



Hospice Workgroup 2025 Meeting 4

August 18, 2025

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Welcome!

- ▶ Roll call
- ▶ Reminder-materials are on the website
- ▶ Ground rules- Introduce yourself before speaking, mute when not speaking, no substantive comments in the chat
- ▶ We are video taping this meeting and taking notes with Gemini AI



Our Workgroup Plan

Four Remote Sessions

- 1: General Overview/Review Standards on July 7th
- 2: Review of Hospice Quality Meeting on July 21
- 3: Review of Methodology Meeting on August 4
- 4: Agreement/Hospice Utilization on August 18

We have participants from across the State (Western, Eastern Shore, Southern, Central) including members experienced with analytics to work on the methodology.

For our 4th meeting we have State agencies and providers across the acute and subacute continuum of care to discuss Hospice utilization in Maryland.

For today's data, all data provided by Hospice Analytics includes only Medicare vs. the Hospice Survey which includes all payors.

2024 Demographics & Hospice Utilization

	Maryland	National
<i>Population (2023, 2024 NA)</i>	6,180,253	331,277,446
<i>Total Deaths (2023, 2024 NA)</i>	53,432	3,090,804
Medicare Beneficiaries	1,198,343	70,306,074
Medicare Beneficiary Deaths	42,502	2,512,241
Medicare Hospice Unduplicated Beneficiaries	26,052 61% of Medicare deaths	1,829,143 73% of Medicare deaths
Medicare Hospice Beneficiary Deaths	20,254 47.7% of Medicare deaths	1,269,998 50.6% of Medicare deaths
Medicare Hospice Total Days of Care	1,531,038 Days	145,136,920 Days
Medicare Hospice Mean Days / Beneficiary Medicare Hospice Median Days / Beneficiary	59 Days 18 Days	80 Days 28 Days
Medicare Hospice Total Payments Medicare Hospice Mean Payment / Beneficiary	\$309,151,199 \$11,869	\$27,756,388,541 \$15,266



Discussion Questions Utilization

- ▶ Utilization: With the aging of the baby boomer population leading to an increase in the number of deaths each year (through 2055) how can hospice work better together with other acute/subacute providers to ensure patients are receiving the right care at the right time?

Medicare Hospice Utilization Numbers (Deaths/Days):

- ▶ 2024 National Utilization is 50.6%, and Maryland is 47.7% (second highest for Maryland). Nationally Hospice was at a low in 2020 of 46.7% and has rebounded to 50.6% (highest nationally)

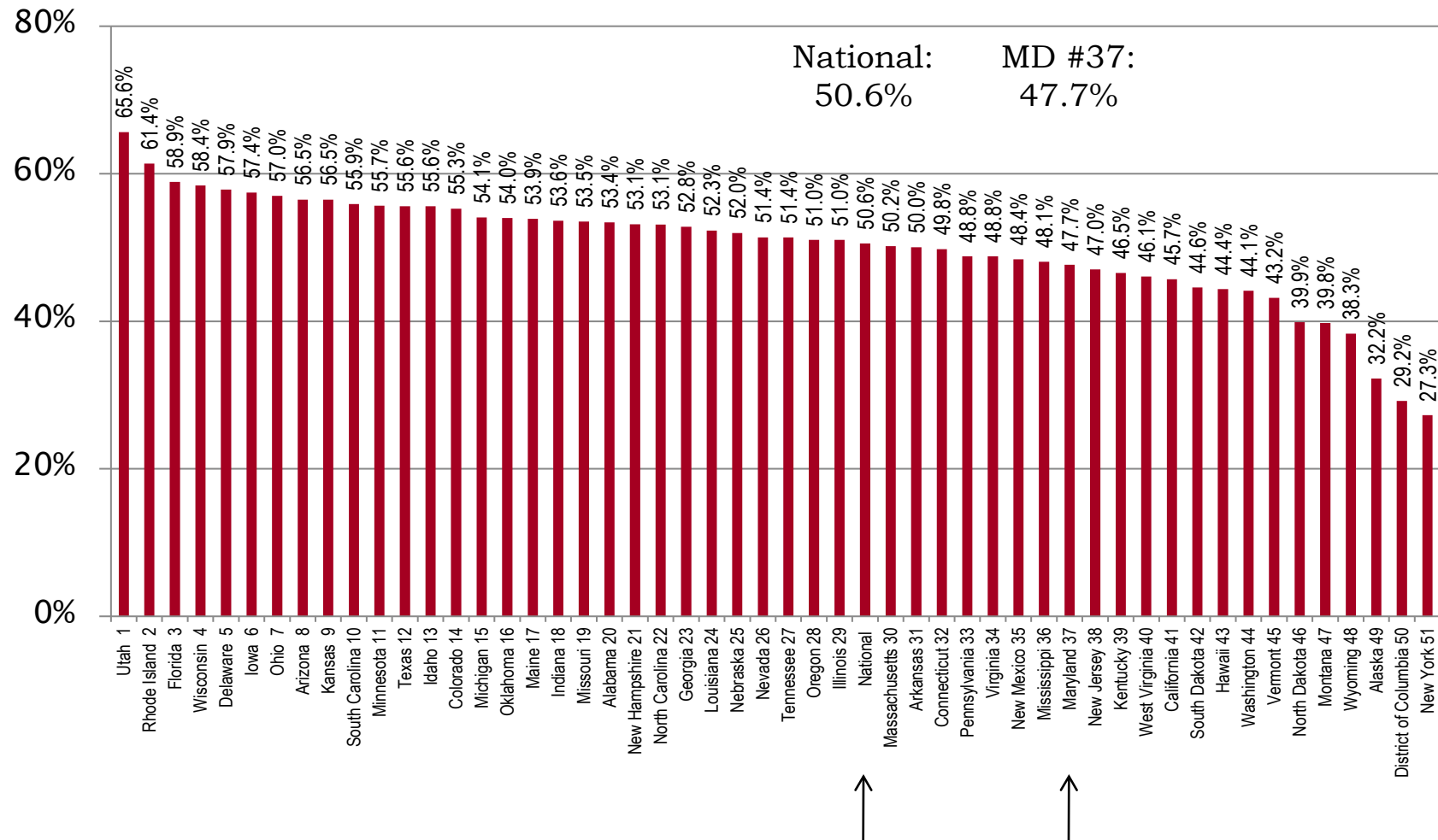
2024 MHCC Hospice Analytics Numbers:

- ▶ In 2024, Carroll County has the highest utilization at 62%. Allegany, Garrett, Prince George's and Somerset counties have the lowest utilization at 29-40%.

Please see the line graphs on the following pages showing both the national and Maryland numbers.

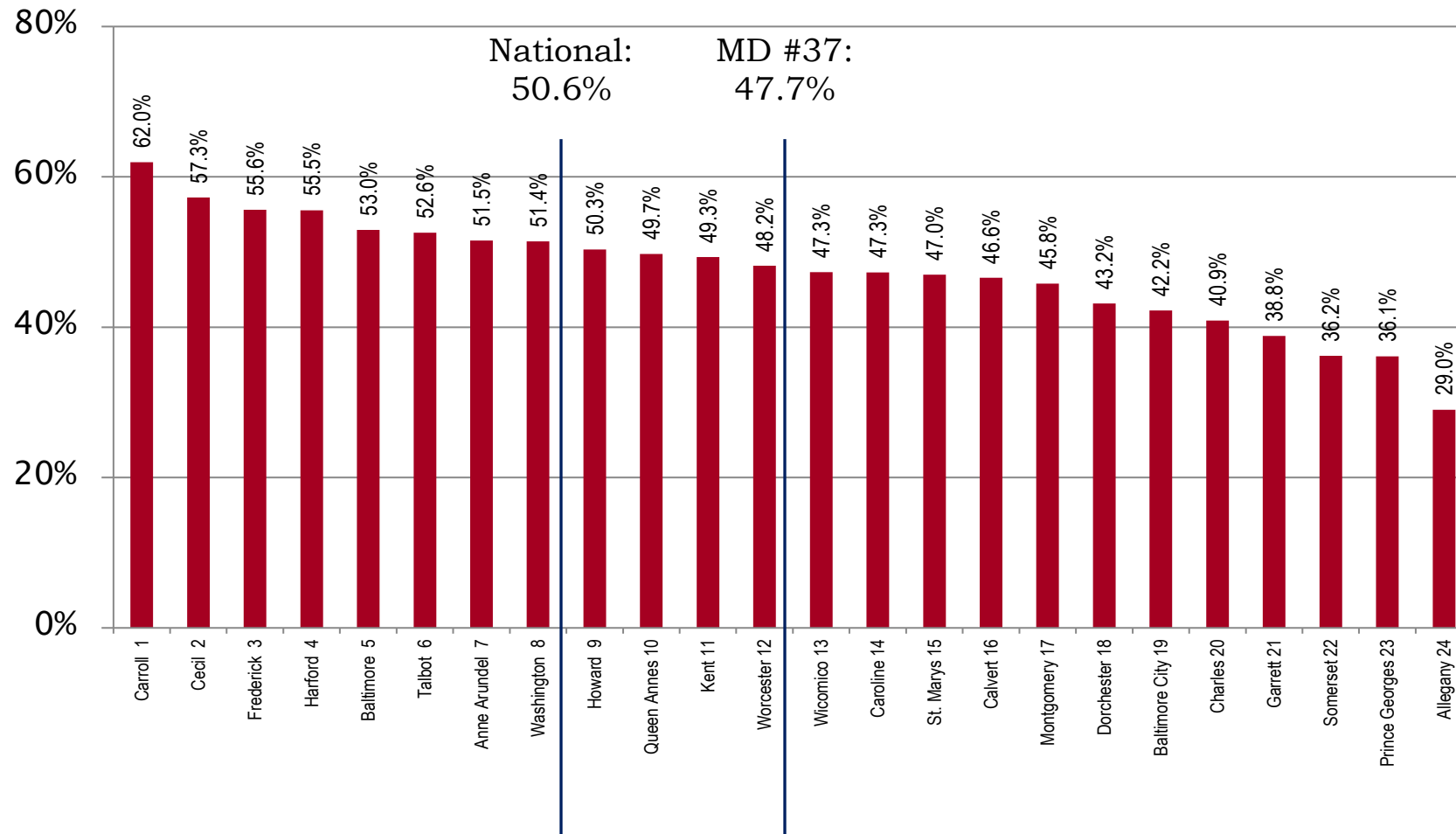
2024 Hospice Utilization

(Medicare Hospice Deaths / Total Medicare Deaths)



2024 Hospice Utilization x County – Maryland

(Medicare Hospice Deaths / Total Medicare Deaths)





Utilization Continued

Length of Stay: How can hospice work better together with other acute/subacute providers to receive more timely referrals to hospice?

2024 Maryland Hospice Survey: In Maryland, the most referrals to hospice come from hospitals at 57% compared to 52% nationally. Nationally, nursing homes provided 17% of referrals to hospice, but in Maryland only 7% of referrals*.

Medicare Hospice Utilization Numbers: Length of Stay Nationally is 80 days, Maryland 59 days. Length of Stay has a direct impact on total payment (National 15K, Maryland 12K).

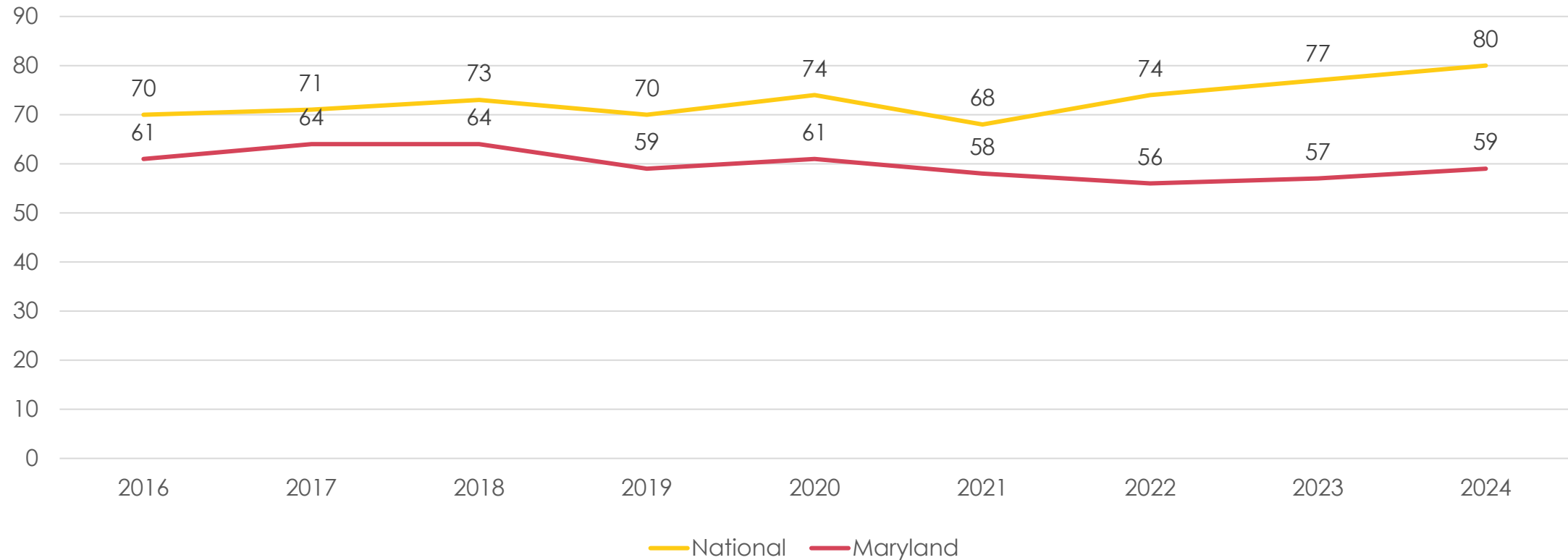
Discuss issues with collaboration between Hospice and Hospitals/Nursing Homes/Home Health Agencies.

Please see the chart of Mean Days of care, next page.

*<https://pubmed.ncbi.nlm.nih.gov/32925461/>



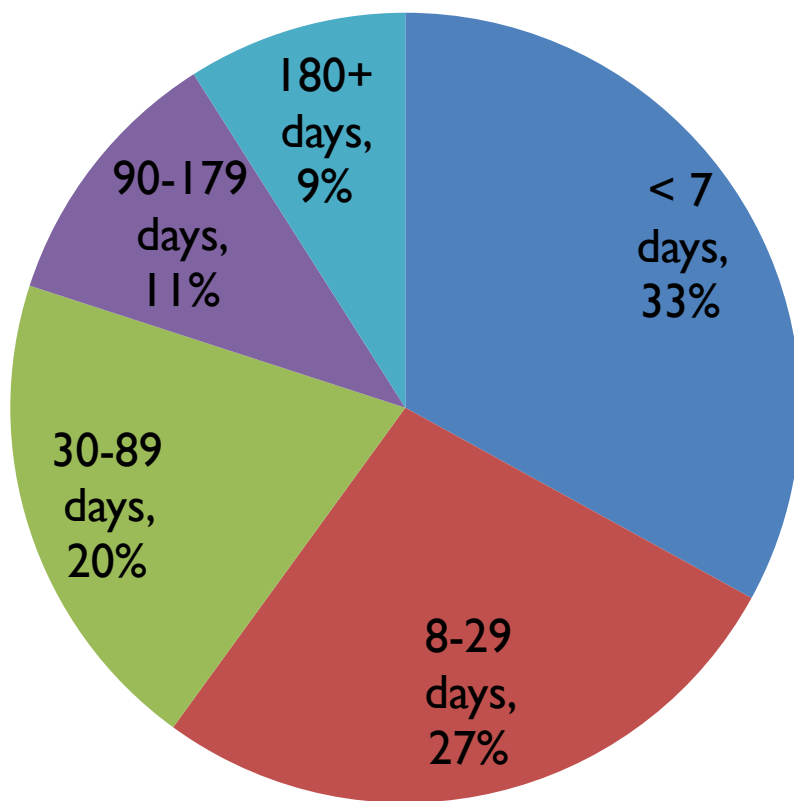
Hospice Survey Mean Days of Care 2016 to 2024



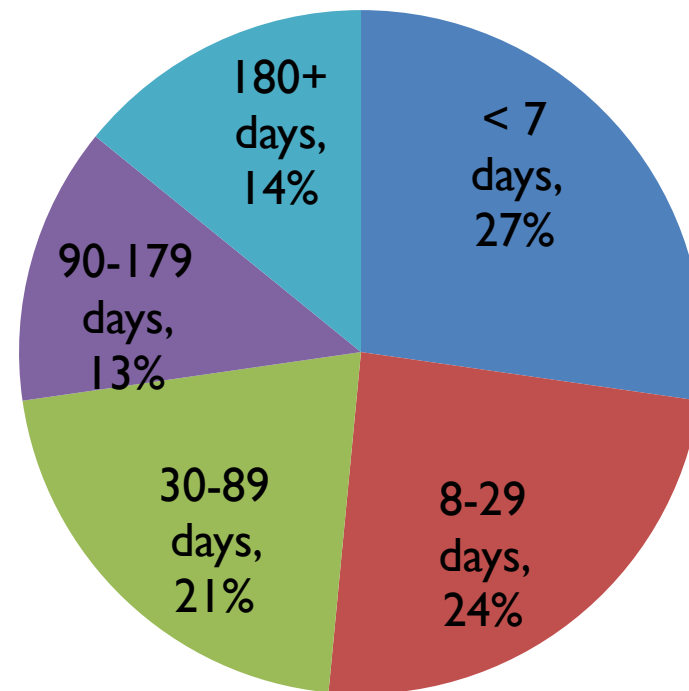
2024 Medicare Hospice

Percentage of Days x LOS

Maryland



National





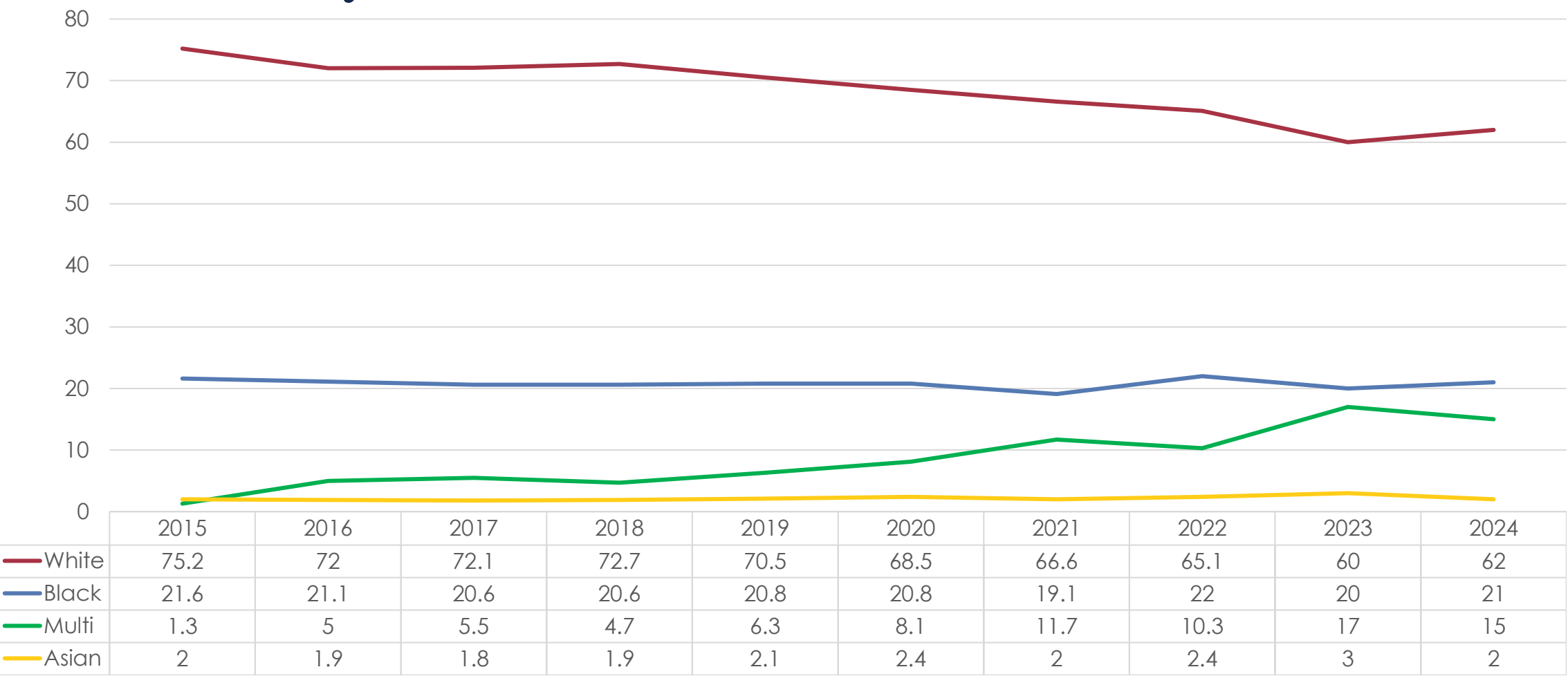
Discussion Questions Special Populations

- ▶ Should we consider CON applications for hospices wanting to work with special populations if they can demonstrate a need in Maryland? (examples - African American population in PG County and Baltimore City, Jewish population Baltimore City, Korean/Vietnamese/Chinese population Montgomery County).

Please see the chart of Utilization by Race next page.

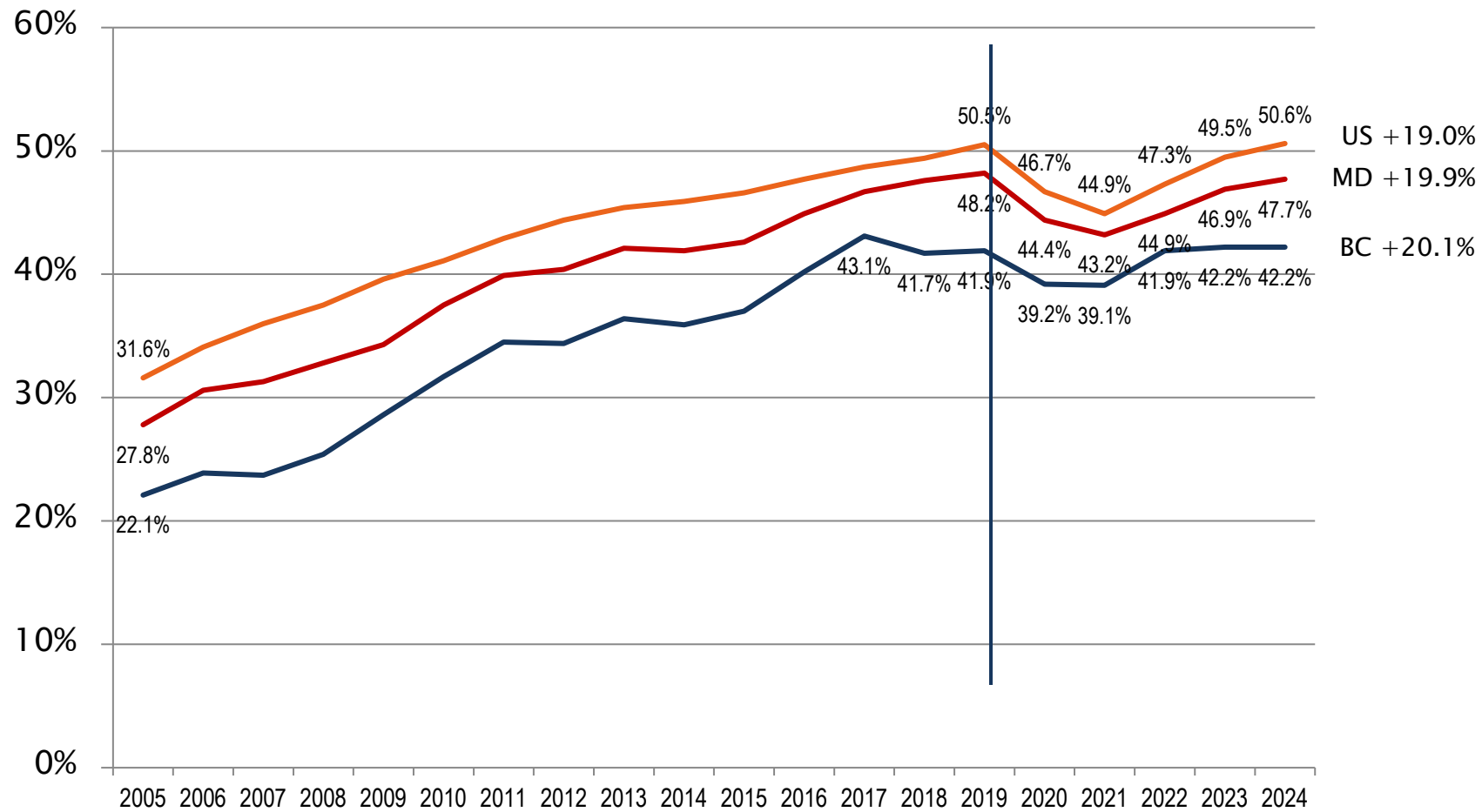


Hospice Survey: 2015 to 2024 Maryland Hospice Utilization by Race



2005-2024 State Hospice Utilization – *Baltimore City*

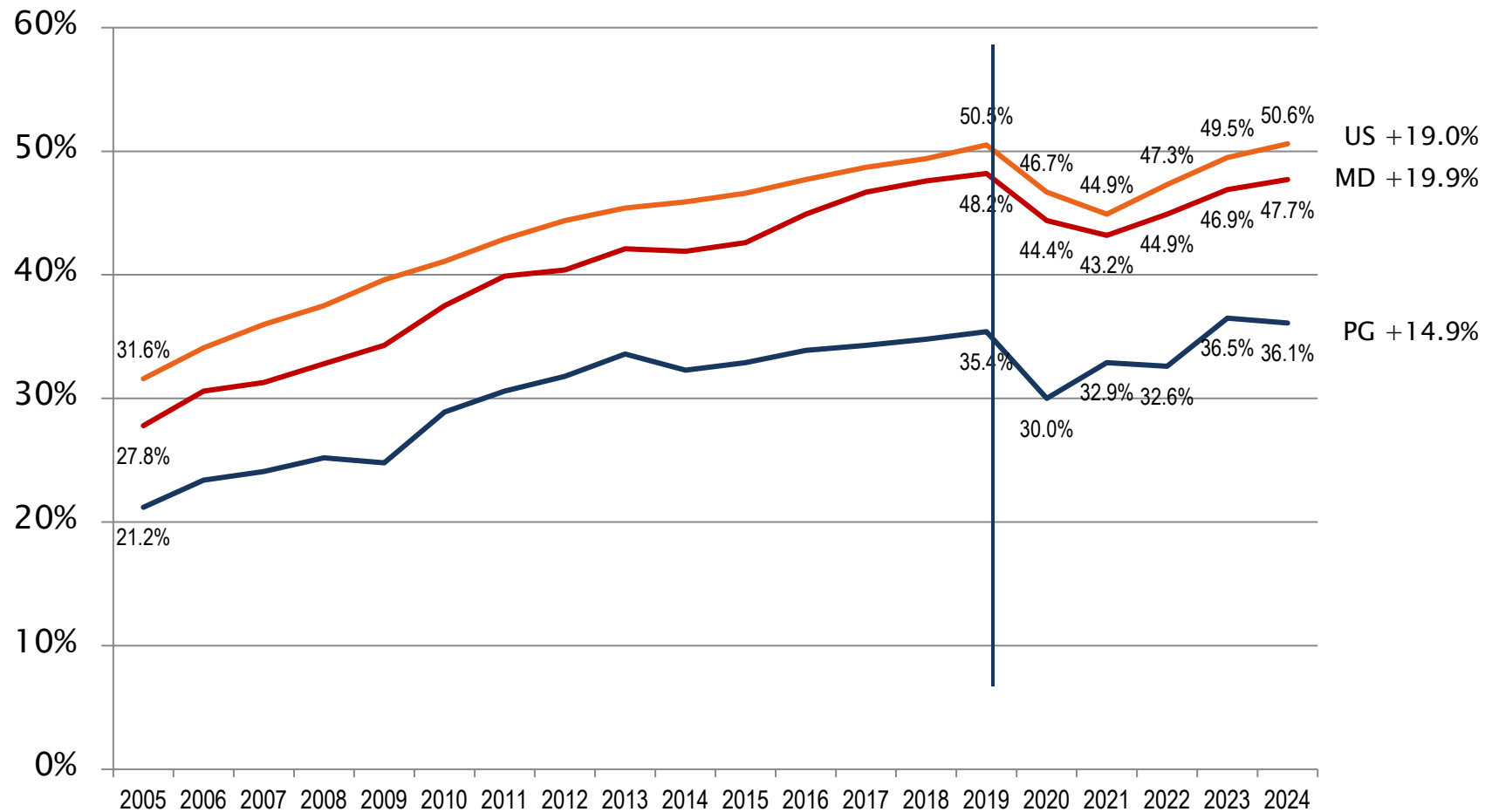
20-Year Trends



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

2005-2024 State Hospice Utilization – *Prince Georges*

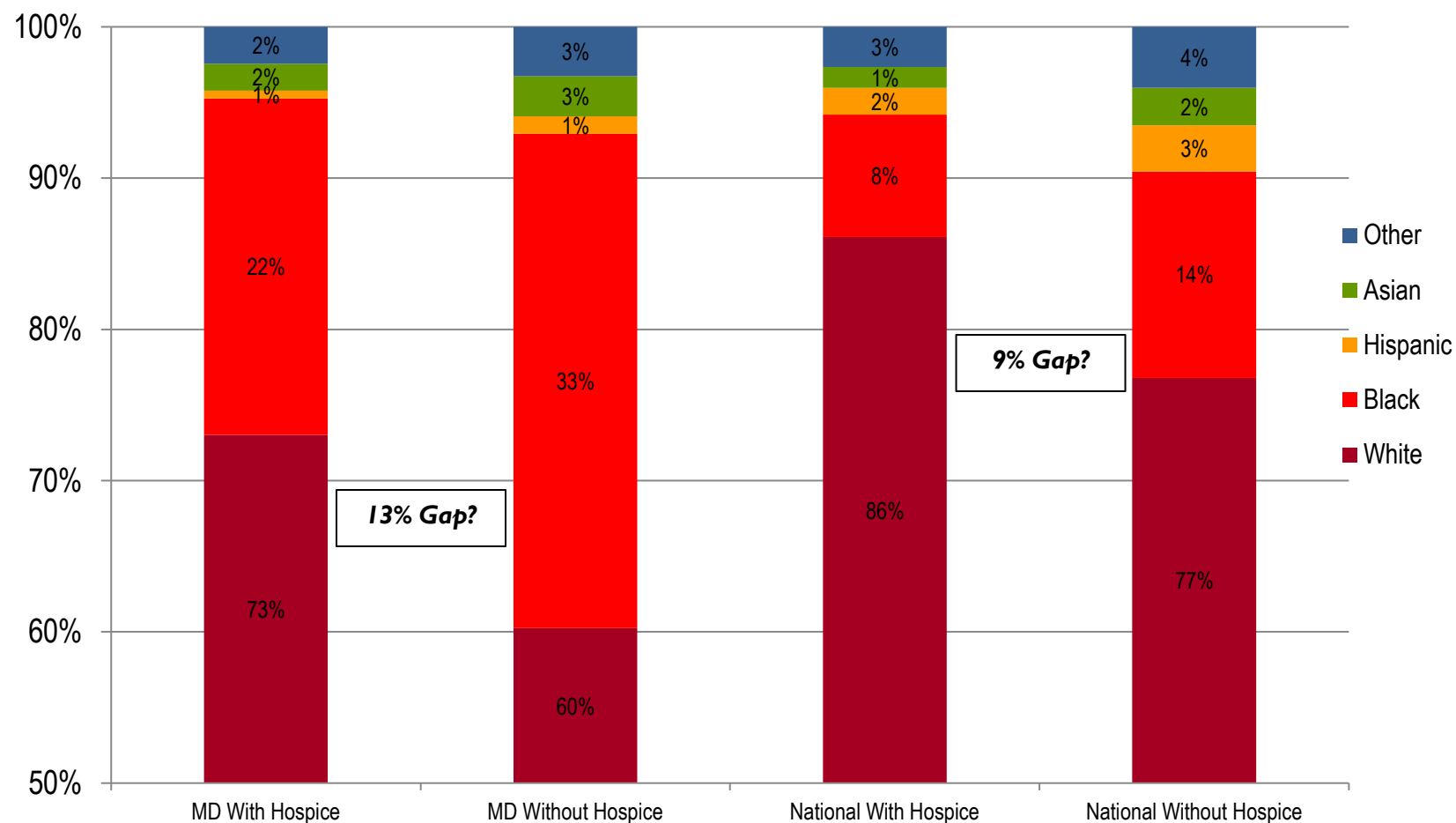
20-Year Trends



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

2024 Medicare Hospice Beneficiaries – Maryland

Race: Dying With vs. Without Hospice





Discussion Questions Medicaid

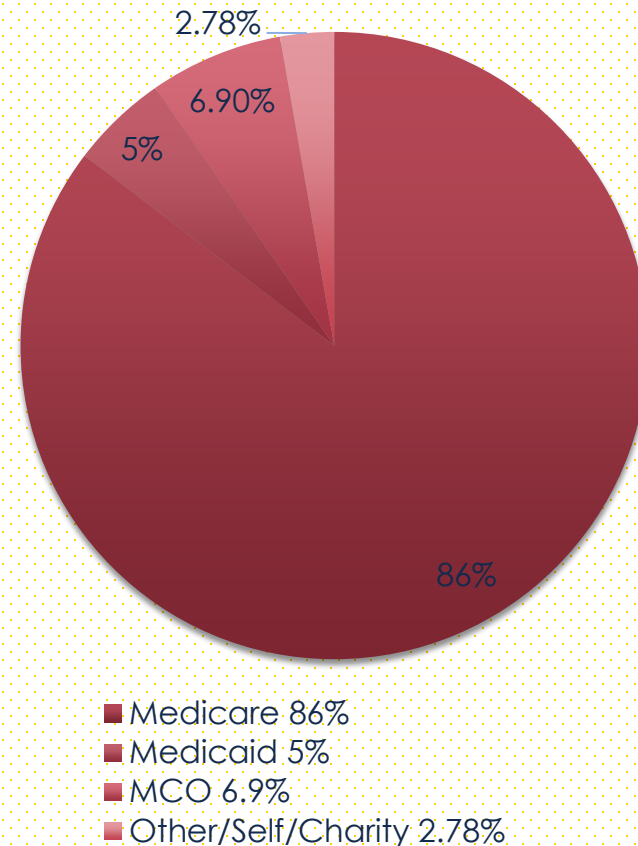
Can anything be done about the Medicaid pass through for nursing home room and board ?

“The Medicaid benefit requires States to make a separate payment to hospices to cover the ‘room and board’ costs of individuals who have elected hospice and whose residence in a NF (nursing home) or ICF that would otherwise be covered and reimbursed by Medicaid. In all cases, this payment for ‘room and board ’must be made to the hospice and must be equal to at least 95 percent of the rate that would have been paid by the State.” https://allianceforcareathome.org/wp-content/uploads/Memorandum_HoganLovells.pdf

Will there be future consideration of adding community palliative care services for Medicaid beneficiaries?



Discussion Questions Medicaid Continued



National Numbers Pie Graph :

<https://www.vitas.com/hospice-and-palliative-care-basics/paying-for-hospice/who-pays-for-hospice>

Why does hospice in Maryland have a lower utilization of Medicaid patients? (Hospice Survey 2023 Data: Maryland is 2.6% compared to 5% Nationally).



ED Wait Times

- ▶ What steps does hospice take to keep its patients out of ED waiting rooms?
- ▶ Can hospice/palliative care agencies assist in getting patients stuck in the ED wait rooms to the right level of care and support if they are eligible for services?



Discussion Questions Other

- ▶ Should we eliminate data collection on the limited hospice (only provide bereavement and do not bill Medicare)?
- ▶ Should we add to the chapter a section on acquisitions (private equity or PE)? PE has large levels of capital to deploy and may move towards the hospice industry. There is a 3-year rule for no changes to a newly acquired hospice to discourage PE “flipping”.
- ▶ What role could education play in helping to increase hospice utilization?



Next Steps

- ▶ Incorporate comments from Hospice Workgroup into draft of chapter/methodology
- ▶ Develop draft update of Hospice chapter/methodology and share with Workgroup
- ▶ Review and consider Workgroup feedback
- ▶ Distribute draft for Informal Public Comment
- ▶ Review informal comments and revise as needed
- ▶ Develop draft for promulgation of proposed permanent regulations
- ▶ Present to Commission for a vote on final regulation approval



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Further Discussion?

END OF PRESENTATION



Main Sources of Data

- ▶ Hospice Analytics 2024 data
- ▶ 2022-2024 MHCC Hospice Survey Data
- ▶ MedPAC March 2024 Report to Congress Table 9-3 (Referral Source Data)
- ▶ Medicare.gov
- ▶ US Census Bureau Quick Facts
- ▶ NIH Report: Variation in Hospice Patient and Admission Characteristics by Referral Location, 2020
<https://pubmed.ncbi.nlm.nih.gov/32925461/>