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# Hospice Care Chartbook 2025

Prepared by KNG Health Consulting, LLC

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# About the Research Institute for Home Care & 2025 Hospice Care Chartbook

The **Research Institute for Home Care** is a non-profit, national consortium of home care providers and organizations. The Institute invests in research and education about home health and hospice care and these providers' ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home and hospice care has to offer patients and the entire U.S. health care system. The Institute has been providing critical research and data on home care for over a decade.

The **Hospice Care Chartbook** is published annually by the Institute. It provides a broad national and state-specific overview of hospice patients and services based on Medicare claims data.

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# Methodology

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- The **Hospice Standard Analytic File** contains 100% final action medical and support service claims from Medicare-approved hospices. The 2024 100% Hospice Standard Analytic File was used to examine characteristics of **hospice stays, hospice care, and Medicare spending**.
- The **Master Beneficiary Summary File** includes demographic and enrollment information for all Medicare beneficiaries enrolled in or entitled to Medicare during a given calendar year. The 2024 100% Master Beneficiary Summary File, together with the 2024 100% Hospice Standard Analytic File, was used to examine the **demographics of Medicare decedents and hospice users**.
- The **Provider of Services (POS) File—Internet Quality Improvement and Evaluation System (iQIES) Home Health Agency, Ambulatory Surgical Center, and Hospice Providers data** includes each provider's CMS Certification Number, name, address, and other institutional characteristics. The Q2 2025 POS iQIES data, combined with the 2024 100% Hospice Standard Analytic File, were used to assess **characteristics of "active" hospice providers**, defined as those submitting at least one Medicare claim.

# Understanding Hospice Analyses

- **Medicare Decedents** are Medicare beneficiaries who died in a given year.
- **Medicare Decedents that Use Hospice** are Medicare decedents that used hospice services in a given year.
  - To understand the characteristics of hospice users, the demographics are assessed at the beneficiary level.
- **Hospice Stays** are defined by the admission and discharge of a Medicare beneficiary from a single hospice provider. Note, a Medicare beneficiary can have multiple hospice stays.
  - To understand characteristics of hospice care, disease groups, Medicare spending, and length of stay are assessed at the stay level.
  - To calculate length of stay (LOS), a hospice user must be discharged from a hospice provider. As a result, LOS analyses are based on completed hospice stays, meaning the beneficiary has been discharged from that hospice provider, and the discharge disposition code does not indicate a user is "Still Patient."
- **Hospice Claims** are individual claims submitted by Medicare hospice providers on a monthly basis. A hospice beneficiary will have multiple hospice claims, if they are in hospice for multiple months. Accordingly, hospice stays will be compromised of more than one hospice claim, if the user is in hospice for multiple months.
  - To understand how hospice care is delivered, level of care and location of care are assessed at the claim level. Note, hospice claims may have multiple levels of care and locations of care.

# Identification of Disease Groups

- **Disease groups** are based on the [Clinical Classifications Software Refined](#), which aggregates International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System codes into clinically meaningful categories. Each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay. Note, one beneficiary can have multiple stays.
  - **Cancer** includes malignant neoplasms such as gastrointestinal cancers, skin cancers, and breast cancer, as well as most benign neoplasms.
  - **Circulatory** includes diseases of the circulatory system such as essential hypertension, acute myocardial infarction, heart failure, and cerebral infarction.
  - **Neurovascular** includes diseases of the nervous system such as Parkinson's disease, cerebral palsy, neurocognitive disorders, and headache (including migraine).
  - **Respiratory** includes diseases of the respiratory system such as influenza, asthma, acute bronchitis, and pneumothorax.
  - **CKD/ESRD** includes diseases of the kidneys such as nephritis, chronic kidney disease, and acute unspecified renal failure.
  - **Other** includes all other conditions.
- **Neurocognitive disorder** is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay.



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# Demographics of Hospice Users

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In 2024, roughly 2.5 million Medicare Beneficiaries died.

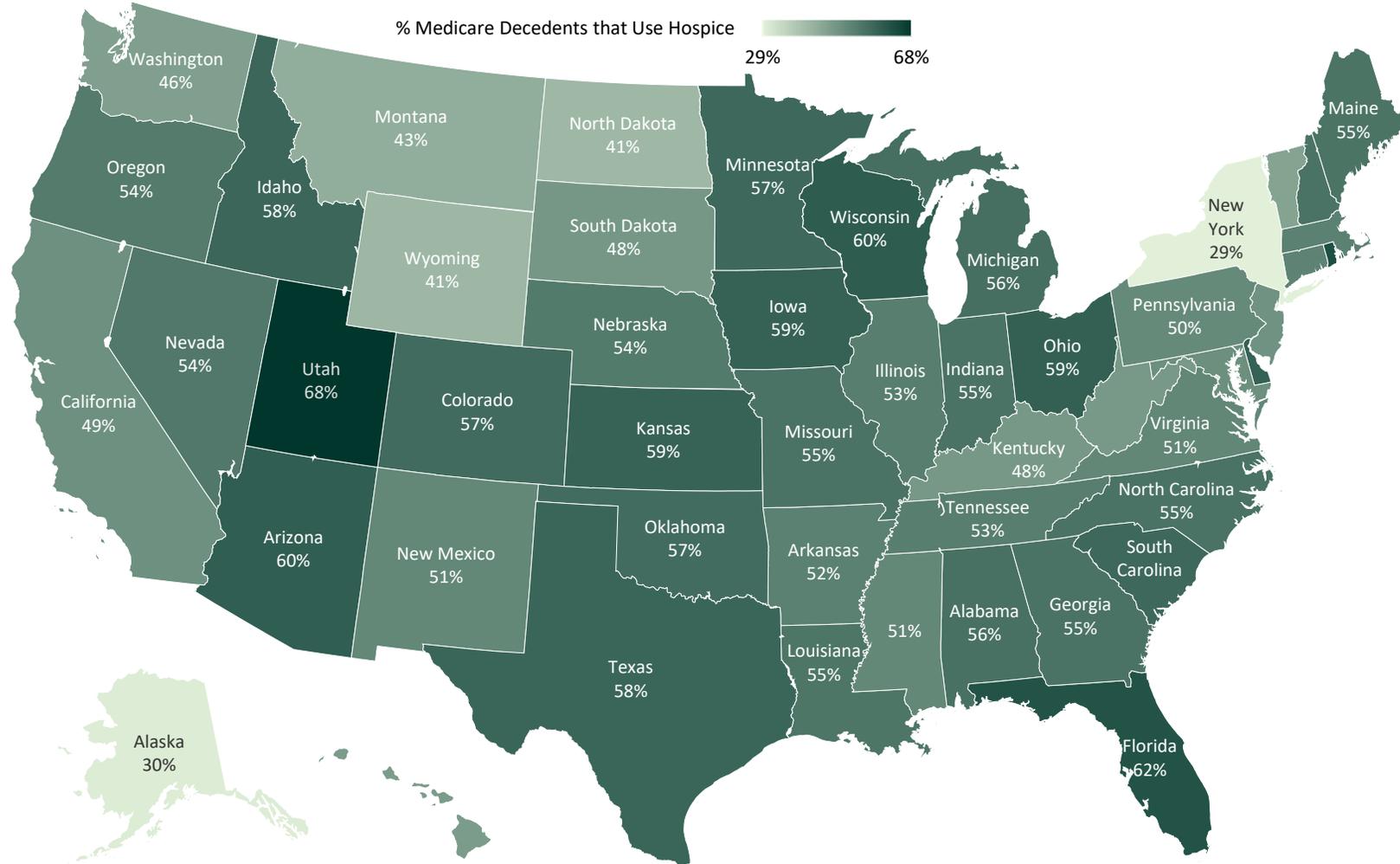
53%

of those Medicare decedents used hospice care.

Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

# Exhibit 1.1: Percentage of Medicare Decedents that Use Hospice Services, by State

Demographics  
of Hospice  
Users



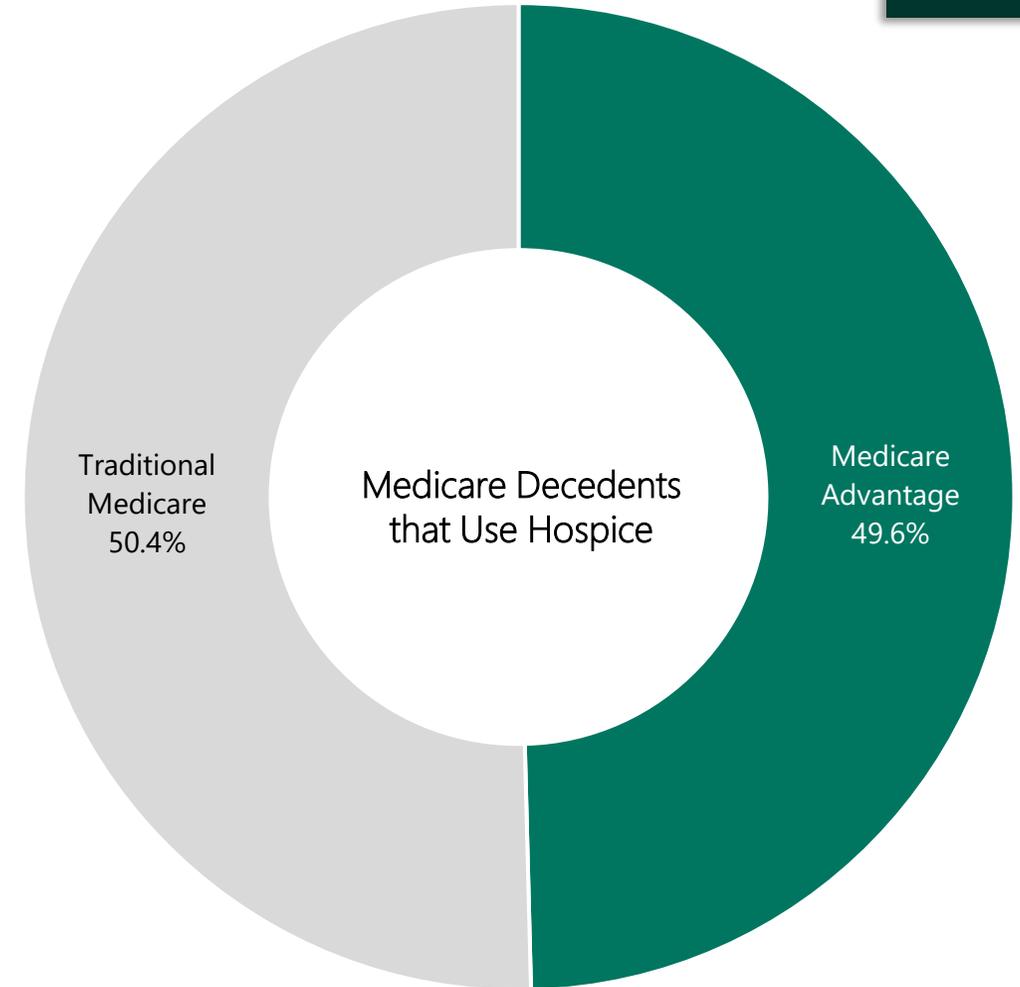
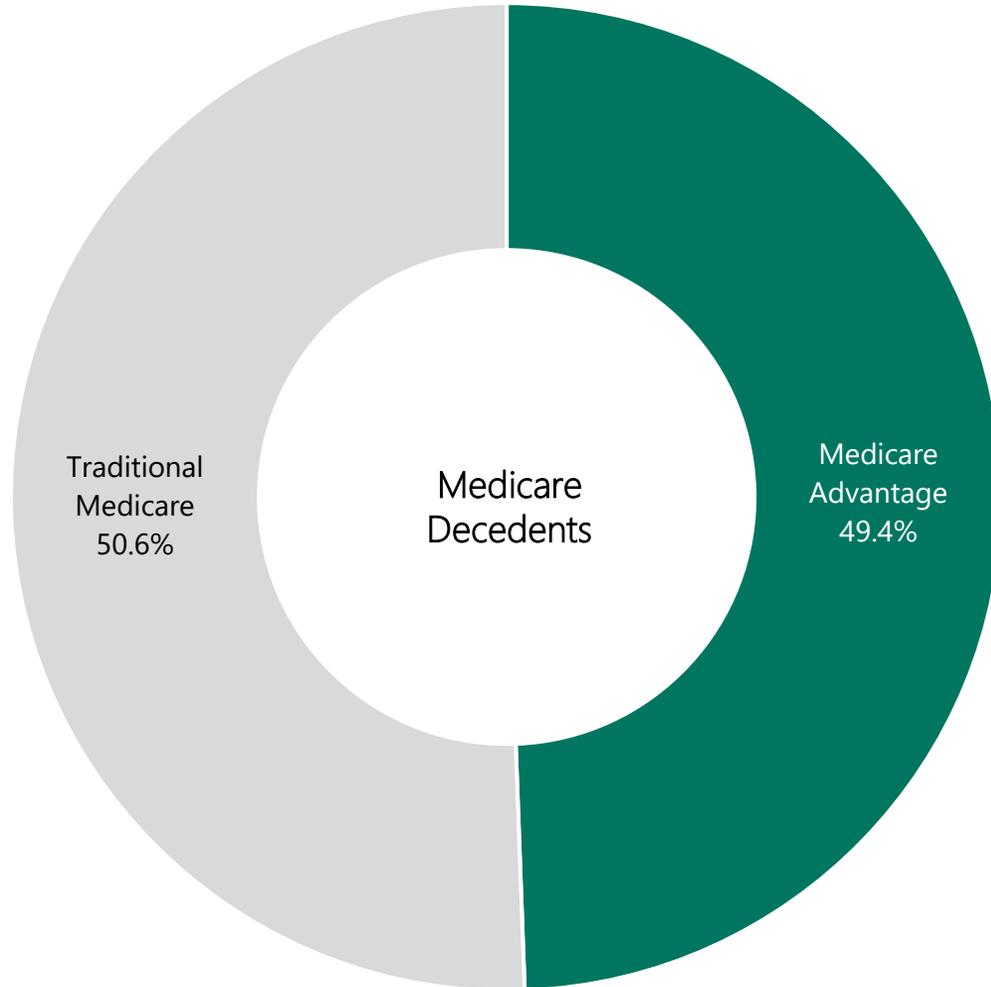
**National**  
53%

Connecticut 52%	Delaware 59%	DC 32%
Florida 62%	Hawaii 47%	Maryland 49%
Massachusetts 52%	Mississippi 51%	New Hampshire 55%
New Jersey 49%	Rhode Island 63%	South Carolina 58%
Vermont 45%	West Virginia 47%	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
The percent of Medicare decedents that use hospice services is calculated as the number of Medicare decedents that used hospice services in 2024 divided by the total number of Medicare decedents in 2024.

# Exhibit 1.2: Medicare Coverage Type of All Medicare Decedents and Decedents Receiving Hospice Care

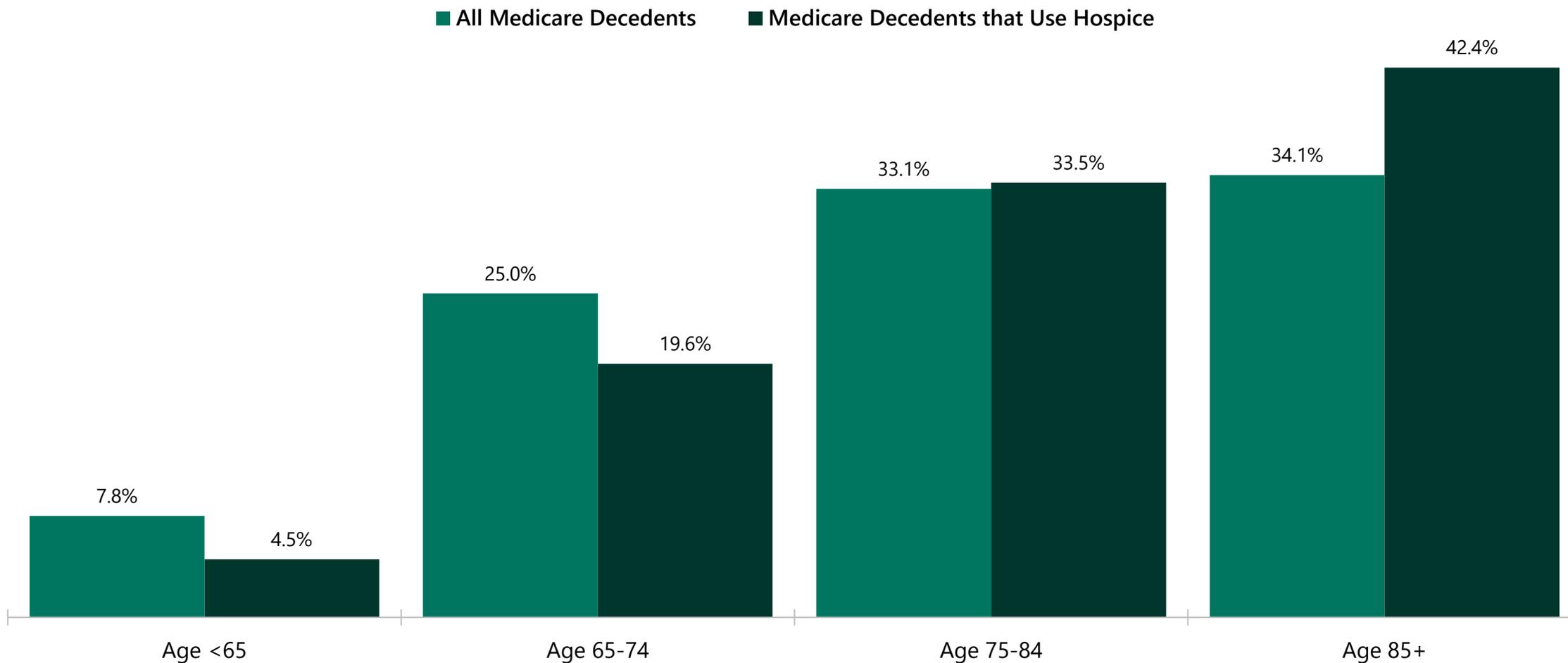


Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Medicare decedents and decedents receiving hospice care who switched between Medicare Advantage and Traditional Medicare during the claim year were excluded.

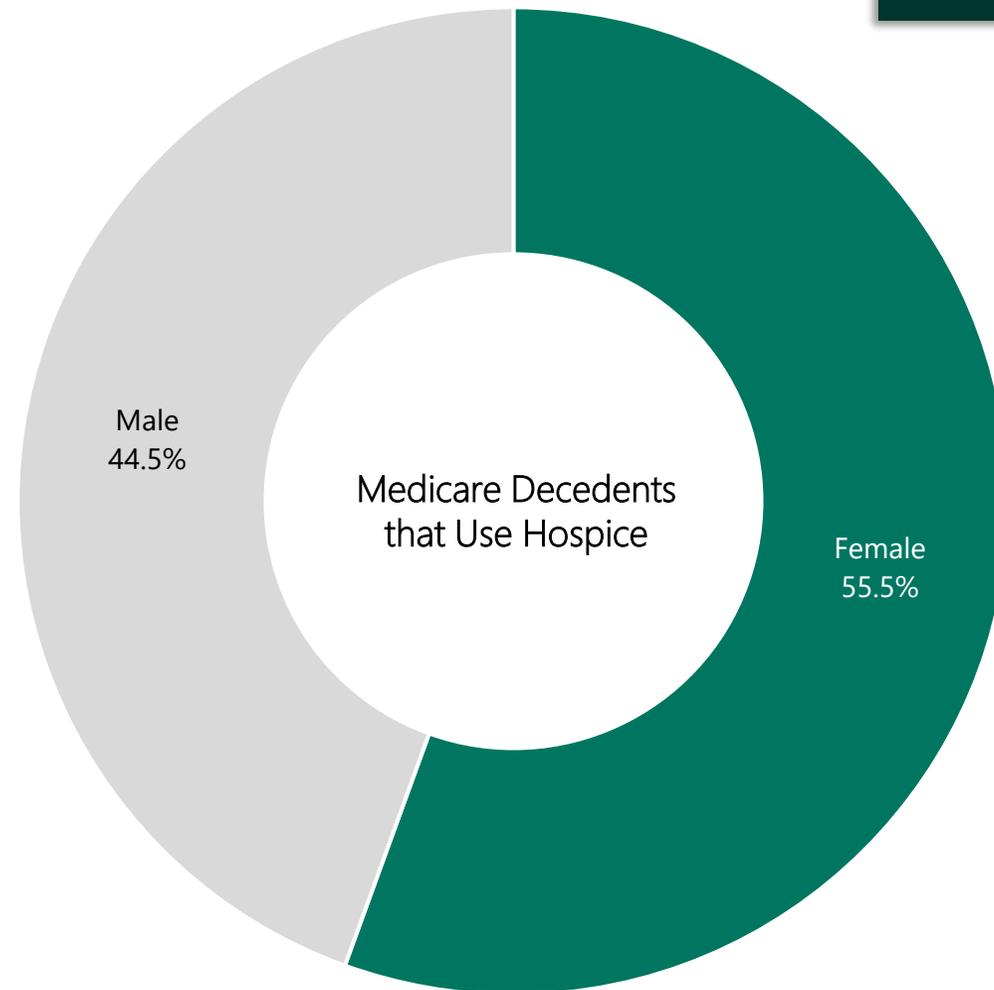
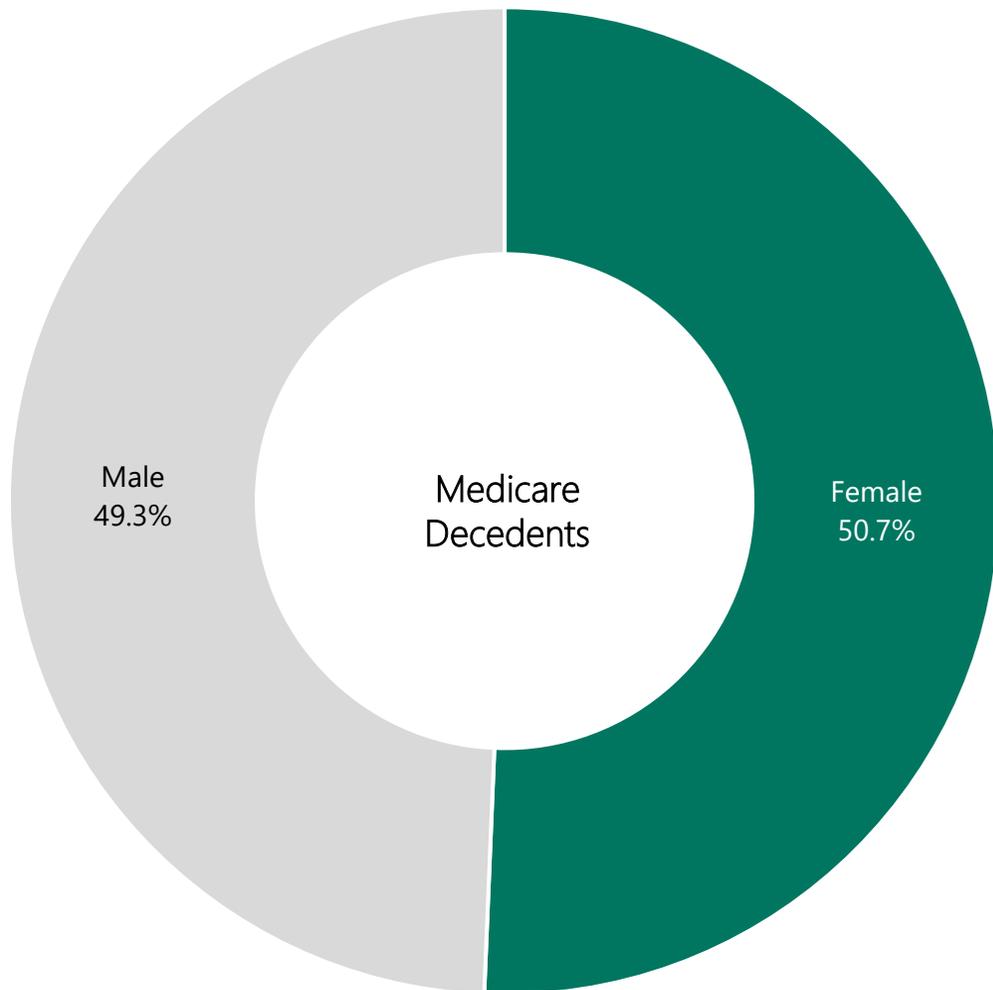
Totals may not sum to 100 percent due to rounding.

# Exhibit 1.3: Age Distribution of All Medicare Decedents and Decedents Receiving Hospice Care



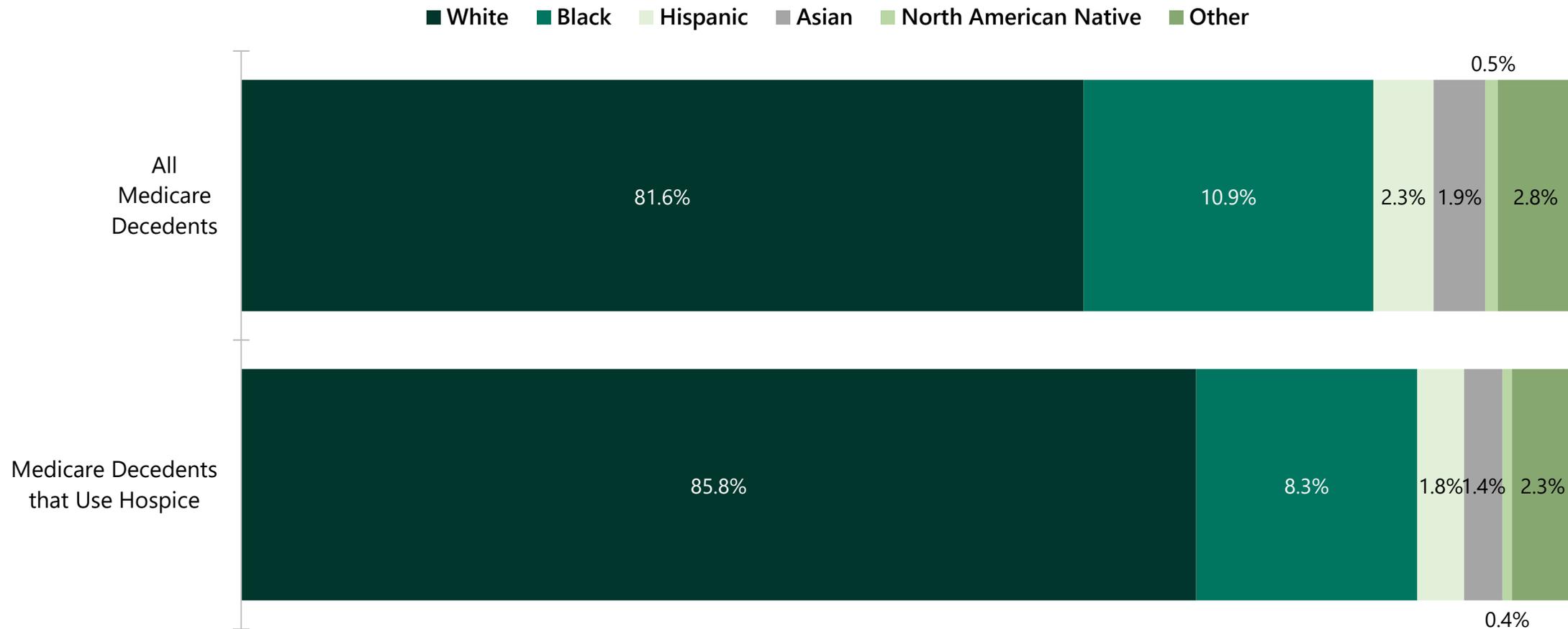
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Totals may not sum to 100 percent due to rounding.

# Exhibit 1.4: Gender Distribution of All Medicare Decedents and Decedents Receiving Hospice Care



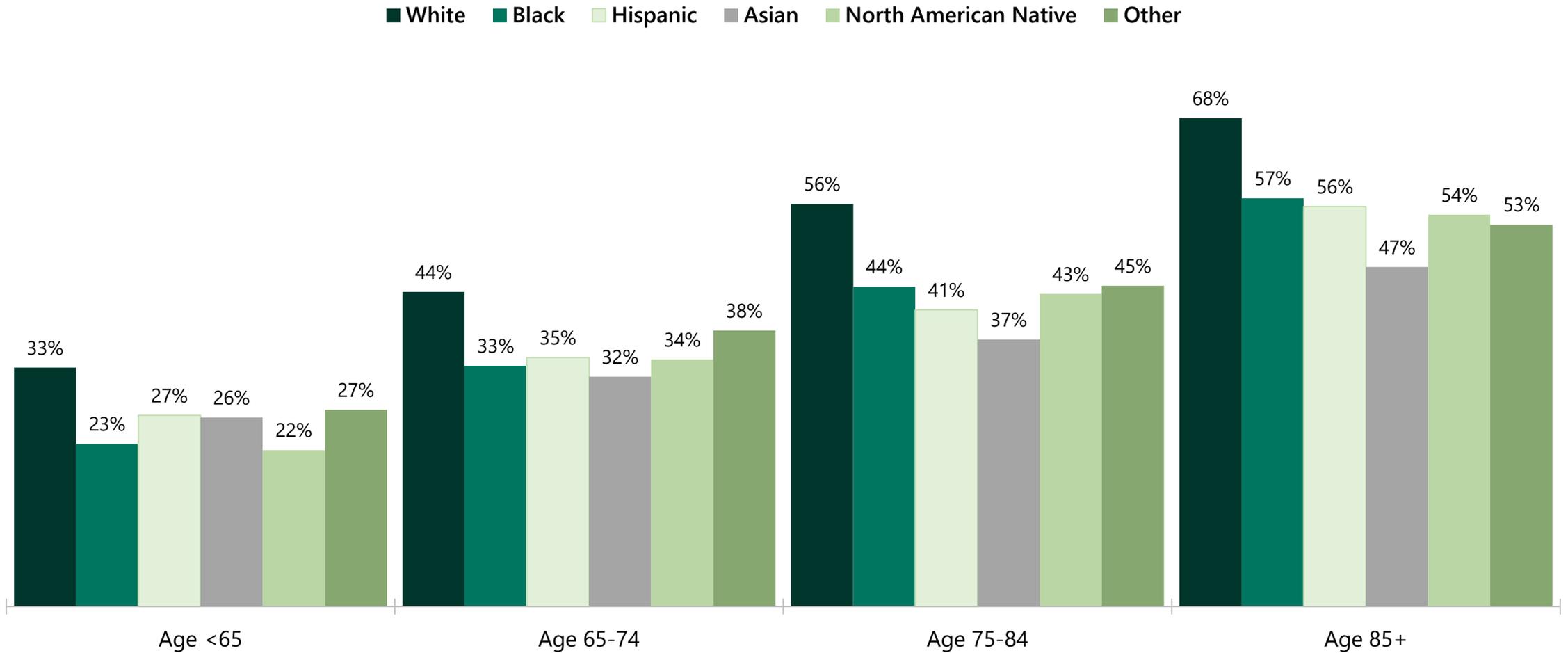
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Medicare decedents and decedents receiving hospice care who are not assigned a gender during the claim year were excluded.  
Totals may not sum to 100 percent due to rounding.

# Exhibit 1.5: Race and Ethnicity of All Medicare Decedents and Decedents Receiving Hospice Care



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Totals may not sum to 100 percent due to rounding.

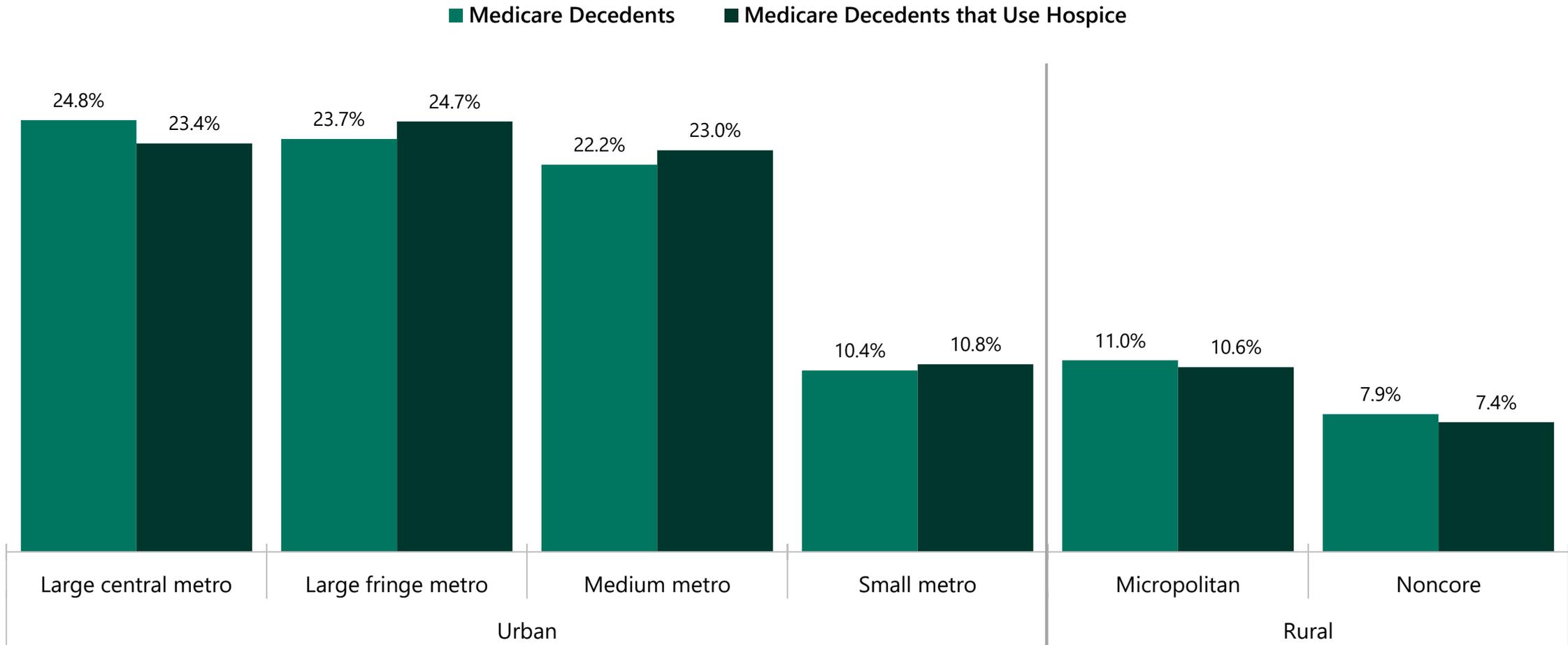
# Exhibit 1.6: Share of Hospice Users Among Medicare Decedents by Age and Race/Ethnicity



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Share is calculated as the proportion of hospice users within a specified subgroup divided by the total number of Medicare decedents in that same subgroup. Results are interpreted as the percentage of Medicare decedents who used hospice services.

# Exhibit 1.7: Urban-Rural Classification of All Medicare Decedents and Decedents Receiving Hospice Care

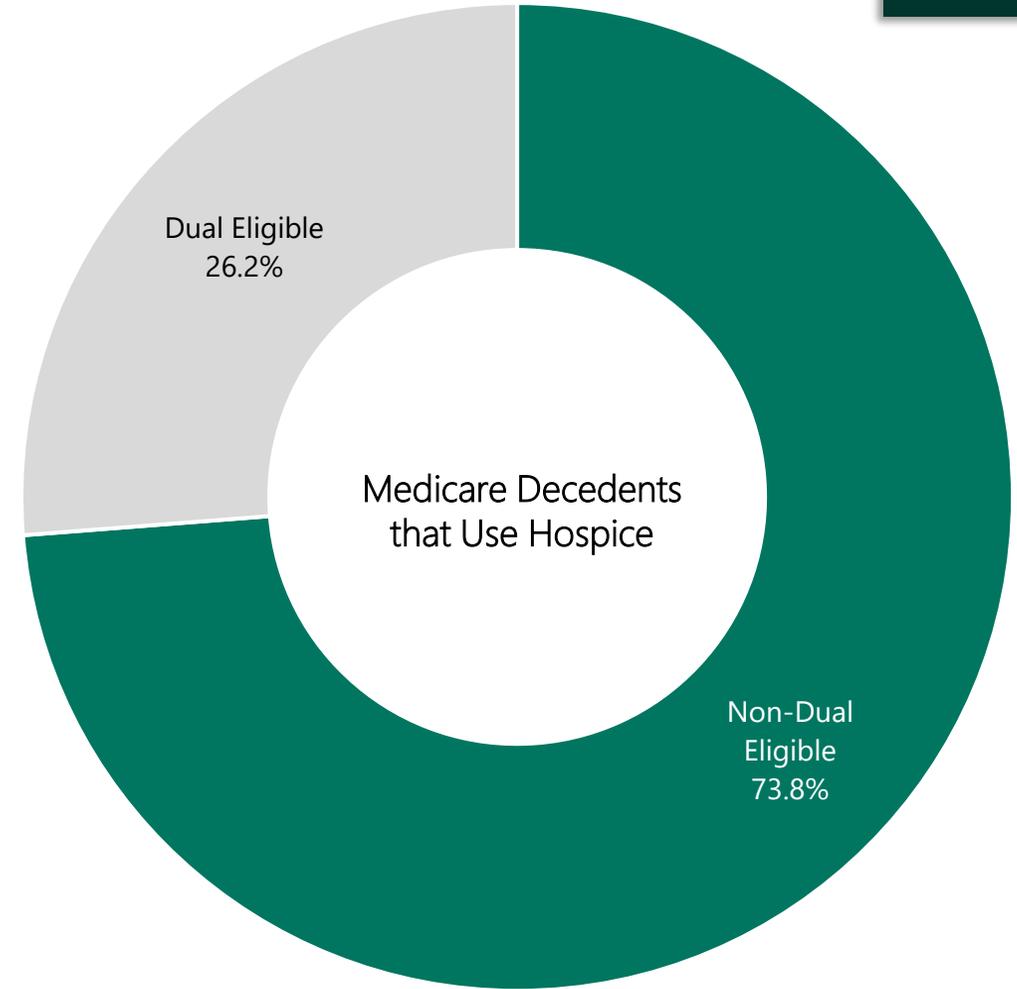
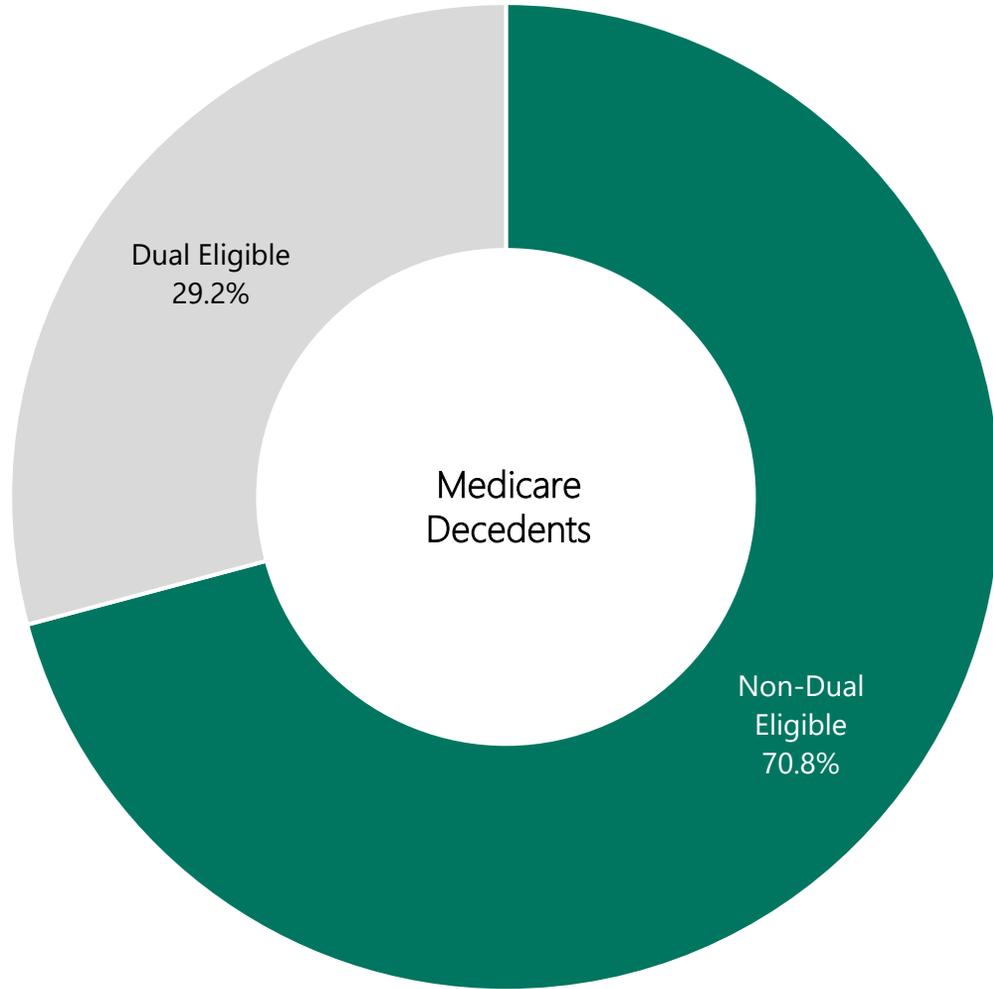


Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

The 2023 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme was used to determine urban-rural classification. Under this scheme, "large central metro," "large fringe metro," "medium metro," and "small metro" areas are typically classified as urban, while "micropolitan" and "noncore" areas are typically classified as rural.

Totals may not sum to 100 percent due to rounding.

# Exhibit 1.8: Dual Eligibility Status of All Medicare Decedents and Decedents Receiving Hospice Care



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Dual Eligible refers to Medicare-Medicaid enrollment and includes individuals with any state buy-in at any point during the year.  
Totals may not sum to 100 percent due to rounding.



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# Characteristics of Hospice Stays

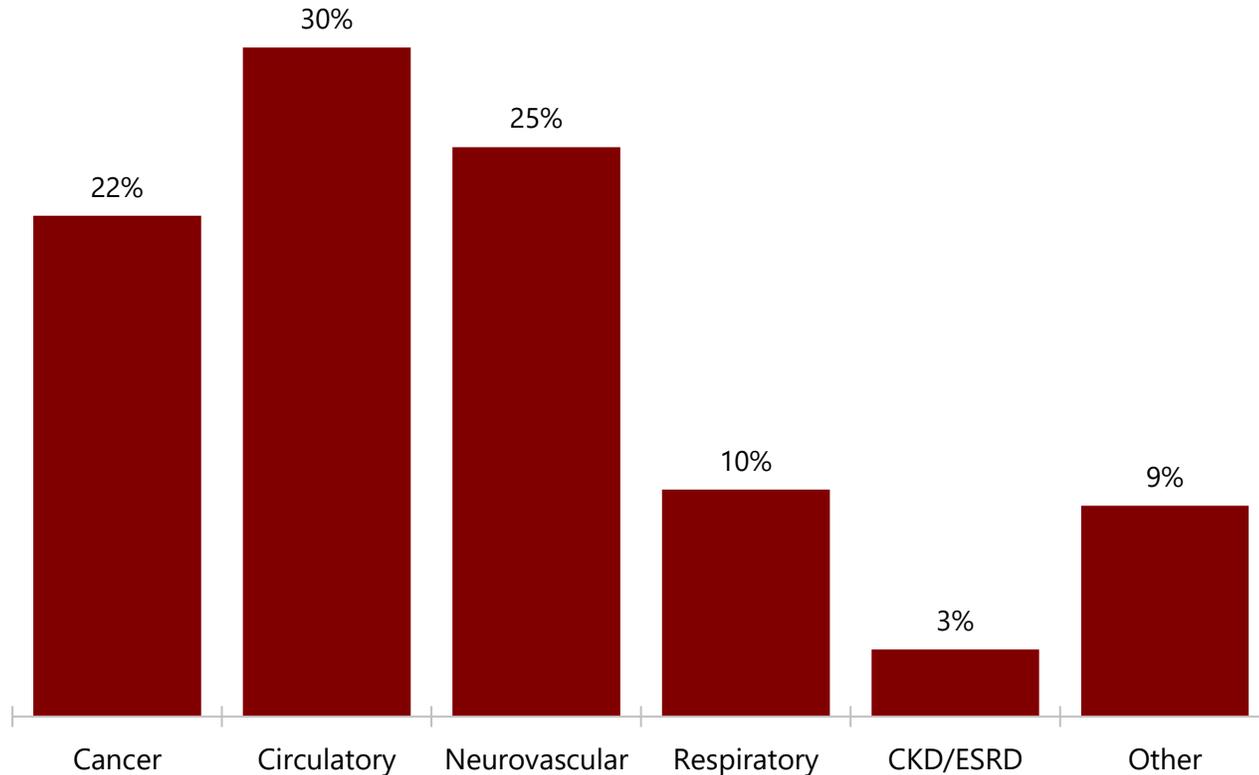
Sponsored by



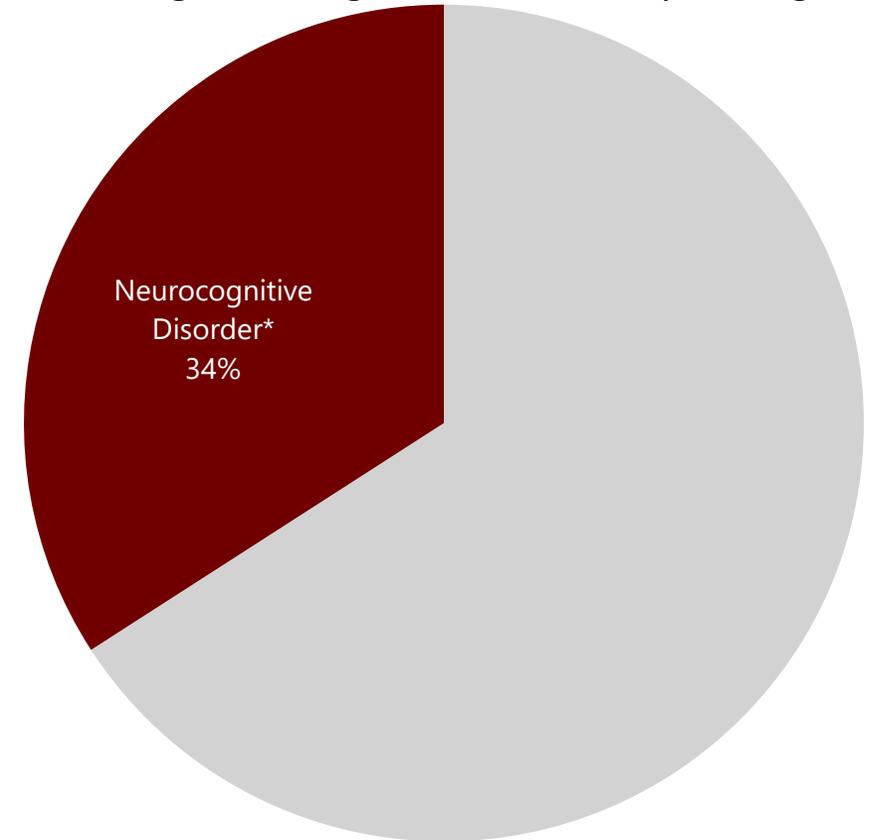
**National Alliance  
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# Exhibit 2.1: Distribution of Hospice Stays

Distribution of Hospice Stays,  
by Principal-Diagnosis Disease Group



Share of Hospice Stays with Neurocognitive  
Disorder Diagnosis Regardless of Principal Diagnosis



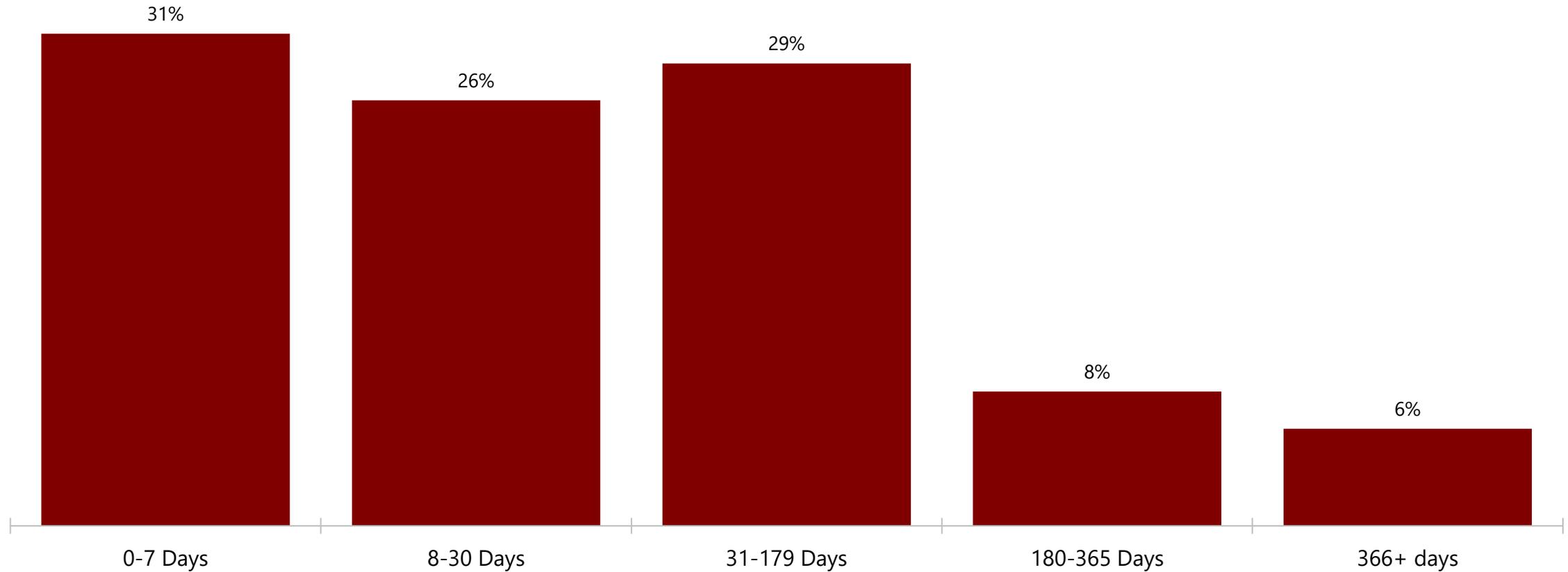
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

\*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay.

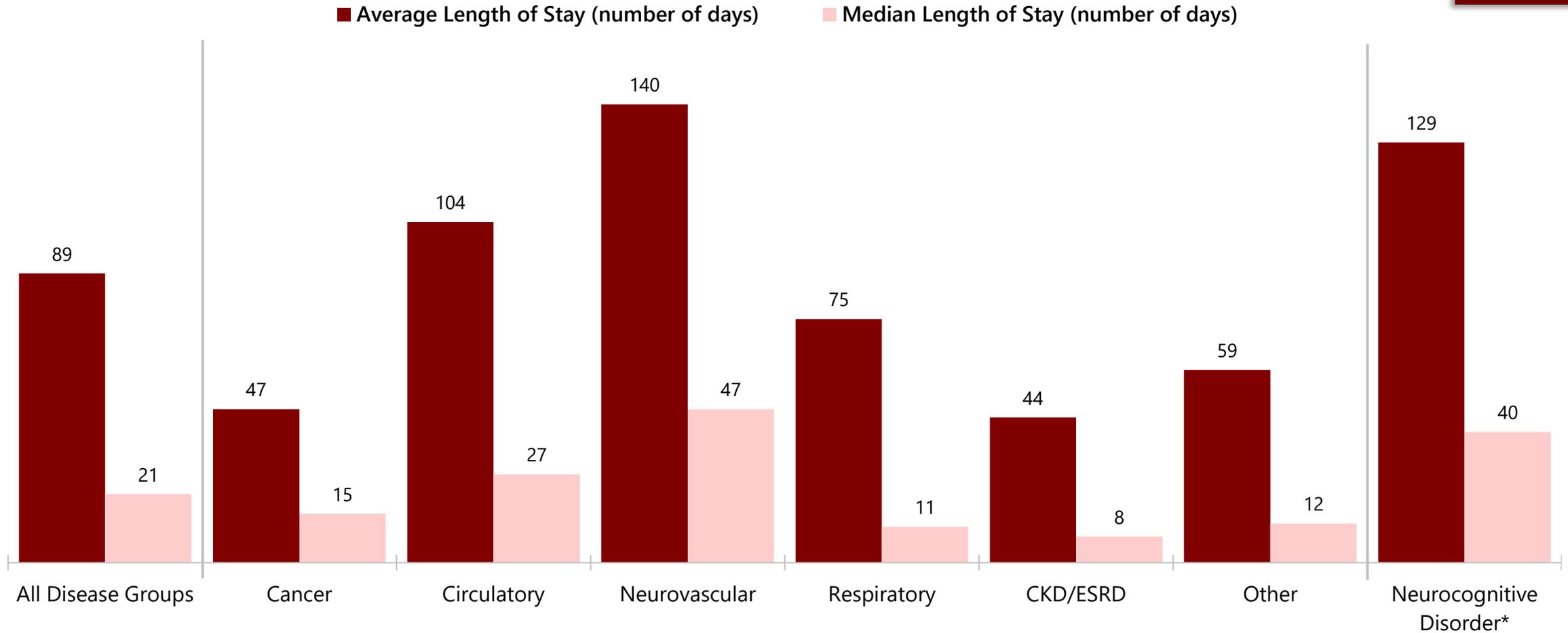
Totals may not sum to 100 percent due to rounding.

# Exhibit 2.2: Distribution of Hospice Stays, by Length of Stay Category



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024.  
Totals may not sum to 100 percent due to rounding.

# Exhibit 2.3: Average and Median Hospice Lengths of Stay, by Principal-Diagnosis Disease Groups and Any Neurocognitive Disorder Diagnosis



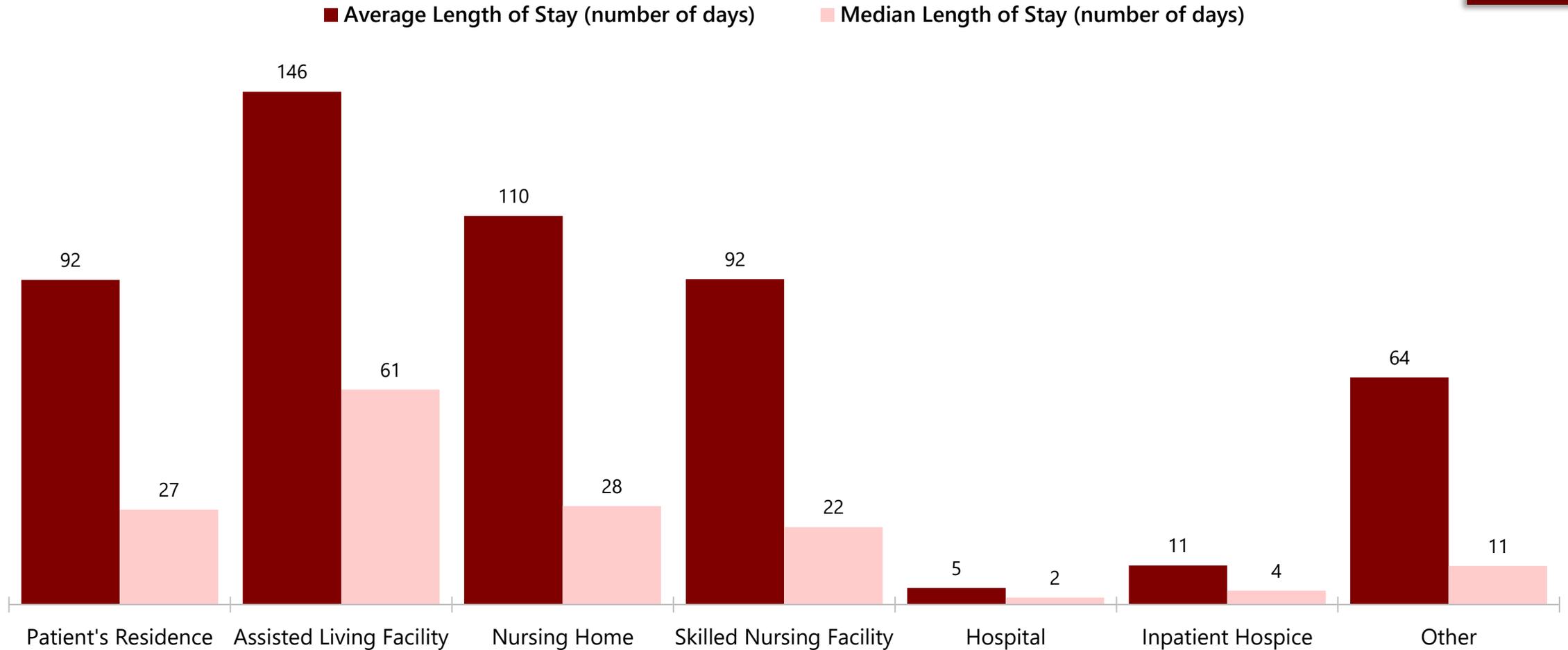
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

\*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay

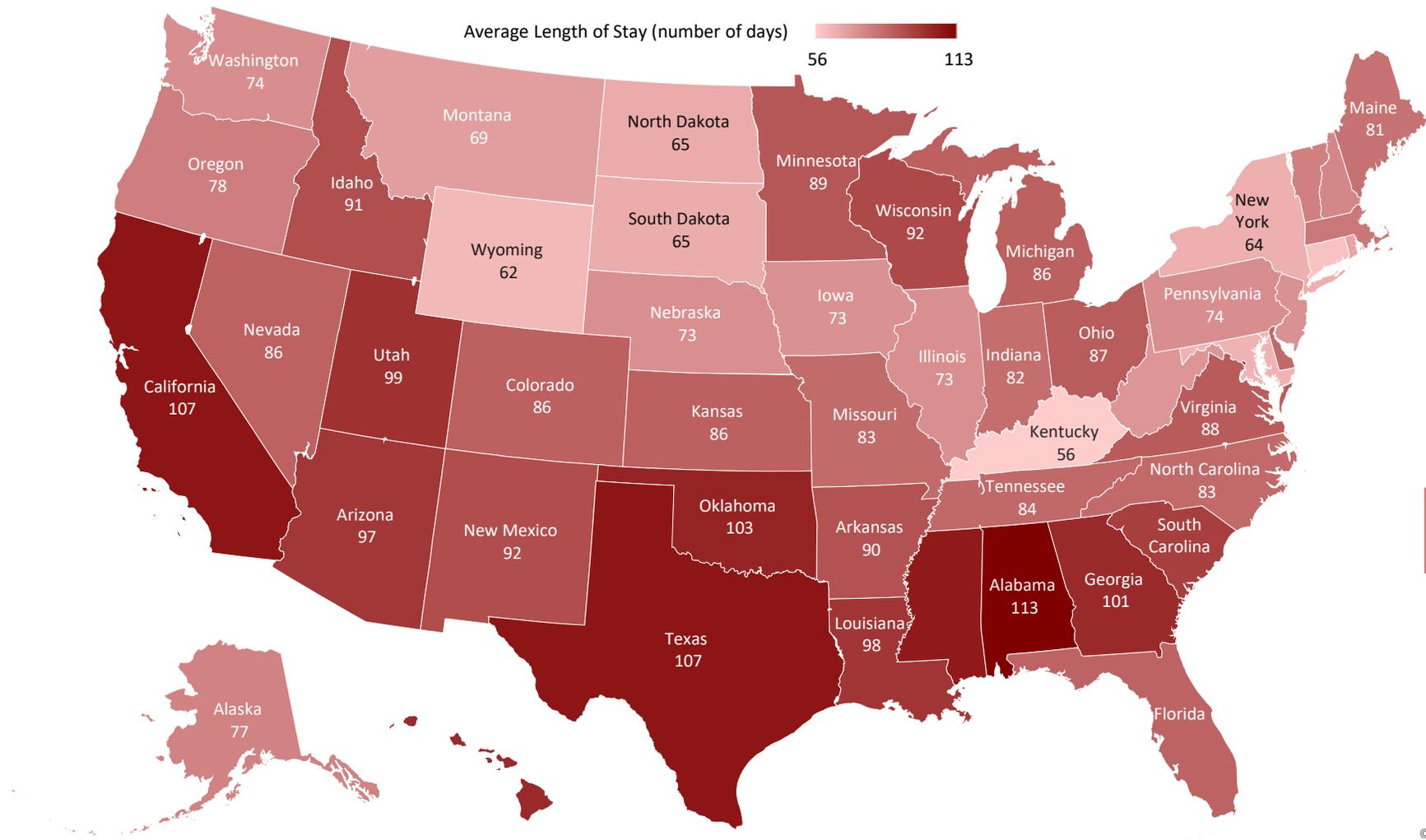
# Exhibit 2.4: Average and Median Hospice Lengths of Stay, by Service Location of Hospice Care



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024. Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024. This analysis was limited to hospice stays with only one service location. Service locations are based on HCPC Codes. Q5001= Patient's Home Residence, Q5002 = Assisted Living Facility, Q5003= Nursing Home, Q5004 = Skilled Nursing Facility, Q5005 = Inpatient Hospital, Q5006 = Inpatient Hospice. Other includes long-term care hospital (Q5007), inpatient psychiatric facility (Q5008), unspecified (Q5009), and hospice facility (Q5010).

# Exhibit 2.5: Average Hospice Lengths of Stay, by State

Characteristics of Hospice Stays



**National**  
89

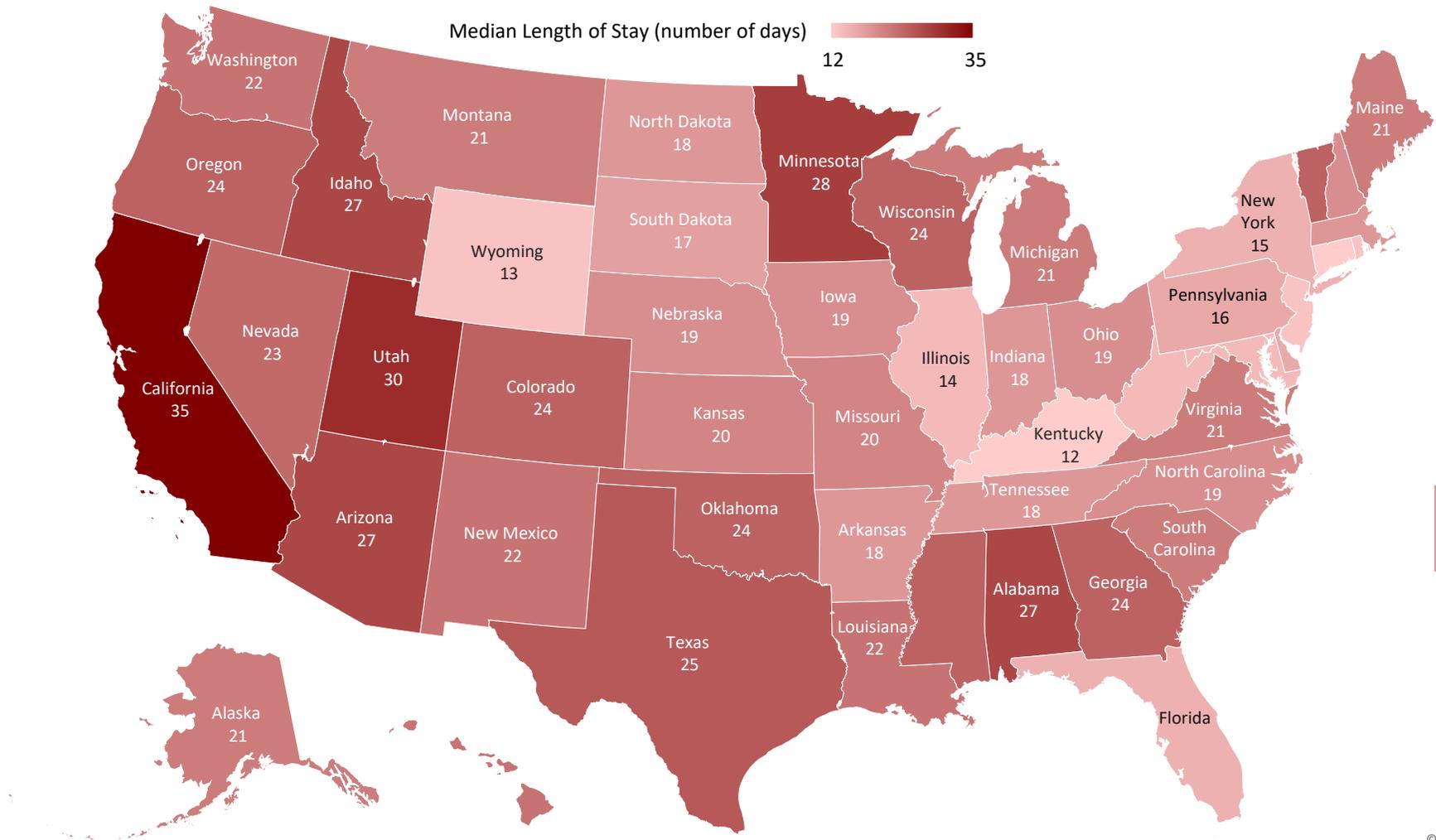
Connecticut	Delaware	DC
59	84	105
Florida	Hawaii	Maryland
85	101	63
Massachusetts	Mississippi	New Hampshire
80	106	75
New Jersey	Rhode Island	South Carolina
73	67	95
Vermont	West Virginia	
77	72	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024. Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024.

# Exhibit 2.6: Median Hospice Lengths of Stay, by State

Characteristics of Hospice Stays



**National**  
21

Connecticut 12	Delaware 16	DC 23
Florida 15	Hawaii 22	Maryland 14
Massachusetts 18	Mississippi 24	New Hampshire 19
New Jersey 13	Rhode Island 13	South Carolina 21
Vermont 24	West Virginia 14	

Source: KNG Health analysis of Medicare Standard Analytic Files, 2024. Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024.

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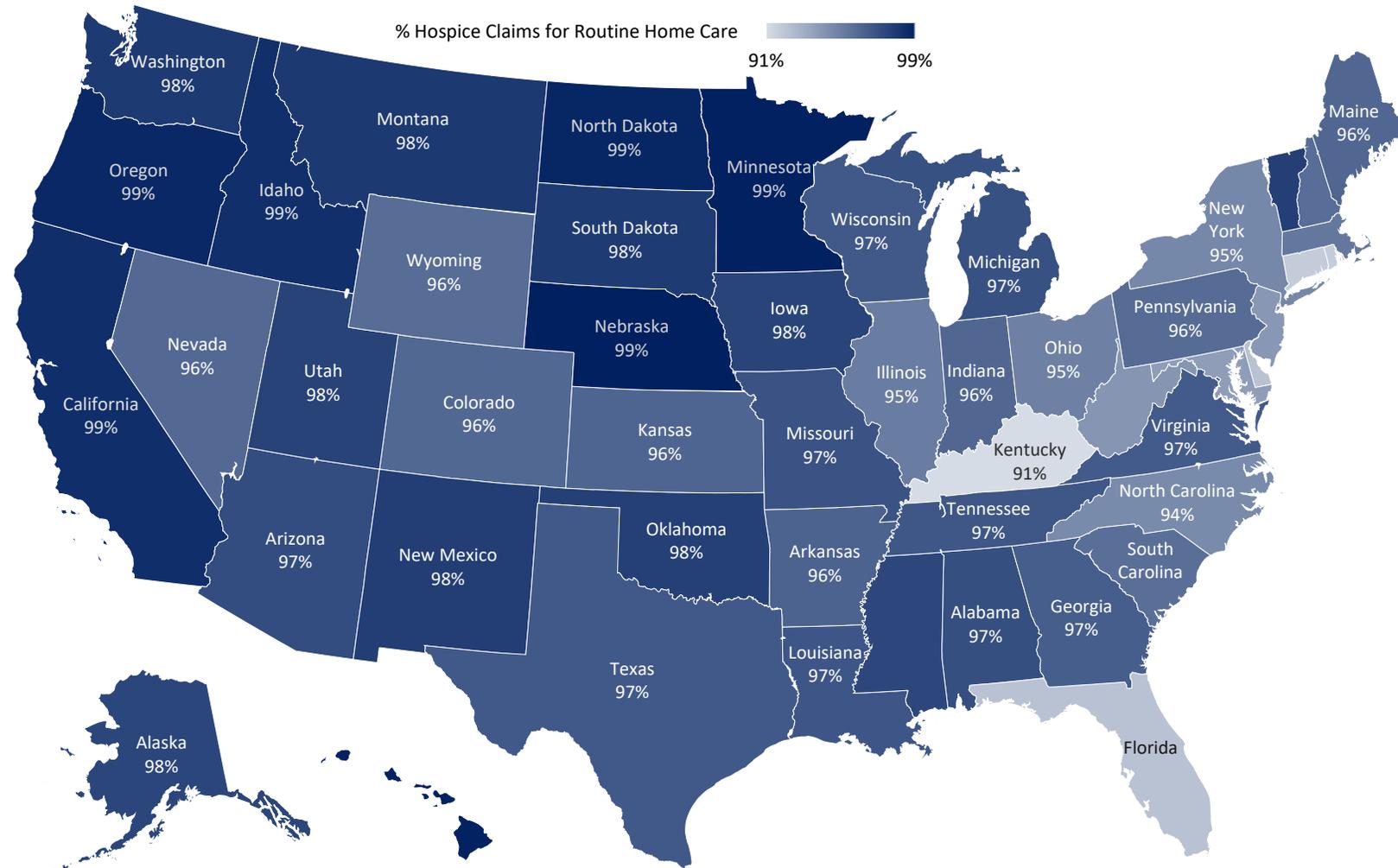
# Profile of Hospice Care Delivery

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# Exhibit 3.1: Percent of Hospice Claims for Routine Home Care, by State



**National**  
96%

Connecticut	Delaware	DC
91%	92%	97%
Florida	Hawaii	Maryland
92%	99%	94%
Massachusetts	Mississippi	New Hampshire
95%	98%	96%
New Jersey	Rhode Island	South Carolina
94%	91%	96%
Vermont	West Virginia	
98%	94%	

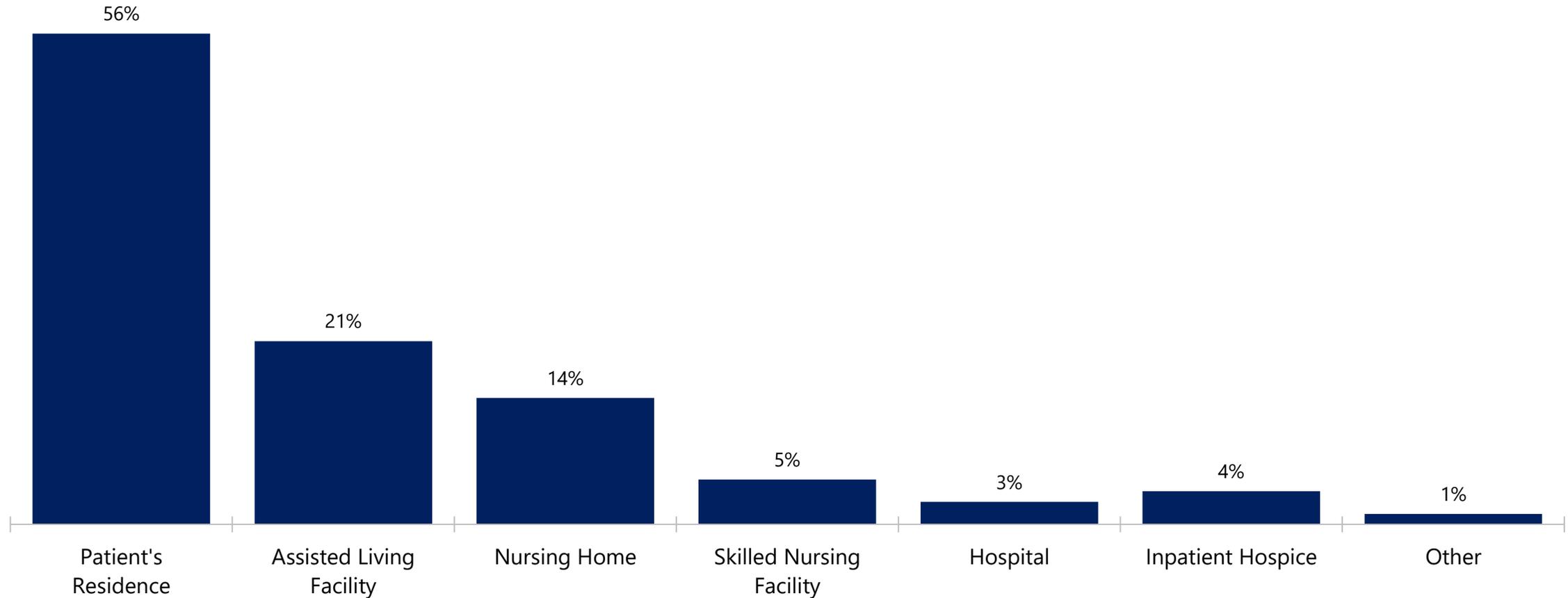
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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Levels of Care during a hospice visits are based on Revenue Codes. 651= Routine Home Care

Hospice claims may contain multiple levels of care and/or service locations. The percent of claims with routine home care is defined as the number of claims with routine home care divided by all hospice claims.

# Exhibit 3.2: Service Location of Hospice Care across All Hospice Claims



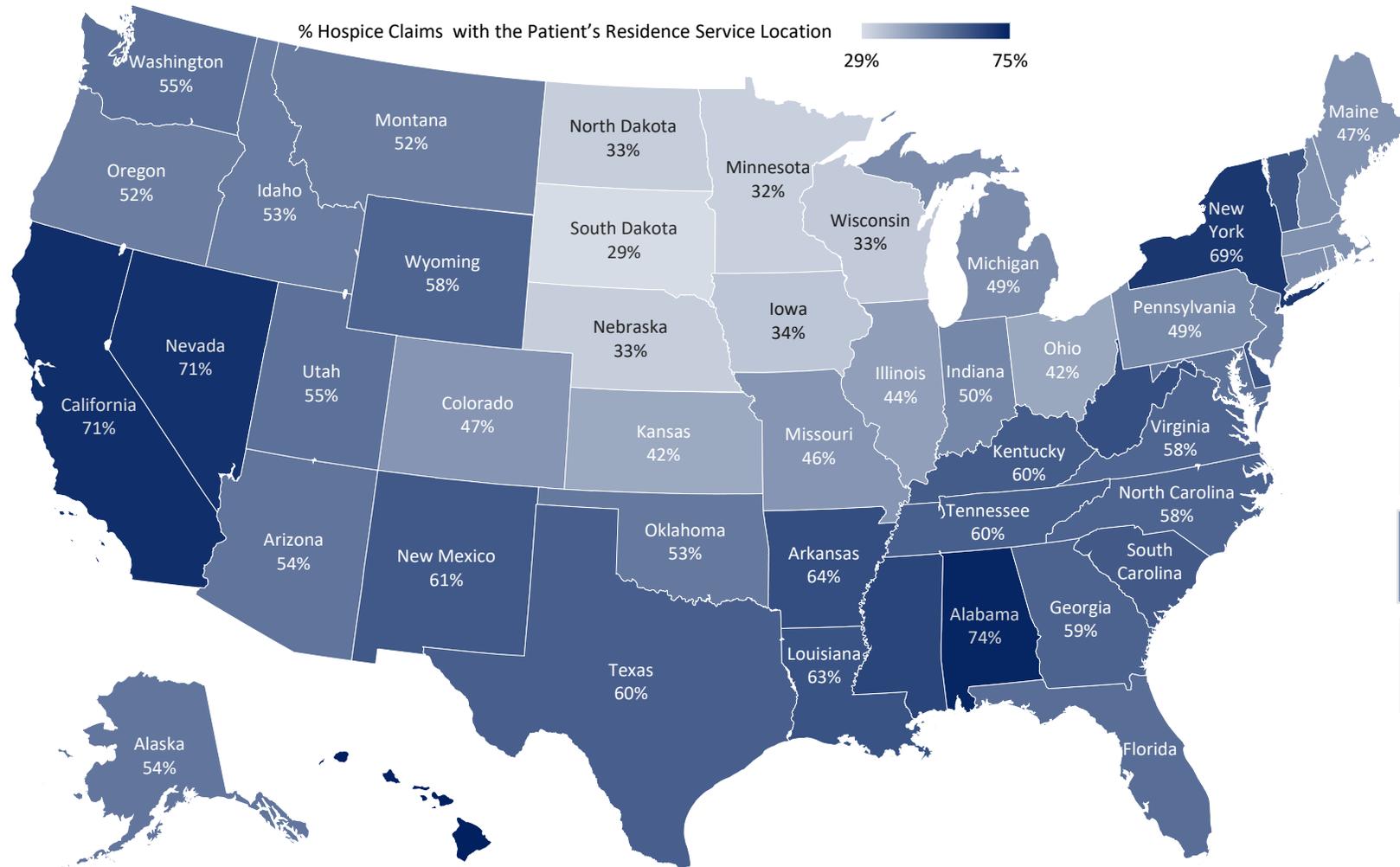
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Hospice claims may contain multiple levels of care and/or service locations. Because hospice claims may include multiple levels of care or service locations, the share of claims by service location is calculated as the number of claims with that location divided by all hospice claims. Therefore, totals may exceed 100 percent.

Service Locations are based on HCPC Codes. Q5001= Patient's Home Residence, Q5002 = Assisted Living Facility, Q5003= Nursing Home, Q5004 = Skilled Nursing Facility, Q5005 = Inpatient Hospital, Q5006 = Inpatient Hospice.

Other includes long-term care hospital (Q5007), inpatient psychiatric facility (Q5008), unspecified (Q5009), and hospice facility (Q5010).

# Exhibit 3.3: Percent of Hospice Claims with the Patient's Residence as the Service Location, by State



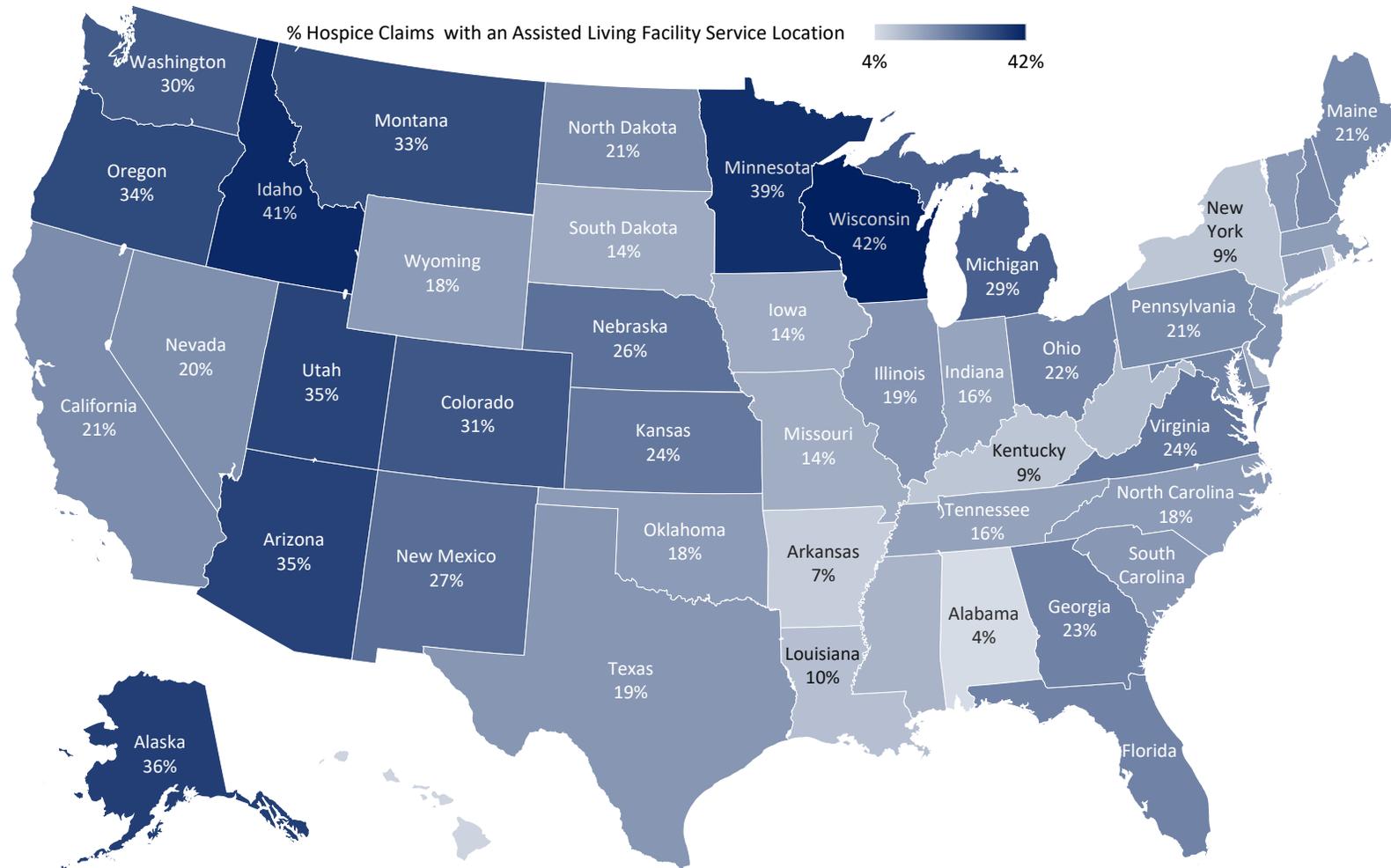
**National**  
56%

Connecticut 48%	Delaware 62%	DC 61%
Florida 56%	Hawaii 75%	Maryland 55%
Massachusetts 47%	Mississippi 66%	New Hampshire 48%
New Jersey 51%	Rhode Island 47%	South Carolina 61%
Vermont 62%	West Virginia 63%	

Source: KNG Health analysis of Medicare Standard Analytic Files, 2024. Service Locations are based on HCPC Codes. Q5001= Patient's Home Residence. Hospice claims may contain multiple levels of care and/or service locations. The percent of claims with the patient's residence as the service location is defined as the number of claims with the patient's residence as the service location divided by all hospice claims.

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# Exhibit 3.4: Percent of Hospice Claims with an Assisted Living Facility as the Service Location, by State



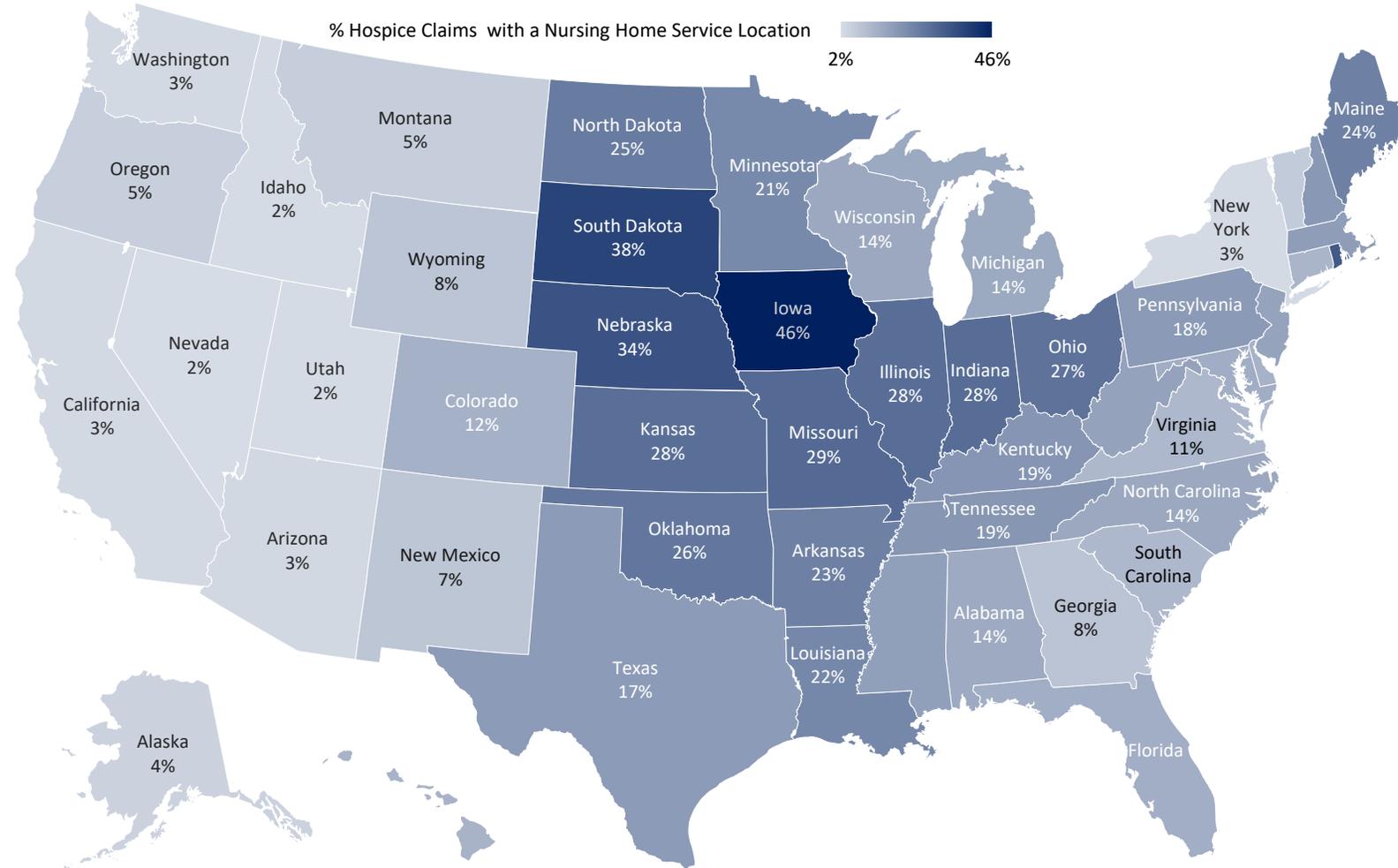
**National**  
21%

Connecticut	Delaware	DC
16%	15%	21%
Florida	Hawaii	Maryland
22%	6%	22%
Massachusetts	Mississippi	New Hampshire
17%	12%	21%
New Jersey	Rhode Island	South Carolina
20%	7%	18%
Vermont	West Virginia	
18%	11%	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
 Service Locations are based on HCPC Codes. Q5002 = Assisted Living Facility  
 Hospice claims may contain multiple levels of care and/or service locations. The percent of claims with an assisted living facility as the service location is defined as the number of claims with an assisted living facility as the service location divided by all hospice claims.

# Exhibit 3.5: Percent of Hospice Claims with Nursing Home as the Service Location, by State



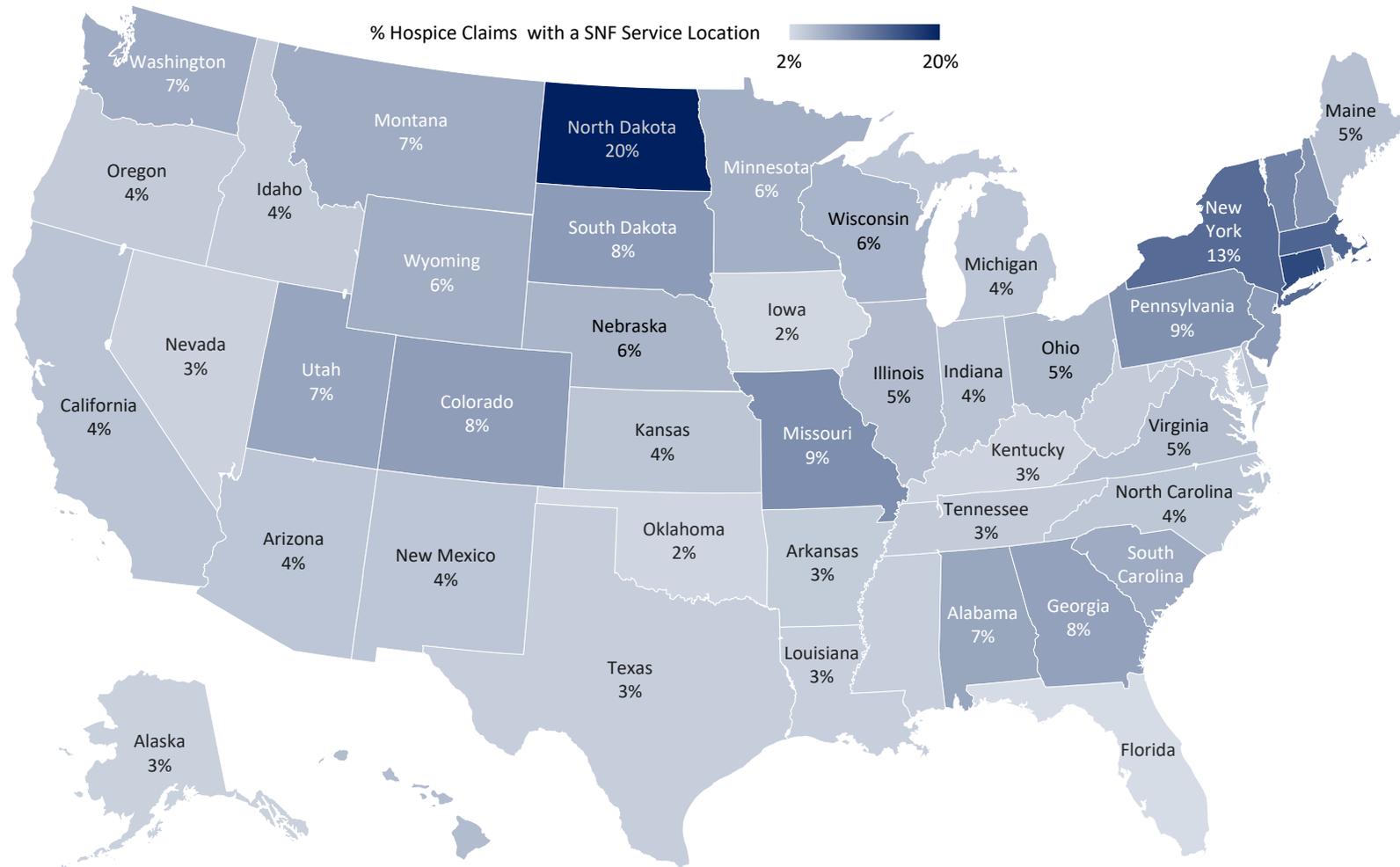
**National**  
14%

Connecticut	Delaware	DC
11%	12%	11%
Florida	Hawaii	Maryland
13%	12%	13%
Massachusetts	Mississippi	New Hampshire
17%	16%	18%
New Jersey	Rhode Island	South Carolina
15%	33%	11%
Vermont	West Virginia	
6%	16%	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024. Service Locations are based on HCPC Codes Q5003= Nursing Home. Hospice claims may contain multiple levels of care and/or service locations. The percent of claims with an assisted living facility as the service location is defined as the number of claims with an assisted living facility as the service location divided by all hospice claims.

# Exhibit 3.6: Percent of Hospice Claims with a Skilled Nursing Facility (SNF) as the Service Location, by State



**National**  
5%

Connecticut	Delaware	DC
16%	5%	3%
Florida	Hawaii	Maryland
2%	5%	3%
Massachusetts	Mississippi	New Hampshire
14%	3%	9%
New Jersey	Rhode Island	South Carolina
8%	7%	7%
Vermont	West Virginia	
11%	3%	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
 Service Locations are based on HCPC Codes Q5004 = Skilled Nursing Facility  
 Hospice claims may contain multiple levels of care and/or service locations. The percent of claims with an assisted living facility as the service location is defined as the number of claims with an assisted living facility as the service location divided by all hospice claims.



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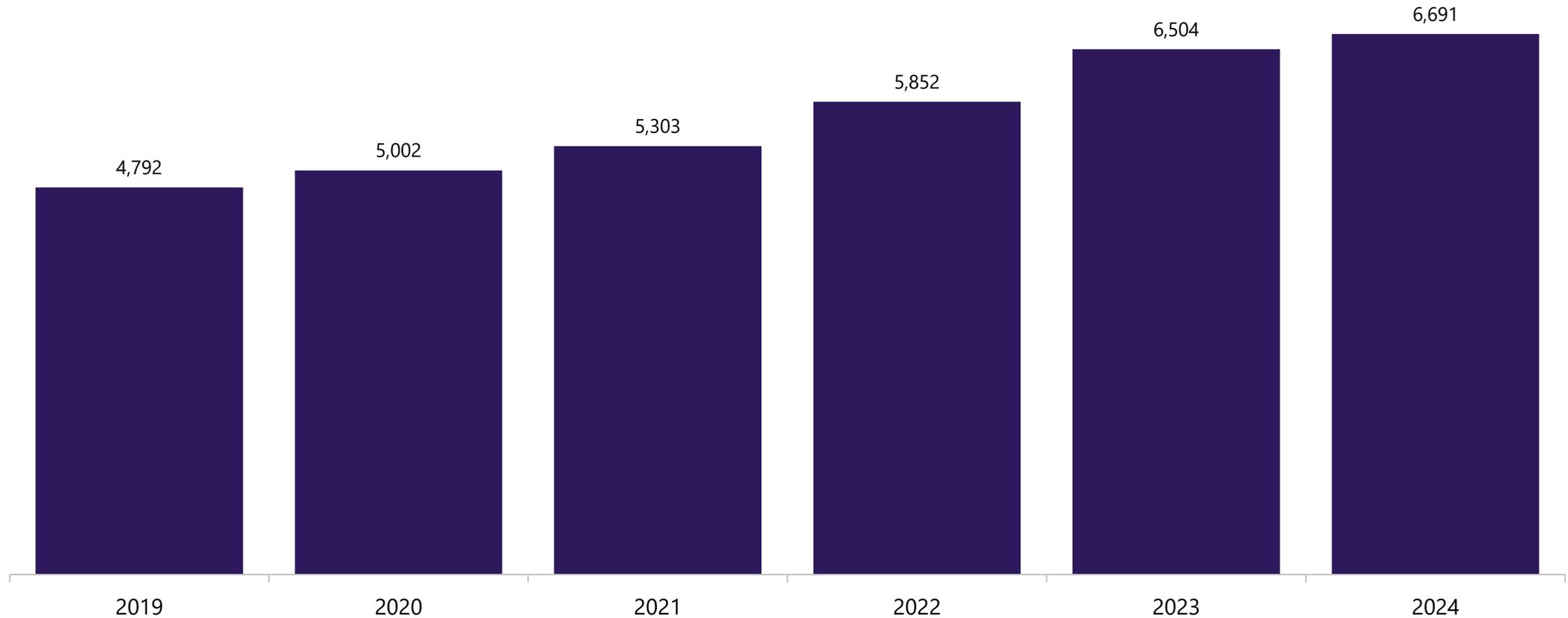
# Characteristics of Hospice Providers

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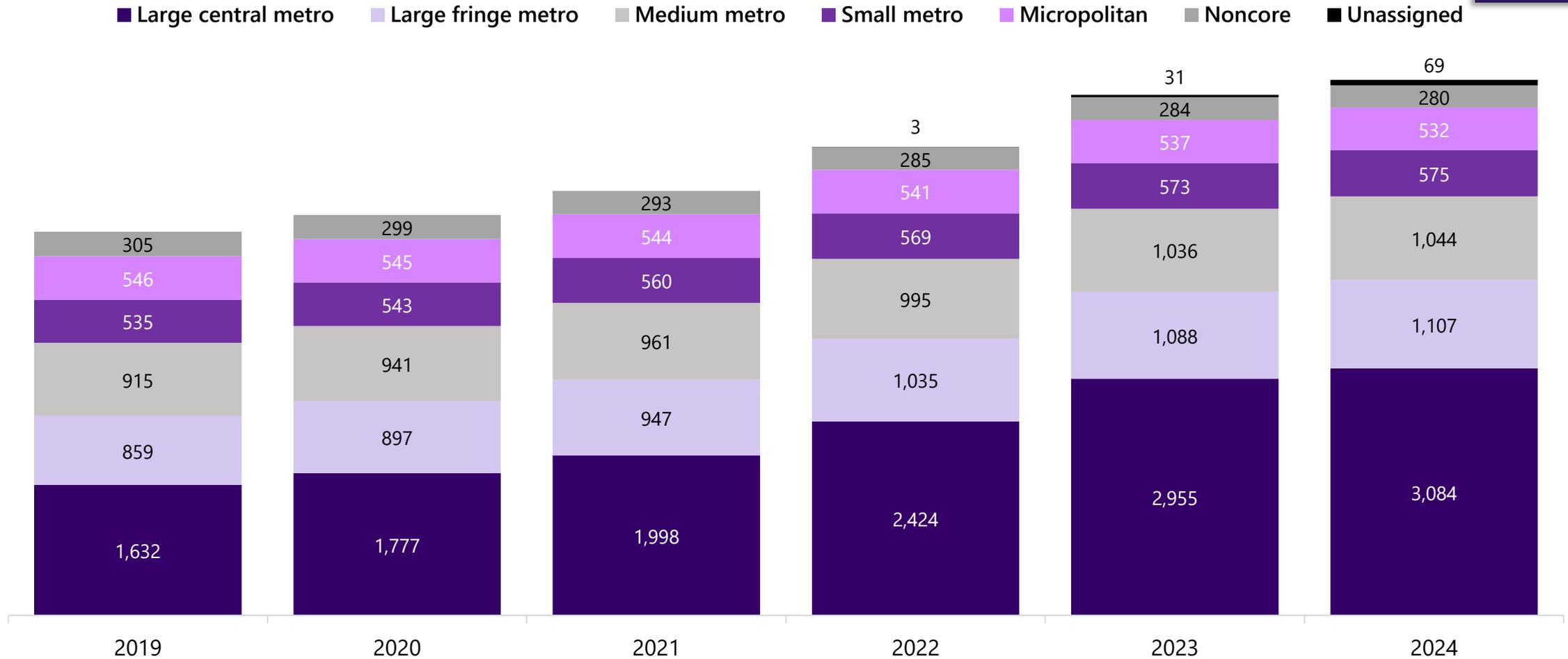
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# Exhibit 4.1: Number of Active Hospice Providers between 2019 and 2024



Source: KNG Health analysis of 2025Q2 POS iQIES and 2019–2024 100% Hospice Standard Analytic Files.  
The providers included in this analysis submitted at least one paid hospice claim in a given year. Providers are limited to those in the 50 states and Washington, D.C..

# Exhibit 4.2: Number of Active Hospices between 2019 and 2024, by Urban–Rural Classification Scheme\*

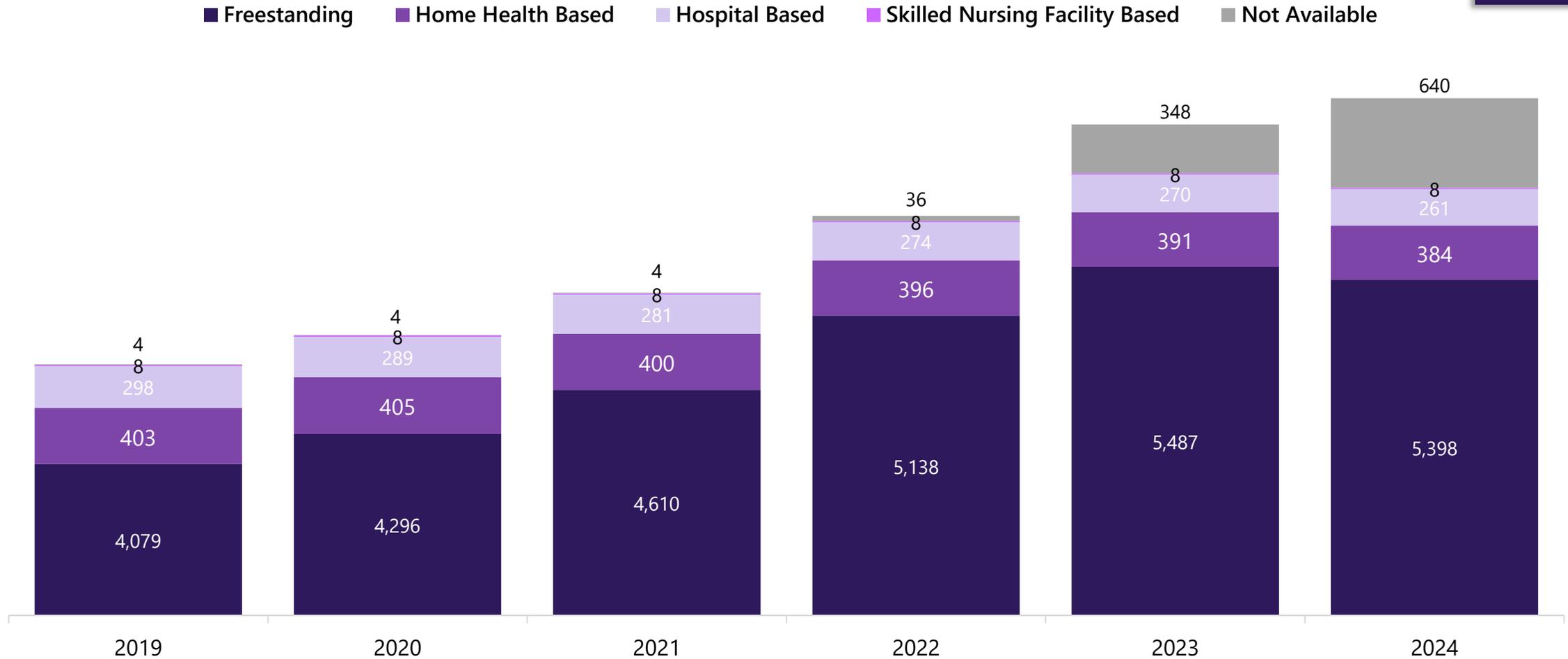


Source: KNG Health analysis of 2025Q2 POS iQIES and 2019–2024 100% Hospice Standard Analytic Files.

The providers included in this analysis submitted at least one paid hospice claim in a given year.

\*The 2023 National Center for Health Statistics (NCHS) Urban–Rural Classification Scheme was used to determine urban-rural classification. Under this scheme, “large central metro,” “large fringe metro,” “medium metro,” and “small metro” areas are typically classified as urban, while “micropolitan” and “noncore” areas are typically classified as rural. Not all hospice providers were able to be categorized into a category due to missing data.

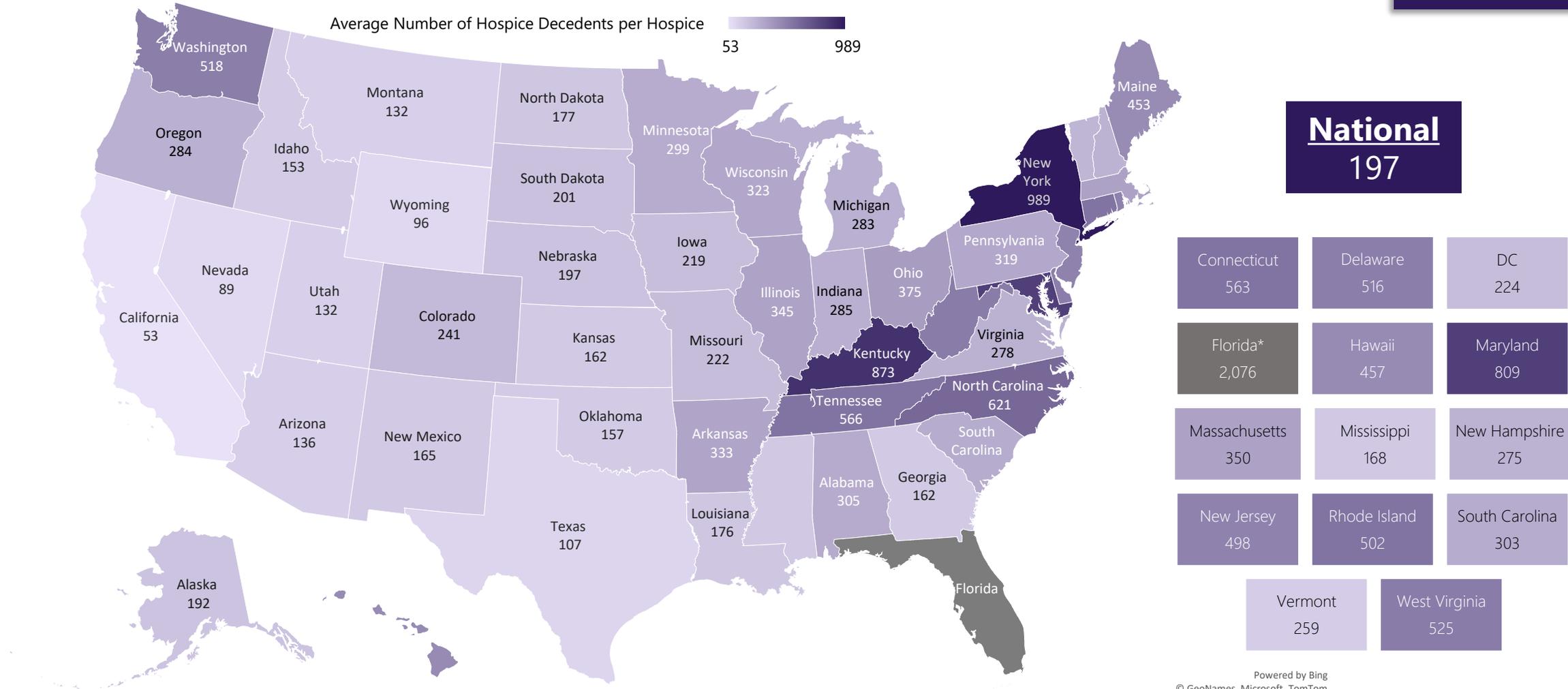
# Exhibit 4.3: Number of Active Hospices between 2019 and 2024, by Hospice Type



Source: KNG Health analysis of 2025Q2 POS iQIES and 2019–2024 100% Hospice Standard Analytic Files. The providers included in this analysis submitted at least one paid hospice claim in a given year.

# Exhibit 4.4: Average Number of Hospice Decedents per Active Hospice Provider in 2024, by State

Characteristics of Hospice Providers

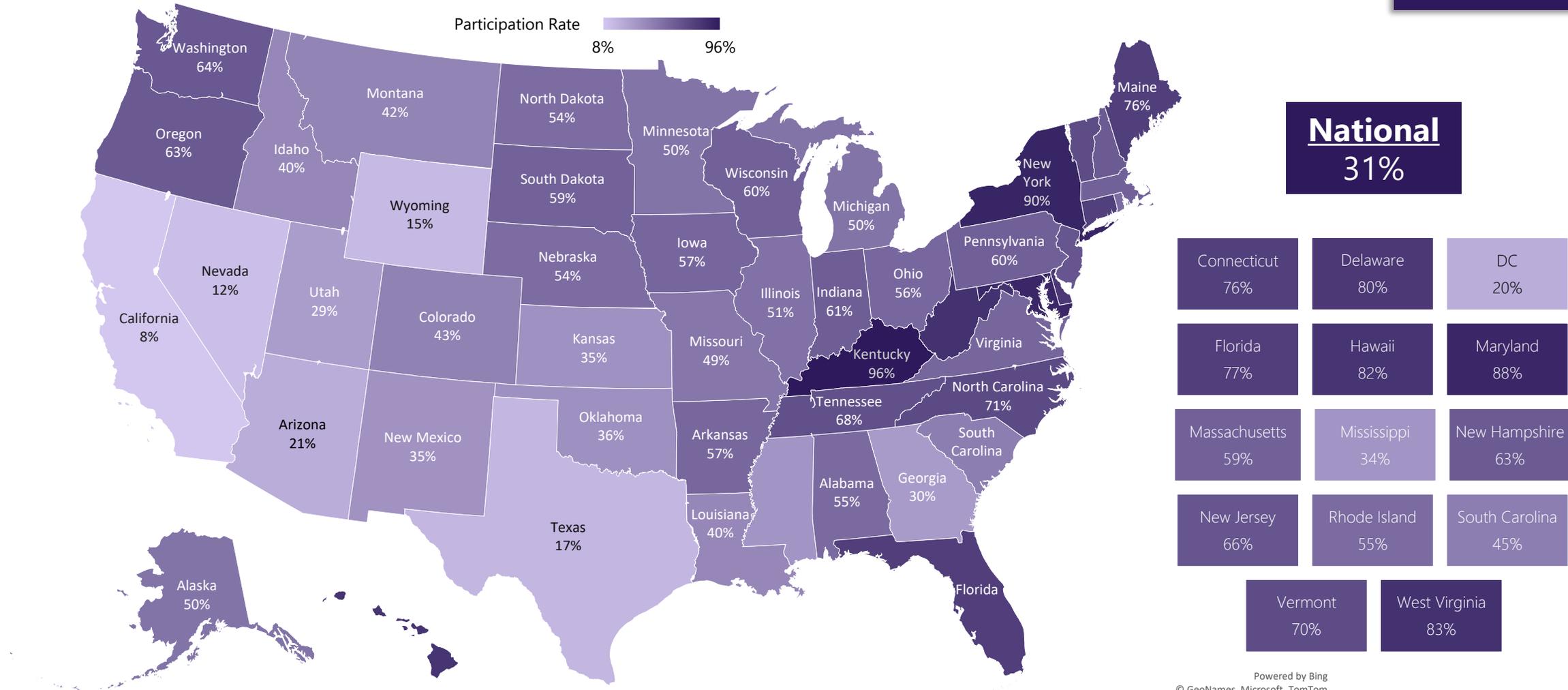


Source: KNG Health analysis of 2025Q2 POS File iQIES for HHA, ASC, and Hospice Providers and 2024 Medicare Standard Analytic Files.  
 \*Due to its disproportionately high value, Florida was excluded from the map's color scale to ensure the accuracy and interpretability of the figure.

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# Exhibit 4.5: Percent of Hospice Providers with Publicly Reported CAHPS Survey Data\*, by State

Characteristics of Hospice Providers

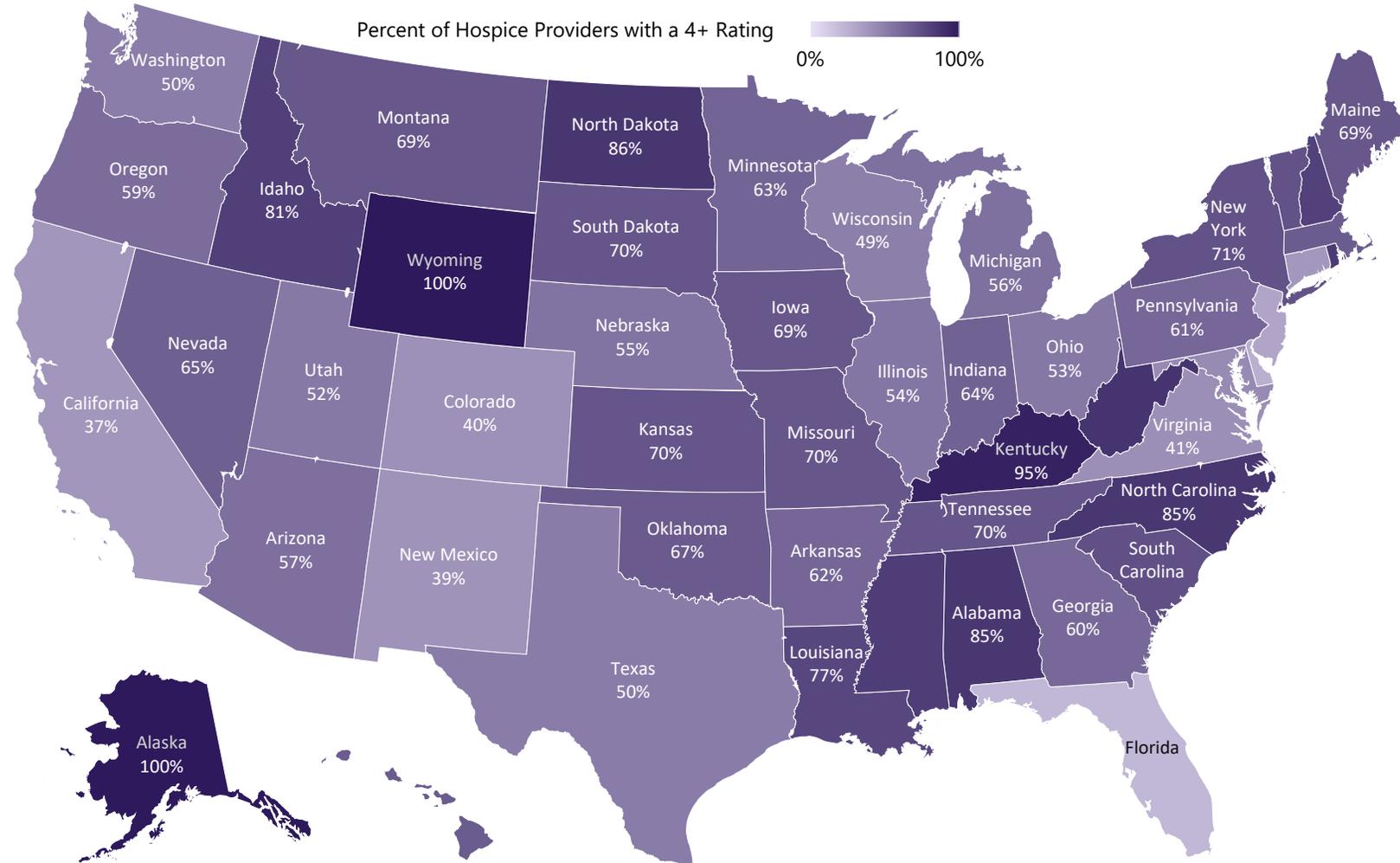


Source: KNG Health analysis of 2025Q2 POS File iQIES for HHA, ASC, and Hospice Providers, 2024 Hospice Standard Analytic Files, and August 2025 Refresh of CAHPS Hospice Survey.

\*Participation reflects only those hospices that meet the public reporting criteria for the Family Caregiver Survey Rating on Care Compare. Accordingly, comparisons across states should be interpreted with caution

# Exhibit 4.6: Percent of Hospice Providers with a Publicly Reported Family Caregiver Survey Rating of 4 or Higher, by State

Characteristics of Hospice Providers



**National**  
58%

Connecticut	Delaware	DC
37%	25%	0%
Florida	Hawaii	Maryland
21%	67%	43%
Massachusetts	Mississippi	New Hampshire
67%	82%	80%
New Jersey	Rhode Island	South Carolina
30%	83%	73%
Vermont	West Virginia	
71%	87%	

Source: KNG Health analysis of August 2025 Refresh of CAHPS Hospice Survey.

Note: The Family Caregiver Survey Rating represents a summary Star Rating derived from the CAHPS Hospice Survey quality measures. Ratings are reported only for hospices that meet the criteria for public reporting on Care Compare. Therefore, differences across states should be interpreted with caution, as the proportion of hospices with a calculable Star Rating varies by state.

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ADVANCING HOME CARE  
THROUGH RESEARCH.

# Medicare Spending on Hospice Services

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**National Alliance  
for Care at Home**

In 2023, \$4.1 Trillion were spent on personal health care in the United States. Medicare spending was \$956 Billion.

**2.7%** of Medicare spending was for hospice services.

Source: Medicare Payment Advisory Commission. [A Data Book: Health care spending and the Medicare program, July 2025](#)

In 2024, Medicare spent roughly \$28.2 Billion on hospice services.

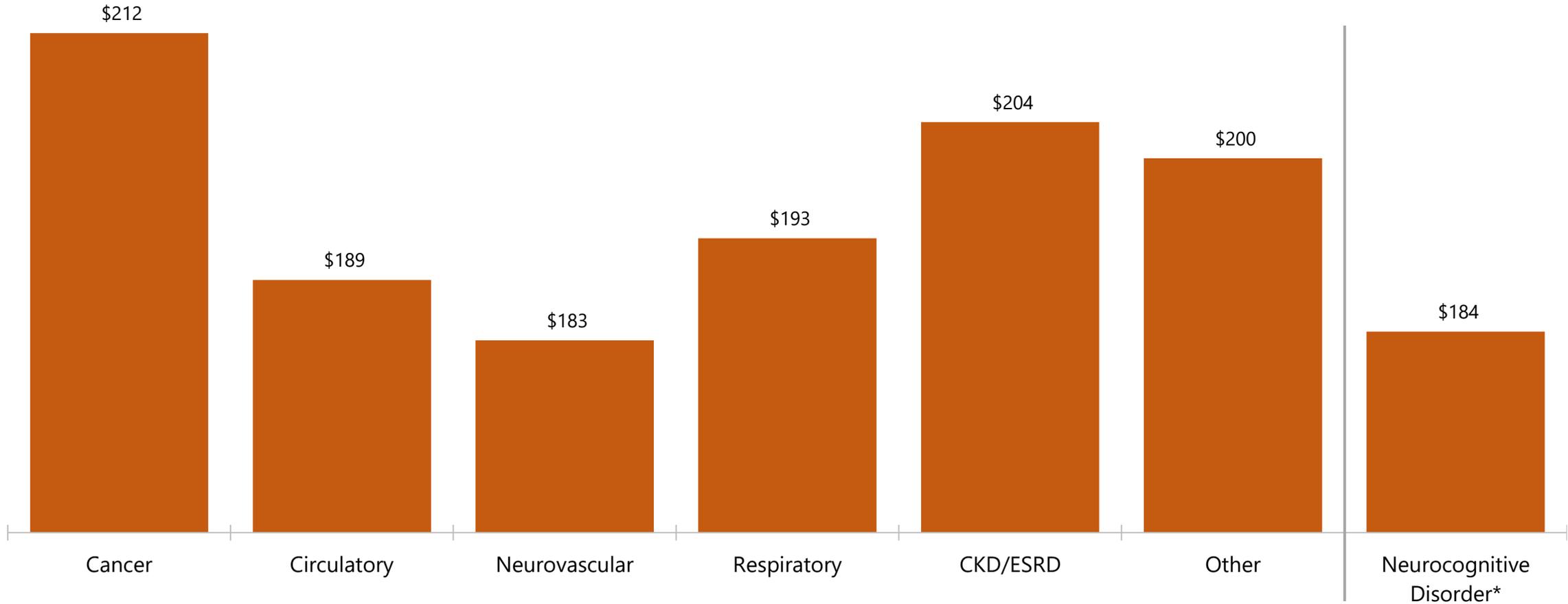
\$191

was the average Medicare payment for a day of hospice care.

Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

# Exhibit 5.1: Per Day Hospice Spending in 2024, by Principal-Diagnosis Disease Groups and Any Neurocognitive Disorder Diagnosis

Medicare Spending on Hospice Services



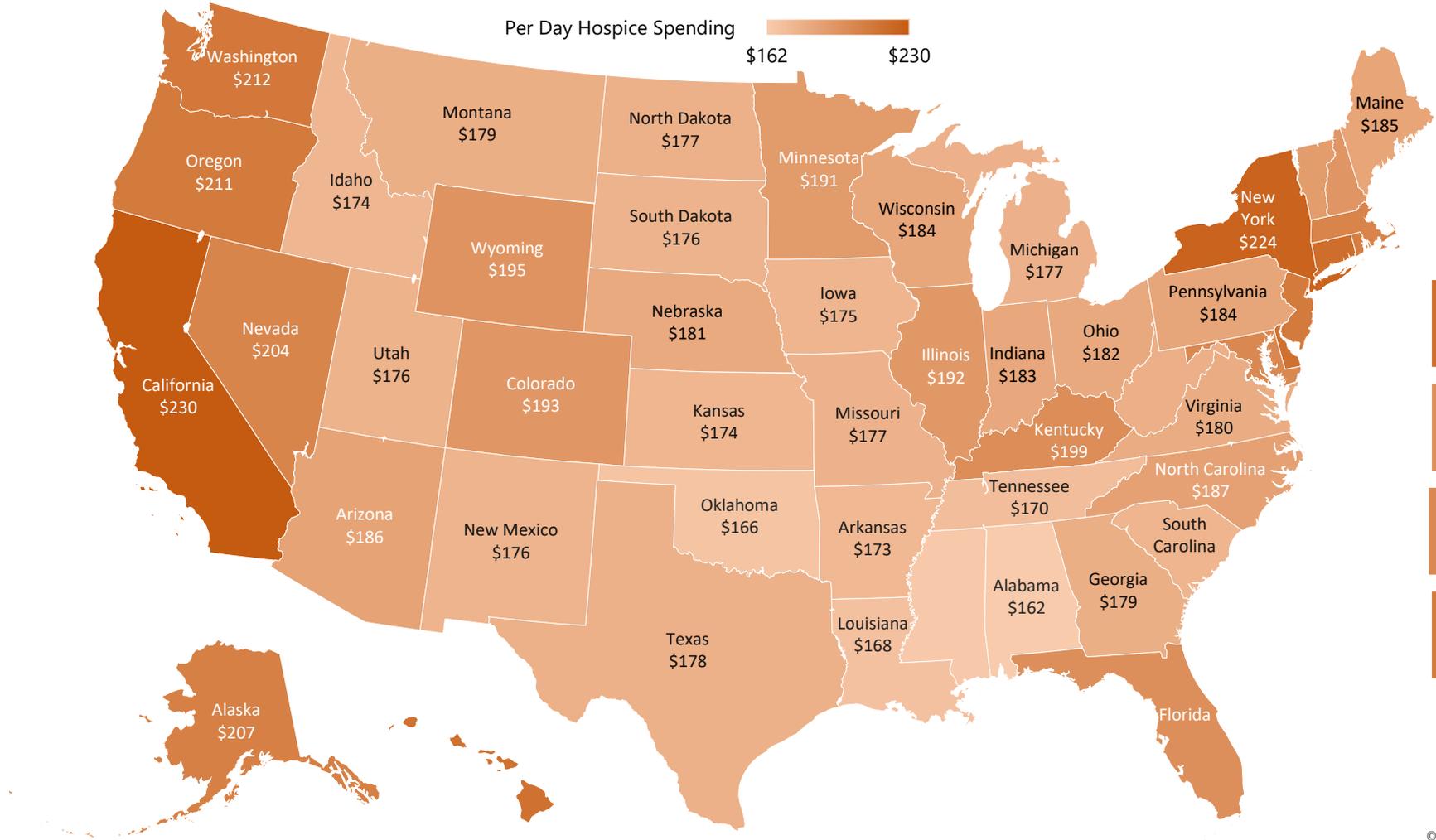
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

\*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay.

# Exhibit 5.2: Per Day Hospice Spending in 2024, by State



**National**  
\$191

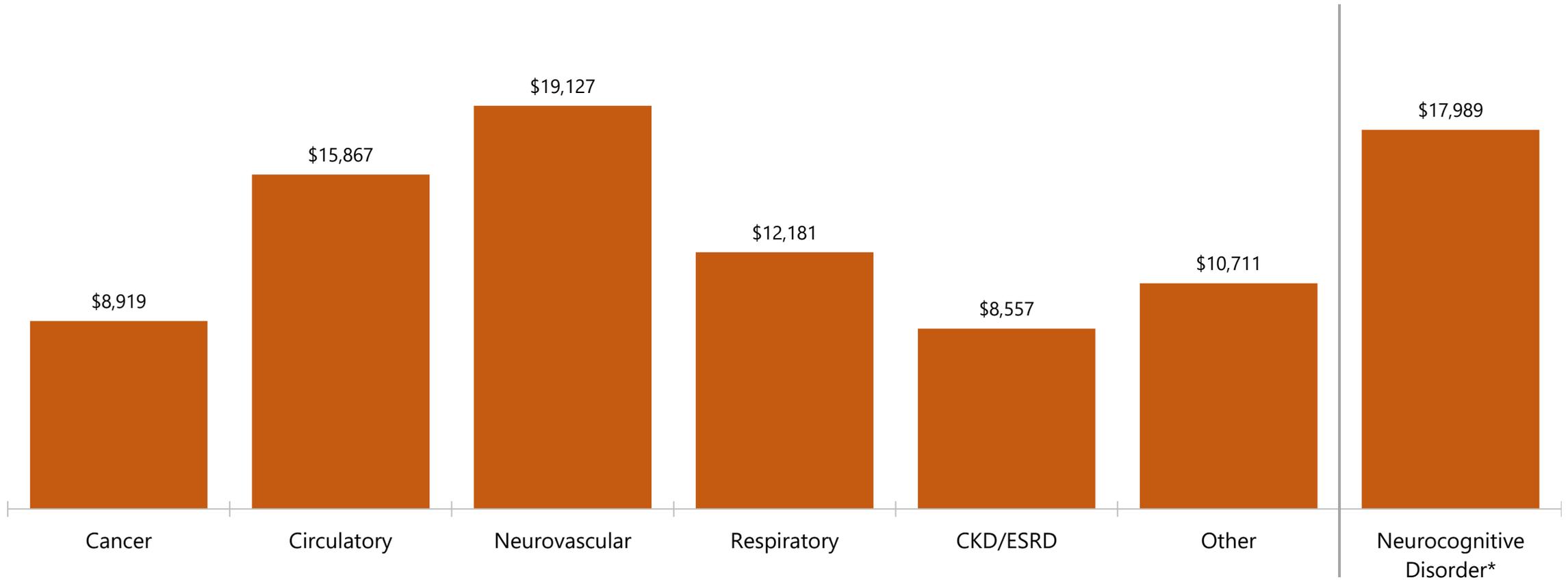
Connecticut \$218	Delaware \$216	DC \$197
Florida \$198	Hawaii \$216	Maryland \$202
Massachusetts \$205	Mississippi \$163	New Hampshire \$194
New Jersey \$211	Rhode Island \$208	South Carolina \$175
Vermont \$190	West Virginia \$178	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.

# Exhibit 5.3: Average Medicare Spending on Hospice Care in 2024, by Principal-Diagnosis Disease Groups and Any Neurocognitive Disorder Diagnosis

Medicare Spending on Hospice Services



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

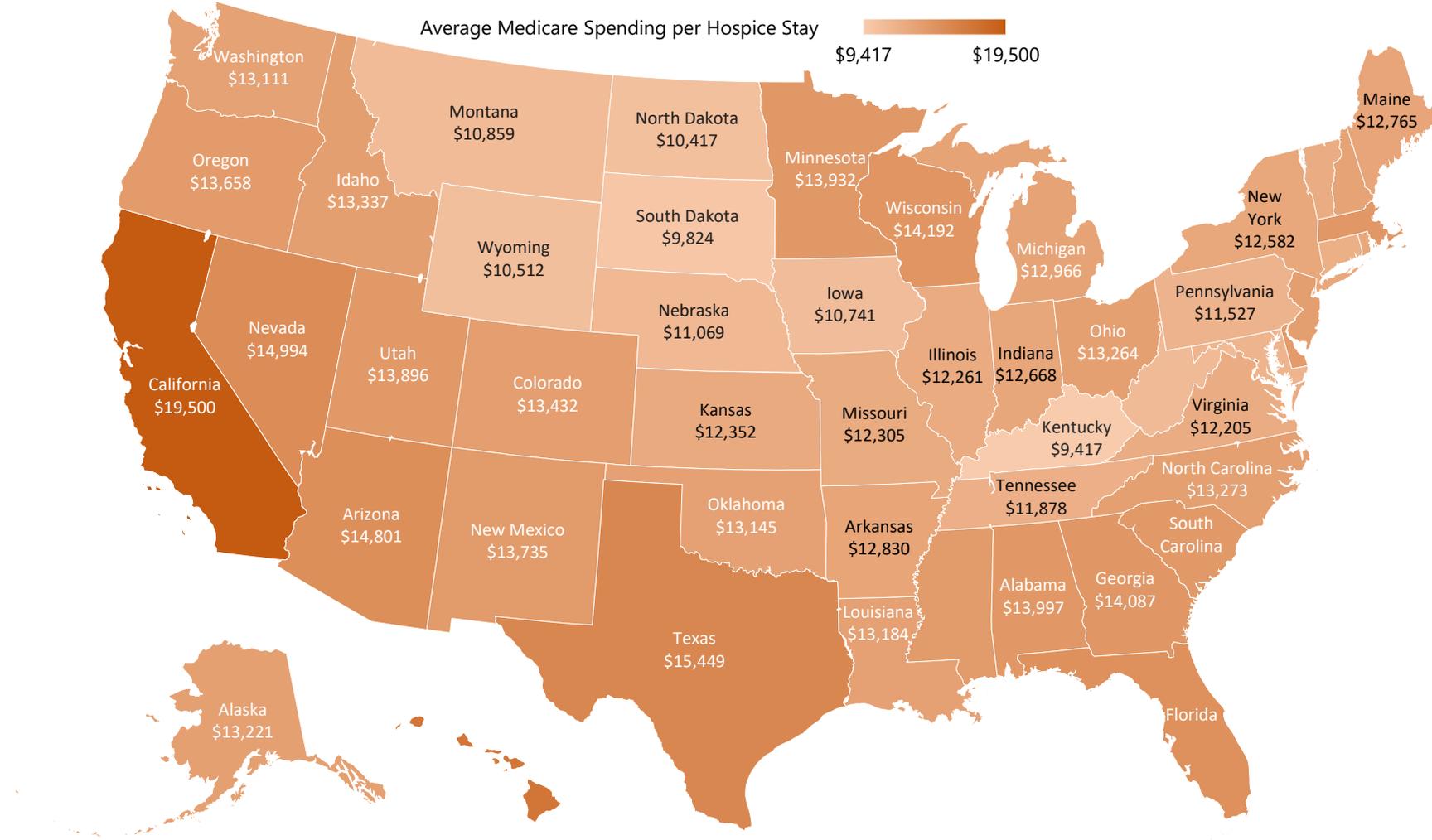
Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

\*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay

# Exhibit 5.4: Average Medicare Spending per Hospice Stay in 2024, by State

Medicare Spending on Hospice Services



**National**  
\$14,068

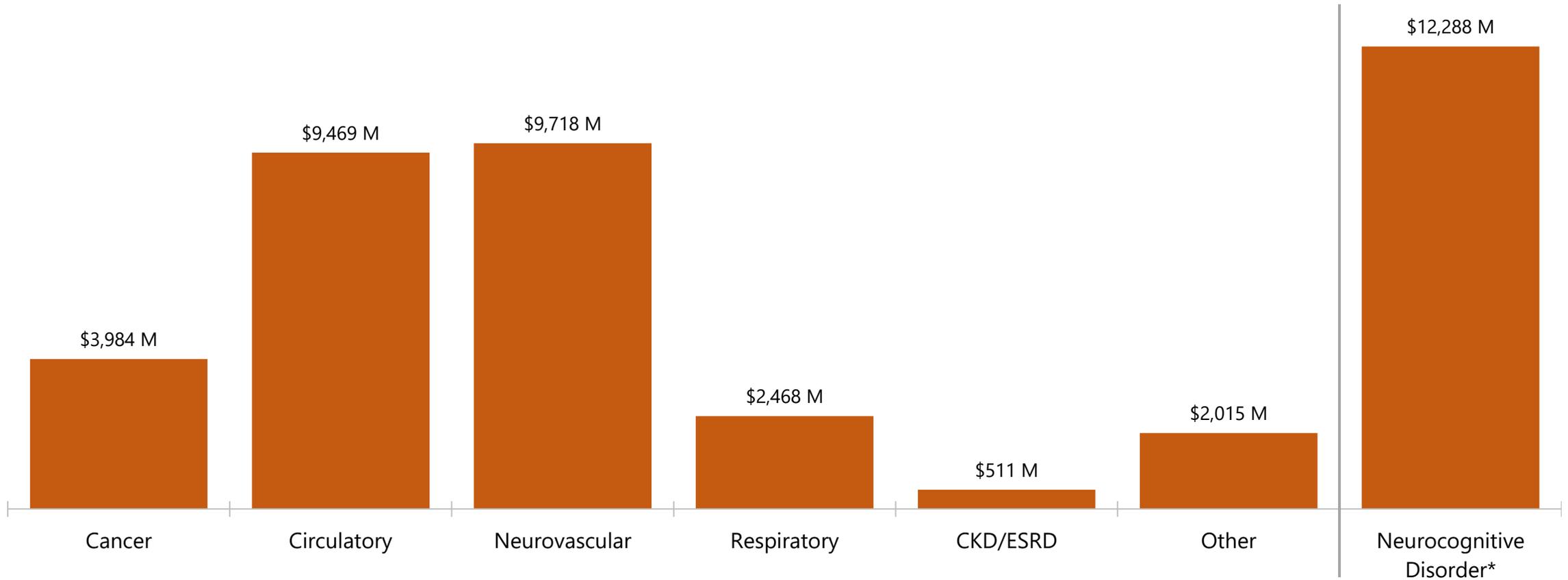
Connecticut \$11,861	Delaware \$13,658	DC \$15,229
Florida \$14,632	Hawaii \$16,977	Maryland \$11,428
Massachusetts \$14,015	Mississippi \$13,719	New Hampshire \$12,966
New Jersey \$13,307	Rhode Island \$12,568	South Carolina \$13,899
Vermont \$12,112	West Virginia \$10,916	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.

# Exhibit 5.5: Total Medicare Spending on Hospice Care in 2024, by Principal-Diagnosis Disease Groups and Any Neurocognitive Disorder Diagnosis

Medicare Spending on Hospice Services



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

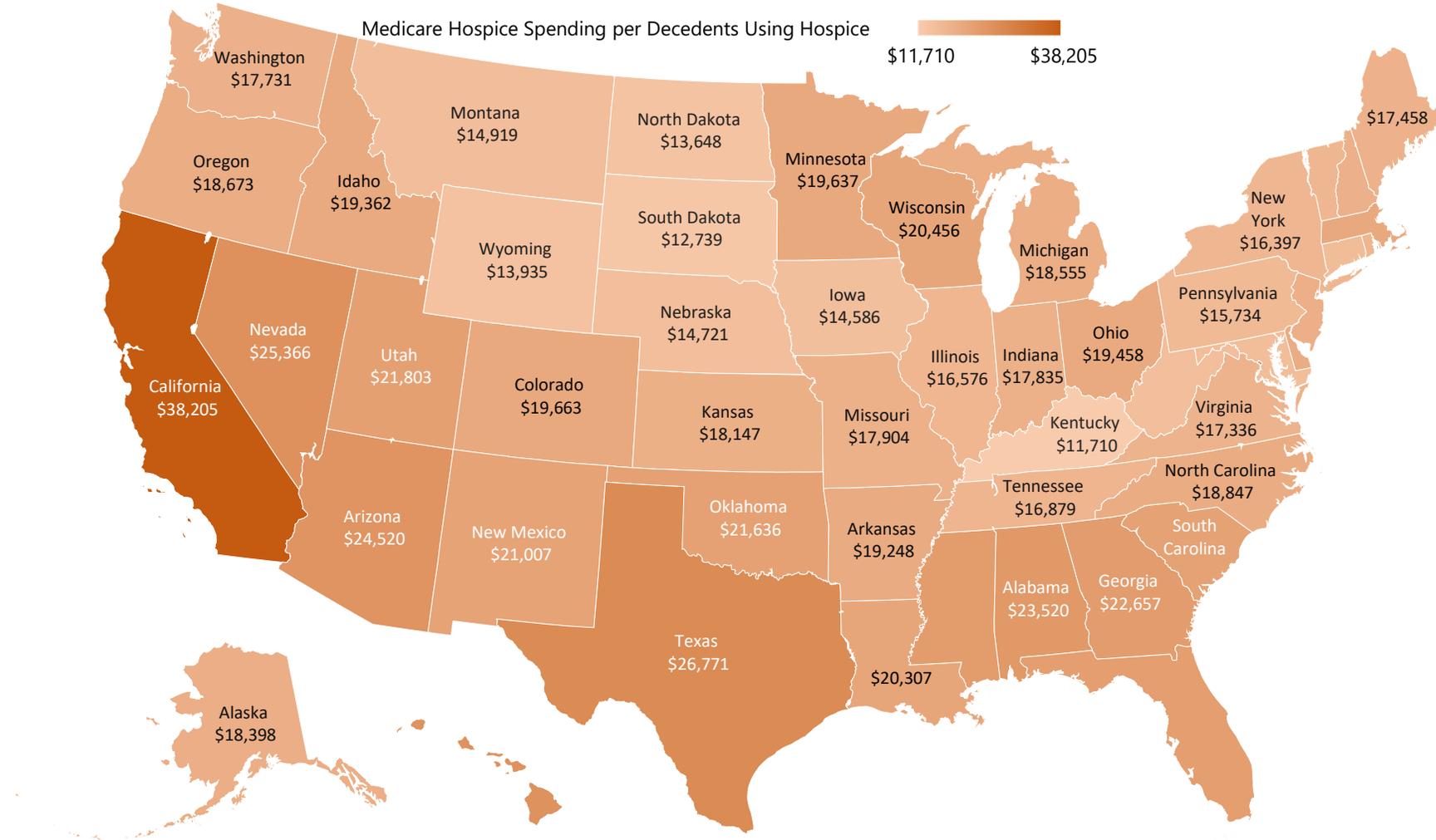
Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

\*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay.

# Exhibit 5.6: Total Medicare Spending on Hospice Care per Medicare Decedent Using Hospice in 2024, by State

Medicare Spending on Hospice Services



**National**  
\$21,334

Connecticut \$15,253	Delaware \$18,789	DC \$24,499
Florida \$22,276	Hawaii \$25,078	Maryland \$15,048
Massachusetts \$19,571	Mississippi \$22,666	New Hampshire \$17,715
New Jersey \$18,195	Rhode Island \$16,743	South Carolina \$21,440
Vermont \$16,390	West Virginia \$14,676	

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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.  
Analyses of Medicare spending on hospice services include all hospice stays, regardless of whether the stay was complete or ongoing at the end of the year.