)

Dear Counsel:

I write this letter to summarize the project status conference held on April 8, 2019, regarding the above-referenced applications, each of which seeks Certificate of Need (“CON”) approval to establish a general hospice program in Baltimore City.

Present at the project status conference were the following representatives of the parties in this review:

Bayada Home Health Care, Inc. d/b/a Bayada Hospice (“Bayada Hospice”)
Margaret Witherup, Esq.
Leslie Cumber, Esq.
Randy Brown, Bayada Hospice
Shannon Gahs, Bayada Hospice

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 2

Carroll Hospice, Inc.

Marta Harting, Esq.

Regina M. Bodnar, Carroll Hospice

Patrick F. McMahon, Carroll Hospital

P-B Health Home Care Agency, Inc. (“P-B Health”)

Howard L. Sollins, Esq.

Matthew H. Bailey, Esq., P-B Health

Lena M. Woody, P-B Health

Andrew L. Solberg, Consultant

At the project status conference, I discussed those aspects of each application that appear to be inconsistent with applicable standards and review criteria. Initially, I noted that each applicant failed to comply with the Minimum Services standard, COMAR 10.24.13.05C, and with two parts of the Charity Care and Sliding Fee Scale standard, COMAR 10.24.13.05J(1) and(2).

COMAR 10.24.13.05C: Minimum Services

Each applicant failed to detail how it will provide the required Minimum Services, found at COMAR 10.24.13.05C. The Minimum Services standard requires that a hospice provide three services directly, i.e., by hospice employees. The standard lists another twelve services that can be provided either directly by hospice employees or indirectly through contractual arrangements. Attached to this Project Status Conference Summary is a table titled “Table __: COMAR.10.24.13.05C: Minimum Services” to be completed by each applicant. If an applicant intends to provide a service indirectly, it must identify the entity with whom it will contract to deliver the service.

COMAR 10.24.13.05J: Charity Care and Sliding Fee Scale

The Charity Care and Sliding Fee Scale standard, COMAR 10.24.13.05J, requires a general hospice program to have a written policy that contains certain provisions that are clearly stated in the regulation. Each of the three applicants failed to comply with the first two subsections of this standard, i.e., the provisions requiring a determination of probable eligibility within two business days, and giving required notice of the policy. Each applicant must modify its responses to the following subsections.

Subsection (1): Determination of Eligibility.

Subsection (1) of the Charity Care and Sliding Fee Scale Standard (emphasis added) provides that:

Within two business days following a patient's initial request for charity care services, application for medical assistance, or both, the hospice shall make a determination of probable eligibility for medical assistance, charity care and reduced fees, and communicate this probable eligibility determination to the patient.

The purpose of this subsection is to give a potential patient seeking charity care an idea fairly quickly as to whether s/he will be able to obtain charity care or reduced fee services. This requirement means that a general hospice should have both a policy and a simple and expeditious process that assures that a patient seeking charity care or reduced fees, will be informed of probable eligibility for charity care, reduced fee services, or Medicaid within two business days of an initial request.

It is permissible for a hospice to have a two-step process. Step one may be based on an abridged set of information, but must result in the hospice communicating its determination of probable eligibility to the potential patient or patient's family within two business days of request. Step Two, the final determination of eligibility for charity care or reduced fees can be based on a completed application with required documentation.

Note that requiring a completed application prior to making a determination of probable eligibility does not meet the requirements of the standard.

Each applicant's policies and procedures must make it clear what information is required in order to issue a determination of probable eligibility and it may be as simple as conducting an interview that discusses family size, insurance, and income. A final determination may require documentation.

Subsection (2): Required Notices.

Subsection (2) of the Charity Care and Sliding Fee Scale Standard requires a general hospice to give public notice of its charity care and sliding fee scale policies annually through methods designed to best reach the population in its service area and in a format understandable by the population. This notice must be posted in the general hospice program's business office and on its website, if it has a website. A hospice program must also provide individual notice of these policies to potential patients and their families prior to the provision of services.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 4

I want to point out that any information provided to the public or to a potential patient by a general hospice program – notices on the hospice’s website, notices at the hospice program’s offices, information or notice given to potential patients or their families, application forms, and any other documents – must be consistent with the Charity Care and Sliding Fee Scale standard.

Bayada Hospice

Bayada’s application is not approvable because, as noted earlier, it does not comply with the minimum services standard or with subsections (1) and (2) of the Charity Care and Sliding Fee Scale standard, noted above. Bayada also does not comply with subsection (3) of the Charity Care standard regarding discounted care based on a time payment plan. In addition, I cannot find that Bayada meets the Viability criterion.

COMAR 10.24.13.05J: Charity Care and Sliding Fee Scale Standard

Subsection (1): Determination of Eligibility.

Bayada’s Charity Care Policy (DI #3, Exh. 23, Policy #0-8407) provides that it “will make an initial determination of probable eligibility within two business days” upon receiving a request for charity care. The policy should include those patients who seek reduced fees or who make an application for medical assistance. Bayada also states that its Policy #0-3682 “ensures access to hospice services regardless of an individual’s ability to pay,” but does not include a copy of this policy for my review.

Bayada did not provide documents that describe the process that it uses to make either a determination of probable eligibility or a final determination of eligibility for charity care, reduced fees, or Medicaid. Please also note my initial discussion, page 3, *supra*.

Subsection (2): Notice of Charity Care Policy.

Bayada’s Charity Care Policy states that it will annually disseminate public notices and information regarding the hospice’s charity care policy and post it in its office and on its website. Bayada needs to detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services. Please also note my initial discussion, pages 3-4, *supra*.

Subsection (3): Discounted Care Based on a on a Sliding Fee Scale and Time Payment Plan Policy.

Bayada’s Charity Care Policy does not contain provisions regarding the terms and types of time payment plans available to patients.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 5

COMAR 10.24.01.08G(3)(d): Viability of the Proposal.

The information Bayada provided in three tables of the application does not show that it complies with the viability criterion. The three tables are: Table 2b, statistical projections; Table 4, revenue and expense projections; and Table 5, manpower information. Using the information in those tables, I calculated projected visits per patient-day for each discipline, annual visits per full-time-equivalent employee for each discipline, and cost and revenue per patient-day. My analysis revealed two items that raised concerns: (1) Bayada projects a revenue-per-patient-day, at \$221.20, is approximately 24% higher than the average for Maryland general hospices; (2) Bayada's cost per patient-day, at \$210.23, is 68% above the average for Maryland general hospices.

Recommendations Regarding Bayada's Application

I recommend that Bayada modify its responses to the Charity Care and Sliding Fee Scale standard and to the Viability review criteria.

1. Regarding Minimum Services, Bayada must clarify how it will provide the required services. It may provide this information in the attached table.
2. Revise its Charity Care and Sliding Fee Scale policy and procedures to be consistent with the standard. Procedures must differentiate a probable determination of eligibility for charity care, reduced fee care, or Medicaid from a final determination. Please detail how you provides individual notice of these policies to patients and/or their families prior to the provision of services.
3. Bayada must submit a copy of the Financial Hardship Policy (Policy #0-3682). This policy must be consistent with the Charity Care and Sliding Fee Scale standard.
4. Revise all applicable forms, notices, and information provided to comply with the Charity Care and Sliding Fee Scale standard. This includes all public notices, posted notices, notices to potential patients/families, application(s) for charity care or reduced fees, and other similar documents. The wording of these materials should be in a format understandable by the service area population.
5. Include details on the terms and types of time payment plans available to patients.
6. Assure that notices on its website are correct, easily located, and understandable.
7. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, sliding fee scale, and time payment plans that will apply or be provided to a prospective patient.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 6

8. Regarding the viability criterion, make any needed corrections to projected revenue and cost per patient day. Include all assumptions upon which each projection is based and provide replacement Tables 2b, 4, and 5 as necessary.

9. Modify other portions of its CON application that are affected by changes made in response to my recommendations.

Carroll Hospice

Carroll Hospice's application is not approvable because, as noted earlier, it does not comply with the minimum services standard or with subsections (1) and (2) of the Charity Care and Sliding Fee Scale standard. In addition, Carroll Hospice does not comply with subsection (4) of the Charity Care and Sliding Fee Scale standard that addresses the level of charity care commitment.

COMAR 10.24.13.05J. Charity Care and Sliding Fee Scale Standard

Subsection (1): Determination of Eligibility.

Carroll Hospice's Financial Assistance Policy requires a completed application before it will make a determination of probable eligibility. (DI #4, Exhibit 2, p. 2). Requiring a completed application before making a determination of probable eligibility does not comply with the standard. Please also note my initial discussion, page 3, *supra*.

Subsection (2): Notice of Charity Care Policy.

Carroll Hospice's notice of charity care availability states that financial assistance is offered to "residents of Carroll County without the ability to pay their hospital medical expenses may apply for financial assistance." (DI #4, Exh. 4). The policy does not expressly state that this financial assistance applies to hospice patients or to non-Carroll County residents who reside in jurisdictions where Carroll Hospice is authorized to provide hospice services. This must be corrected. Carroll Hospice also needs to detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services. Please also note my initial discussion, pages 3-4, *supra*.

Subsection (4): Policy Provisions.

Carroll Hospice states that it will commit 0.9% of total revenue as charity care. (DI #3, 21). To disclose its track record it states that it provided \$55,000 in charity care in fiscal years 2012-2016 (DI #10, p. 7), but did not disclose what percent that was of total revenue, thus providing no base of comparison for its commitment to Baltimore City. Carroll also failed to

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 7

provide any plan for achieving that commitment, stating simply that it would “follow the same processes, which includes determining eligibility for financial assistance.” (DI #10, pp. 7-8). The applicant should provide specifics on how Carroll Hospice will identify and reach out to patients who may be in need of charity care. An applicant must assure that its declaration of the amount of charity care it has provided does not include bad debt or amounts billed and not collected. Charity and reduced fee care determinations to be included are those made before, not after, billing.

Recommendations Regarding Carroll Hospice’s Application.

I recommend that Carroll Hospice modify its responses to the Minimum Services standard, and to the Charity Care and Sliding Fee Scale standard.

1. Regarding Minimum Services, Carroll Hospice must clarify how it will provide the required services in the attached table.

2. Revise its Charity Care and Sliding Fee Scale policy and procedures to be consistent with the standard. Procedures must differentiate a probable determination of eligibility for charity or reduced fee care from a final determination and detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services. Please detail how you provides individual notice of these policies to patients and/or their families prior to the provision of services.

3. Revise all applicable forms, notices, and information provided to comply with the Charity Care and Sliding Fee Scale standard. This includes all public notices, posted notices, notices to potential patients/families, application(s) for charity care or reduced fees, and other similar documents. The wording of these materials should be in a format understandable by the service area population.

4. Assure that notices on its website are correct, easily located, and understandable.

5. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, sliding fee scale, and time payment plans that will apply to a prospective patient.

6. Regarding subsection (4) of the Charity Care standard, report the level of charity care provided by Carroll Hospice between 2012 through 2016 as a percentage of total operating revenue during this five-year period, and submit a specific plan describing how Carroll Hospice will identify and reach out to patients who may be in need of charity care. Note my earlier admonition that bad debt and non-collected billed charges are not included.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 8

7. Revise any portions of its CON application that are affected by changes made in response to my recommendations.

P-B Health

P-B Health's application is not approvable because, as noted, it does not comply with the minimum services standard or with subsections (1) and (2) of the Charity Care and Sliding Fee Scale standard. In addition, P-B Health does not comply with subsections (3) and (4) of the Charity Care and Sliding Fee Scale standard. It also does not comply with the Admissions Criteria standard, COMAR 10.24.13.05B(2), or with the Viability criterion, COMAR 10.24.01.08G(3)(d).

COMAR 10.24.13.05B: Admissions Criteria.

P-B Health's admission policy states it will serve patients 35 years of age or older. (DI #3, p. 15). I conclude that it is important that new hospice entrants into Baltimore City serve adults under 35 so that the Commission's goal of increasing the use of this service in Baltimore City will more likely be achieved. P-B Health must change its response to this standard.

COMAR 10.24.13.05J: Charity Care and Sliding Fee Scale Standard

Subsection (1): Determination of Eligibility.

P-B Health initially stated that it would "make every *effort* within two business days following a patient's request for charity care services" to make a determination of probable eligibility. (DI #3, p. 28). It later revised this statement to state it would "work very hard to accomplish and communicate to the patient within two days charity care services." (DI #6, p. 14). This is not acceptable, as I discussed initially, and must be changed.

Subsection (2): Notice of Charity Care Policy.

P-B Health's Charity Care Policy contains a Notice of Charity Care Service that repeats its non-compliant statement that it "will make every effort" to make a determination of probable eligibility within two business days of request. This policy must be revised. (DI #3, App. A, Exh. 23, p. 48). P-B Health also states that its notice will be posted annually in the classified section of a newspaper. I conclude that a newspaper notice is unlikely to meet the standard's requirement that notice be given by a "method designed to best reach the population in the hospice's service area." Subsection (2) of the standard requires the notice to be posted in the hospice's business office and on its website in an easily accessible location (so that it will be more likely to reach the population). P-B Health must commit to making such postings. P-B Health must detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 9

Subsection (3): Discounted Care Based on a on a Sliding Fee Scale and Time Payment Plan Policy.

P-B Health's "Sliding Scale for Financial Assistance" contained in its application shows that no patient is entitled to a full charity care. In fact, even patients who are at or below the 100% Federal Poverty Guideline ("FPG") only receive a 90% discount. (DI #3, p. 30). While P-B Health's application states that patients who fall below 200% FPG may apply for charity care, there is no indication that any patient will receive full charity care. The sliding fee scale standard provides that the sliding fee scale must include provision for "low-income patients who do not qualify for *full charity care*." P-B Health must revise its sliding fee scale to show who qualifies for full charity care.

P-B Health's Charity Care Policy provides few details on the terms and type of time payment plans available to patients. P-B Health must provide details on the terms and type of time payment plans that P-B Health will make available to patients and include this language within P-B Health's Hospice Charity Care Policy and other materials,.

Subsection (4): Policy Provisions.

P-B Health states that it provided \$96,800 in charity care between 2012 through 2016 (DI #9, pp 4-5). but does not put this in perspective in regard to the total operating expenses during this five-year period so that the charity care provided can be expressed as a percentage of total operating expenses. An applicant must assure that its declaration of the amount of charity care it has provided does not include bad debt or amounts billed and not collected. Charity and reduced fee care determinations to be included are those made before, not after, billing.

In addition, P-B Health neither explicitly states the level of charity care it is committing to provide nor does it outline a specific plan to identify and reach out to patients who may be in need of charity care.

COMAR 10.24.01.08G(3)(d) Viability of the Proposal.

The information that P-B Health provided in three tables of the application does not show that the project meets the viability standard. The three tables are: Table 2b, statistical projections; Table 4, revenue and expense projections; and Table 5, manpower information. My analysis of the information provided by P-B Health raised two concerns: (1) P-B Health projects low productivity for nurses and hospice aides, which are 29% and 51%, respectively, below the Maryland hospice averages based on data from the 2016 Maryland Hospice Survey; and (2) P-B Health projects a revenue-per-patient-day, at \$216.66 per patient-day, which is approximately 21% higher than the average for Maryland general hospices.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 10

Recommendations Regarding P-B Health's Application

I recommend that P-B Health modify its responses to the following standards and criteria: (1) the admissions criteria standard; (2) the minimum services standard; (3) all subsections of the Charity Care and Sliding Fee Scale standard; and (4) the viability criterion. Modifications that are required include:

1. Regarding Minimum Services, P-B Health must clarify how it will provide the required services. It may provide this information in the attached table.

2. Regarding admissions criteria, P-B Health must revise its policy to accept adult patients under 35 years of age or arrange with another hospice to serve those patients and provide that information.

3. P-B Health must revise its responses to each subsection of Charity Care and Sliding Fee Scale standard to be consistent with each part of the standard's requirements. Note that procedures must differentiate a probable determination of eligibility for charity or reduced fee care from a final determination. It must also include provisions for patients to qualify for full charity care and include details on the terms and types of time payment plans available to patients, and detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services. Note that the annual notice of the applicant's charity care policy must be given by a "method designed to best reach the population in the hospice's service area."

4. Regarding subsection (4) of the Charity Care standard, report the level of charity care provided by P-B Health between 2012 through 2016 as a percentage of total operating expenses during this five-year period, clarify the level of charity care that it is committing to provide to residents of Baltimore City, and submit a specific plan describing how it will identify and reach out to patients who may be in need of charity care. Note my earlier admonition that bad debt and non-collected billed charges are not included in charity care.

5. Revise all applicable forms, notices, and information provided to comply with the Charity Care and Sliding Fee Scale standard. This includes all public notices, posted notices, notices to potential patients/families, application(s) for charity care or reduced fees, and other similar documents. The wording of these materials should be in a format understandable by the service area population.

6. Assure that notices on its website are correct, easily located, and understandable.

7. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, sliding fee scale, and time payment plans that will apply to a prospective patient.

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 11

8. Regarding the viability criterion, make any needed corrections to projected revenue and cost per patient day. Include all assumptions upon which each projection is based and provide replacement Tables 2b, 4, and 5 as necessary.

9. Revise any portions of its CON application that are affected by changes made in response to my recommendations.

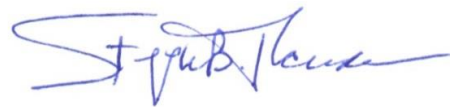
Next Steps and Additional Information

At the project status conference, each applicant stated that it would modify its application to address my concerns. Please advise me by 4:30 p.m. on Monday, April 15 of the date by which it can file the requested modifications. I had initially suggested April 29 but note that having modifications that are thoughtful and complete is more important. I hope that completeness questions on the to-be-filed modifications will not be necessary. Each applicant should be careful that its policies, procedures, forms, notices, and application(s) responding to COMAR 10.24.13.05J are both internally consistent and consistent with each subsection of the standard. I request that each applicant advise me of the date by which it can file modifications to its application.

Counsel to P-B Health inquired whether it could make additional changes to its application besides those modifications that will respond to standards or criteria that I concluded had not been met by the applicant. Because it appears that this inquiry includes possible modifications that would not be made as a result of the project status conference, an applicant that desires to make additional modifications should seek the consent of the other applicants, as provided in COMAR 10.24.01.08E(2).

Please be advised that the *ex parte* prohibitions in the Administrative Procedure Act, Maryland Code Ann., State Gov't. §10-219, apply in this review until the Commission issues a final decision. For that reason, please put any questions you may have in writing, copying all.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephen B. Thomas".

Stephen B. Thomas, Ph.D.
Commissioner/Reviewer

Counsel

Re: Project Status Conference Summary
Baltimore City Hospice Review
Docket No. 16-24-2387, 2388, 2389
April 10, 2019
Page 12

cc: Letitia Dzirasa, M.D., Baltimore City Health Officer
Paul Parker, Director, Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need
Suellen Wideman, AAG
Sarah E. Pendley, AAG

Attachments

Table ____: COMAR.10.24.13.05C: Minimum Services

COMAR 10.24.13.05C. MINIMUM SERVICES			
(1) An applicant shall provide the following services directly:			
Service	Provided directly by agency employees? (Y/N)		
(a) Skilled nursing care			
(b) Medical social services			
(c) Counseling (including bereavement and nutrition counseling)			
(2) An applicant shall provide the following services, either directly or through contractual arrangements			
Service	Provided directly by employees of the hospice? (Y/N)	Provided via contract? (Y/N)	If by contract, with whom?
(a) Physician services and medical direction			
(b) Hospice aide and homemaker services			
(c) Spiritual services			
(d) On-call nursing response			
(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management)			
(f) Personal care			
(g) Volunteer services			
(h) Bereavement services			
(i) Pharmacy services			
(j) Laboratory, radiology, and chemotherapy services as needed for palliative care			
(k) Medical supplies and equipment			
(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services			

**Table: Baltimore City - Comparisons of Visit frequency,
Staff Productivity, and Cost and Revenue/Patient-Day**

		Maryland Hospice average, 2016	Bayada (2021)	Carroll Hospice (2020)	P-B Health (2021)
Applicants' projected volume statistics ...data from CON applications and 2016 MHCC Hospice Survey	Patient Days		16,692	16,870	13,832
	Nursing Visits		6,452	5,690	3,804
	Hospice Aide visits		7,064	4,738	3,262
	ADC		46	46.2	38
	ALOS	62.1	60	35	52
Applicants' projected staffing ...from CON applications	Nursing FTE		6.86	6.2	6
	Hospice Aide FTE		5.13	3.75	5
Visits by discipline per patient-day ...as calculated from applicant projections and 2016 MHCC Hospice Survey	Nursing Visits/Pt-day	.30	.39	.34	.28
	Hospice Aide Visits/Pt-day	.32	.42	.28	.24
Productivity ...as calculated from applications and Hospice Survey Data (PUD)	Annual Nursing Visits/FTE*	893	940.5	917.7	634.0
	Annual Hospice Aide Visits/FTE	1,323	1,377.0	1,263.5	652.4
Revenue and expense ...as projected by applicants	Total revenue		\$3,692,340	\$2,604,253	\$2,996,874
	Total expense		\$3,509,158	\$2,495,125	\$1,768,427
Financial Measures ...as calculated from applicant projections and 2016 MHCC Hospice Survey	Revenue/Pt-day	\$178.94	\$221.20	\$154.37	\$216.66
	Cost/Pt-day	\$125.13	\$210.23	\$147.90	\$127.85

Sources: Bayada (DI #9, Exhibit 1), Carroll Hospice (DI #3, pp. 70-76), and P-B Health (DI #13GF, Exhibit 2) Each applicant's projections for its final projection year in Table 2B (Statistical Projections), Table 4 (Revenue and Expense projections), and Table 5 (Manpower Information); and MHCC's 2016 Hospice Survey Public Use Data Files.

* Nursing FTEs include only nurses in direct care, as provided on the Hospice Survey