



Hospice Monitoring Report

April 2026

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Executive Summary

The Medicare Fee-for-Service (FFS) hospice benefit provides palliative services for pain and symptom management, as well as emotional and spiritual supportive services, to beneficiaries who are terminally ill with a prognosis of six months or less. Within this monitoring report we examine who is using the Medicare FFS hospice benefit and how it is being used. Specifically, we focus on hospice utilization from Federal Fiscal Years (FYs) 2021 – 2025.

This report summarizes:

- Utilization of beneficiaries who use hospice and what level of care they receive (Exhibits 1 through 2).
- Beneficiary deaths, discharges, and transfers from hospice (Exhibits 3 through 4).
- Beneficiaries' length of stay (LOS) in hospice (Exhibit 5).
- Medicare expenditures related to hospice use (Exhibit 6).
- Non-hospice Medicare expenditures for Medicare beneficiaries enrolled in hospice (Exhibits 7 through 8).
- The primary diagnostic category of beneficiaries using hospice (Exhibit 9).

Within this report, we find:

- Use of the hospice benefit, and the number of hospices providing hospice services, has grown over time. There has been a slight decline in hospices from FY 2024 (n = 6,732) to FY 2025 (n = 6,642).
- Routine Home Care (RHC) is overwhelmingly the most common level of care provided during hospice election.
- Roughly half of Medicare beneficiaries die while using hospice.
- The rate of live discharge has increased steadily between FY 2021 (16.9%) to FY 2025 (19.1%).
- The length of time a Medicare beneficiary is enrolled in hospice can range substantially, from four days or less to 181 or more days.
- Annual expenditures under the hospice benefit have grown from \$23.0 billion in FY 2021 to \$30.3 billion in FY 2025.
- Total non-hospice payments have increased from FY 2021 through FY 2025, in part due to the increased number of hospice users during this time. Recent trends show a slight decline in non-hospice payments.
- The diagnostic category with the largest percentage of beneficiaries is "Alzheimer's, Dementia, or Parkinson's" (21.9% in FY 2025) and the category with the lowest percentage is "Chronic Kidney Disease/End-Stage Renal Disease" (2.0% in FY 2025).

Overall Methodology

Data for analyses come from the CMS Chronic Conditions Warehouse Virtual Research Data Center (CCW VRDC), where 100% of hospice fee-for-service (FFS) claims for FY 2025 were extracted on January 15, 2026. Claims for other years were extracted on May 9, 2025. For this report, we examine data from FYs 2021 - 2025. Because of when claims were acquired, results for the last half of 2025 may be incomplete. In addition to hospice claims, we also collect all Medicare FFS non-hospice Part A & B claims and Part D Prescription Drug Events (PDEs) for the same time period for those beneficiaries with a hospice claim. For dates of death of Medicare beneficiaries, we use information from the Medicare Enrollment Database. When possible, we make no exclusions to the data. However, for Exhibits 4, 5, 7, 8, and 9, we make a small set of exclusions to hospice claims (roughly 0.5% of hospice claims per year) if claims are duplicates, have missing dates, or more than one hospice claim overlaps another from the same provider. We do not make any additional exclusions to the non-hospice Part A & B claims and Part D PDEs.

Hospice level of care is identified from the hospice claim using the following revenue codes:

- Routine Home Care (RHC): Revenue Code 0651
- Continuous Home Care (CHC): Revenue Code 0652
- Inpatient Respite Care (IRC): Revenue Code 0655
- General Inpatient Care (GIP): Revenue Code 0656

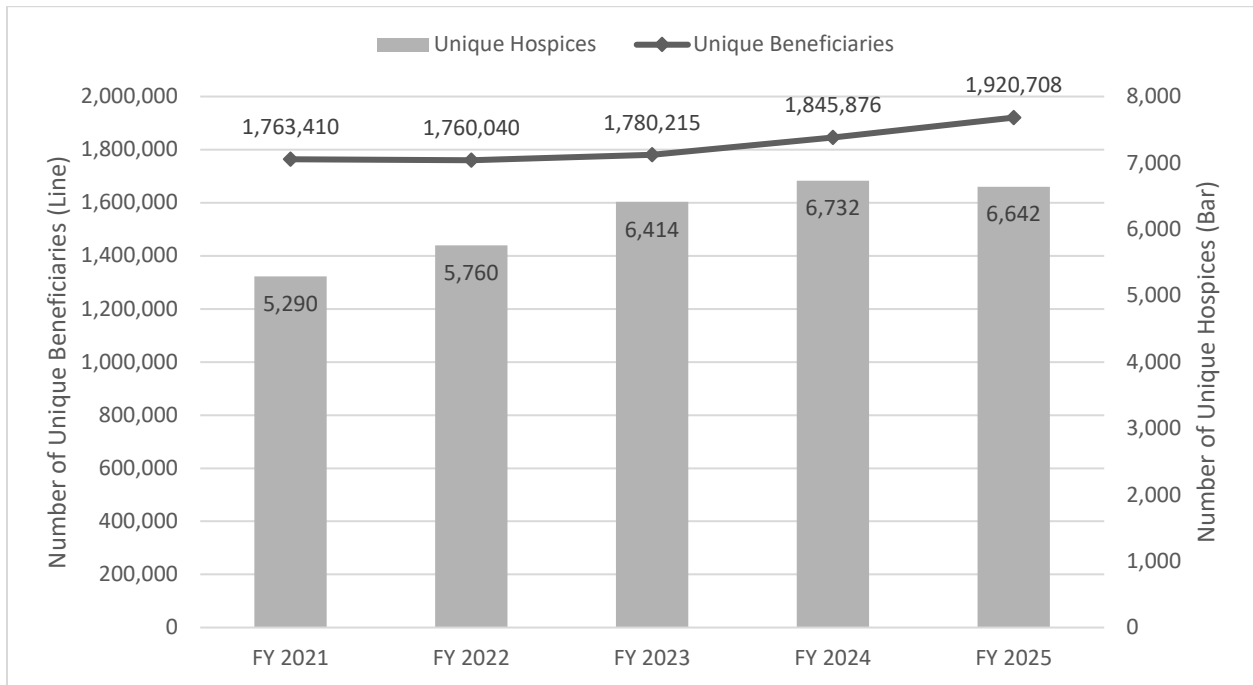
A beneficiary's lifetime LOS is calculated by first limiting the analysis to all beneficiaries whose final claim from FY 2021 – FY 2025 does not indicate they are still a hospice patient (i.e., a patient's last hospice claim from FY 2021 – FY 2025 does not have a patient discharge status code equal to "30" which indicates they remained in hospice). Then, we count the total number of days a beneficiary has used hospice since the date of their first hospice election (even if their first hospice election began before the start of FY 2021). Note that in a given year some discharges were beneficiaries leaving hospice alive, and those could have returned to hospice in a later year, adding to their total lifetime length of stay. Any individual whose final claim in FY 2024 was a live discharge and returned to hospice in FY 2025 would be counted in the FY 2024 results (with the LOS at the end of FY 2024) and the FY 2025 results (with the LOS at the end of FY 2025).

Beneficiaries are assigned into the following diagnostic categories according to a beneficiaries' primary diagnosis:

- 1) Alzheimer's, Dementia, and Parkinson's,
- 2) Cancers,
- 3) Cardiac (e.g., Congestive Heart Failure (CHF)),
- 4) Respiratory (e.g., Chronic Obstructive Pulmonary Disease (COPD)),
- 5) Cerebral Vascular Accident (CVA)/Stroke,
- 6) Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD), and
- 7) Other.

We assign diagnoses into categories using the Agency for Healthcare Research and Quality (AHRQ)'s Clinical Classifications Software Refined (CCSR) v2023.1.

Exhibit 1. Overall Utilization of Hospice Services



Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- The rate of growth in the number of unique hospices slowed after FY 2024 for the first time in several years.
- Despite the decline of hospices' growth, the number of unique beneficiaries using hospice has continued to increase since FY 2022.

Exhibit 1 Methodology:

Refer to the Overall Methodology section of this report for additional details.

Exhibit 2a. Number of Hospice Days by Level of Care for FYs 2021-2025

Level of Care	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Routine Home Care (RHC)	127,223,206	129,588,340	136,700,275	146,412,038	155,002,954
Continuous Home Care (CHC)	157,121	125,757	131,778	134,602	125,528
Inpatient Respite Care (IRC)	304,554	350,384	405,931	445,951	493,109
General Inpatient Care (GIP)	1,246,994	1,170,715	1,169,182	1,191,315	1,225,023
Total Hospice Days	128,931,875	131,235,196	138,407,166	148,183,906	156,846,614

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 2b. Percentage (within a year) of Hospice Days by Level of Care for FYs 2021-2025

Level of Care	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Routine Home Care (RHC)	98.7%	98.7%	98.8%	98.8%	98.8%
Continuous Home Care (CHC)	0.1%	0.1%	0.1%	0.1%	0.1%
Inpatient Respite Care (IRC)	0.2%	0.3%	0.3%	0.3%	0.3%
General Inpatient Care (GIP)	1.0%	0.9%	0.8%	0.8%	0.8%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- Routine Home Care (RHC) is overwhelmingly the most frequently billed level of care.
- The percentage of days being billed as RHC has remained essentially constant from FY 2021 through FY 2025.
- The percentage of days billed to other levels of care (CHC, IRC, and GIP) has either stayed flat or fallen slightly between FY 2021 and FY 2025. This has occurred even though those three levels of care were rebased in FY 2020 and therefore paid higher amounts.

Exhibit 2 Methodology:

Refer to the Overall Methodology section of this report for additional details.

Exhibit 3a. Deaths Inside and Outside of Hospice for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Deaths of All Medicare Beneficiaries	2,807,421	2,700,074	2,542,226	2,543,757	2,575,306
Total Deaths of Medicare Beneficiaries Electing Hospice	1,339,049	1,320,360	1,312,301	1,349,128	1,385,933
Percentage of Death in Hospice	47.7%	48.9%	51.6%	53.1%	53.8%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 3b. Mortality Rate of Medicare Beneficiaries Electing Hospice for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Unique Beneficiaries Electing Hospice	1,763,410	1,760,040	1,780,215	1,845,876	1,920,708
Total Deaths of Medicare Beneficiaries Electing Hospice	1,339,049	1,320,360	1,312,301	1,349,128	1,385,933
Mortality Rate (per 100,000 persons)	75,935	75,019	73,716	73,089	72,157

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

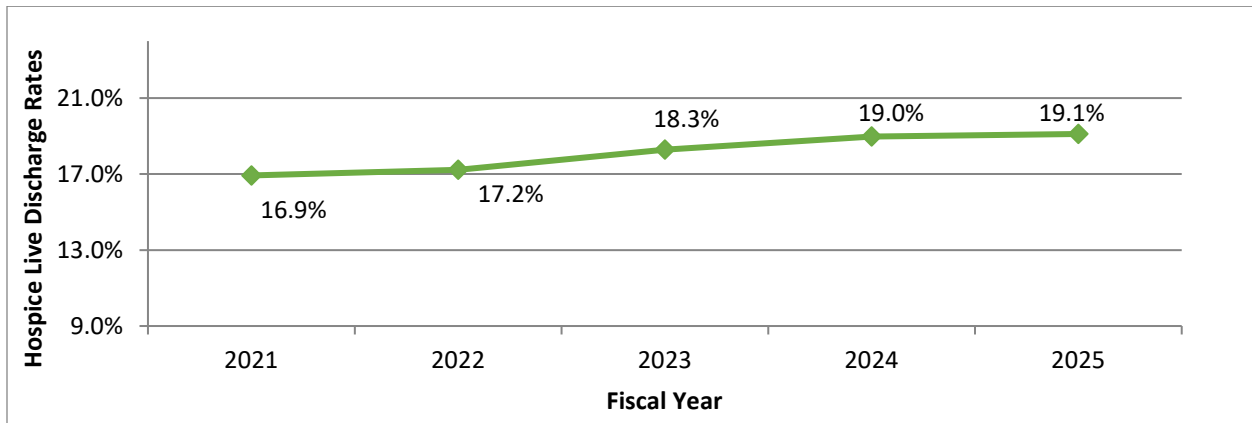
Key Takeaways:

- The percentage of deaths that occur while a beneficiary elects hospice has risen in recent years, from 47.7% in FY 2021 to 53.8% in FY 2025.
- The mortality rate of beneficiaries electing hospice has decreased every year from FY 2021 through FY 2025.

Exhibit 3 Methodology:

Total deaths of all Medicare beneficiaries include both beneficiaries enrolled in FFS and/or Medicare Advantage. Total deaths of Medicare beneficiaries electing hospice are those with a date of death within their hospice election. Refer to the Overall Methodology section of this report for additional details.

Exhibit 4a. Overall Hospice Live Discharge Rate for FYs 2021-2025



Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 4b. Total Live Discharges, Reason for Live Discharge, and Transfers for FYs 2021-2025

Reason for Discharge or Transfer	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
For Cause	4,227	4,638	5,704	5,047	5,929
Revoke	86,290	84,400	88,522	95,921	102,147
No Longer Terminally Ill	87,110	86,863	89,247	89,641	88,851
Moved out of the Service Area	30,371	34,284	39,101	44,346	50,866
Transferred Hospice	31,167	31,093	33,349	36,836	37,527
Total	239,165	241,278	255,923	271,791	285,320

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 4c. Percentage (within a year) of Live Discharges, Reason for Live Discharge, and Transfers for FYs 2021-2025

Reason for Discharge or Transfer	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
For Cause	1.8%	1.9%	2.2%	1.9%	2.1%
Revoke	36.1%	35.0%	34.6%	35.3%	35.8%
No Longer Terminally Ill	36.4%	36.0%	34.9%	33.0%	31.1%
Moved out of the Service Area	12.7%	14.2%	15.3%	16.3%	17.8%
Transferred Hospice	13.0%	12.9%	13.0%	13.6%	13.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- The overall percentage of live discharge has steadily increased between FY 2021 and FY 2025.
- The percentages of live discharge for cause and revocation have mostly stayed consistent over time. On the other hand, there has been a gradual decrease in the share of discharges who are no longer terminally ill and a gradual increase in those moving out of the service area between FY 2021 through FY 2025.

Exhibit 4 Methodology:

All hospice claims list a discharge status code. We exclude claims if they listed status code 30, indicating a continuing patient. Discharges ending in death had a discharge status code of 40, 41, or 42. Any claims not already excluded or that indicated a discharge resulting from death were considered live discharges. Refer to the Overall Methodology section of this report for additional details.

Exhibit 5a. Number of Beneficiaries by Hospice Lifetime Length of Stay (LOS) Category for FYs 2021-2025

Hospice Lifetime LOS	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
1-4 days	308,139	295,981	286,557	292,397	299,603
5-10 days	242,194	234,812	231,376	235,260	240,815
11-30 days	259,477	258,941	258,123	265,446	273,661
31-60 days	142,176	144,771	147,057	151,776	159,285
61-90 days	75,032	76,735	79,154	82,634	87,812
90-180 days	118,559	121,654	126,468	134,612	146,805
181+ days	193,820	194,335	202,899	224,633	257,438

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 5b. Percentage (within a year) of Beneficiaries by Hospice Lifetime Length of Stay (LOS) Category for FYs 2021-2025

Hospice Lifetime LOS	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
1-4 days	23.0%	22.3%	21.5%	21.1%	20.4%
5-10 days	18.1%	17.7%	17.4%	17.0%	16.4%
11-30 days	19.4%	19.5%	19.4%	19.1%	18.7%
31-60 days	10.6%	10.9%	11.0%	10.9%	10.9%
61-90 days	5.6%	5.8%	5.9%	6.0%	6.0%
90-180 days	8.9%	9.2%	9.5%	9.7%	10.0%
181+ days	14.5%	14.6%	15.2%	16.2%	17.6%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- Slightly over 20% of hospices users in the sample have a lifetime length of stay in hospice of between 1 and 4 days.
- In any given year, between 56% and 60% of beneficiaries in the sample have a lifetime length of stay of between 1 and 30 days.
- The distribution of stays has shifted slightly between FY 2021 and FY 2025 towards fewer short stays (≤ 60 days) and more long stays (≥ 61 days).

Exhibit 5 Methodology:

Only beneficiaries whose last day of hospice was not associated with a discharge status code of "30" were assigned to the fiscal year of their last day of hospice ("30" indicates they remained in hospice). Note that in a given year some discharges were beneficiaries leaving hospice alive, and those could have returned to hospice in a later year, adding to their total lifetime length of stay. All days of hospice from their first hospice election (even if it occurred before FY 2020) were counted towards lifetime length of stay. Refer to the Overall Methodology section of this report for additional details.

Exhibit 6. Medicare Hospice Expenditures for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Hospice Payments	\$23,034,467,018	\$23,454,108,667	\$25,118,832,135	\$27,632,500,645	\$30,251,623,171
Unique Beneficiaries	1,763,410	1,760,040	1,780,215	1,845,876	1,920,708
Days of Hospice	128,931,875	131,235,196	138,407,166	148,193,906	156,846,614
Average (mean) Payments per Beneficiary	\$13,062.46	\$13,325.90	\$14,110.00	\$14,969.86	\$15,750.25
Average (mean) Payments per Day	\$179	\$179	\$181	\$186	\$193

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

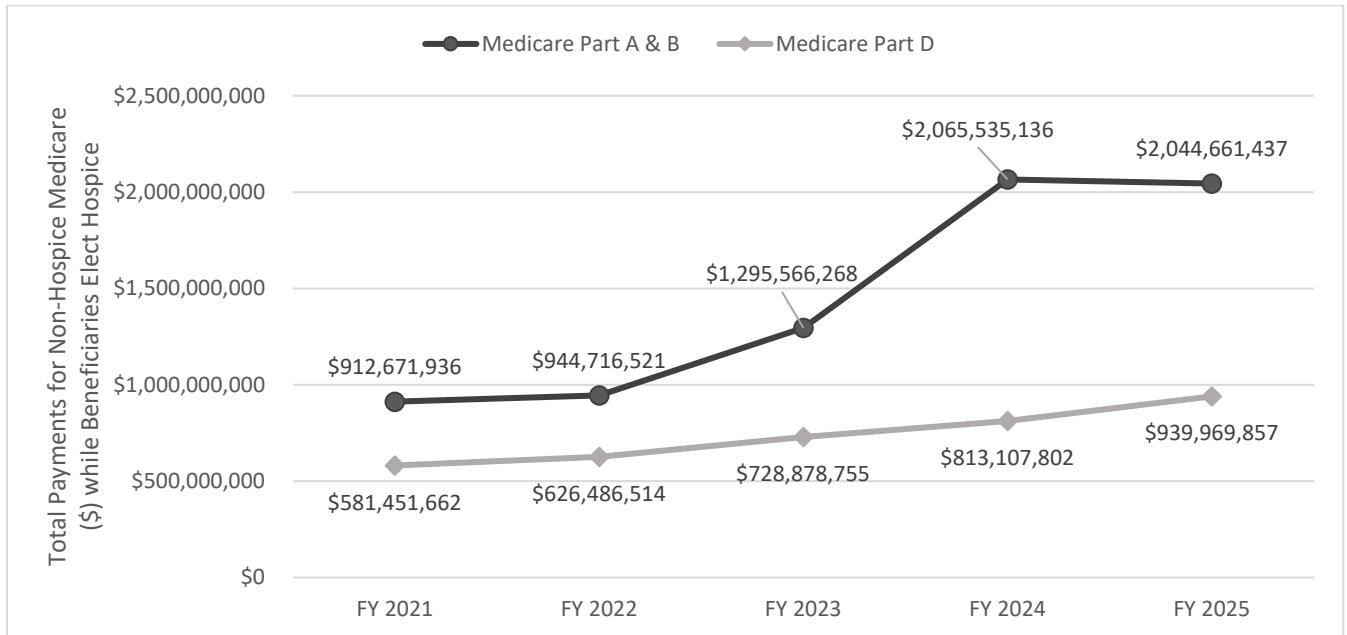
Key Takeaways:

- The number of beneficiaries using hospice has increased from FY 2021 through FY 2025. The number of days of hospice and total hospice payments have also increased during the same time period.
- Average payments per day and average payments per beneficiary have generally increased from FY 2021 through FY 2025.

Exhibit 6 Methodology:

Hospice payments only include payments on Medicare hospice claims. Refer to the Overall Methodology section of this report for additional details.

Exhibit 7. Medicare Non-Hospice Spending for Medicare Hospice Users for FYs 2021-2025



Analyses of Medicare FFS claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- Total non-hospice payments have increased from FY 2021 through FY 2025, in part due to the increased number of hospice users during this time.
- The large increase in Part A & B spending through FY 2024 is largely driven by a small percentage of Part B claims. After removing the top and bottom 1% of claims by spending, the rate of growth in Part A and B spending between FY 2023 and FY 2025 is comparable to Part D spending increases.

Exhibit 7 Methodology:

For Part A & B spending, payments are based on estimated total non-hospice Medicare utilization payments per hospice service day, excluding utilization on hospice admission or live discharge days. Only Medicare paid amounts are included. The Medicare paid amounts were equally apportioned across the length of each claim and only the days that overlapped a hospice election (not including hospice admission or live discharge days) were counted.

For Part D spending, The Medicare paid amounts were assigned to hospice days based on the service date on the Part D prescription drug event (PDE). Only service dates that fell within a hospice election and were not hospice admission or live discharge days were counted. The Medicare paid amount includes the low-income cost-sharing subsidy and covered drug plan paid amount on Part D PDEs.

Refer to the Overall Methodology section of this report for additional details.

Exhibit 8. Per Beneficiary Medicare Non-Hospice Spending (Parts A & B) for Medicare Beneficiaries who Elect Hospice for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Unique Hospice Beneficiaries	1.8 million	1.8 million	1.8 million	1.8 million	1.9 million
Number of Hospice Days	127.6 million	130.3 million	137.8 million	148.0 million	156.5 million
Percent Beneficiaries with Non-Hospice Utilization	46.9%	46.1%	46.6%	45.9%	45.9%
Total Hospice Claim Payments	\$22.6 billion	\$23.1 billion	\$24.8 billion	\$27.4 billion	\$30.0 billion
Total Non-Hospice Payments (Parts A & B)	\$0.9 billion	\$0.9 billion	\$1.3 billion	\$2.1 billion	\$2.0 billion
Average Daily Hospice Payments	\$177.32	\$177.39	\$180.15	\$185.01	\$191.37
Average Daily Non-Hospice Payments (Parts A & B)	\$7.15	\$7.25	\$9.40	\$13.95	\$13.06

Analyses of Medicare FFS claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- Every fiscal year, almost half of all Medicare beneficiaries that elect hospice also utilize non-hospice services billed to Medicare during their election, which totaled \$2.0 billion in FY 2025.
- In FY 2025, the average daily payment for non-hospice utilization during hospice election was \$13.06, approximately 7% of the average per-day hospice payment, \$191.37.

Exhibit 8 Methodology:

Using hospice claims, we cross-referenced hospice election dates (excluding admission and live discharge "boundary" days) against all other non-hospice claims' dates of service: the inpatient, skilled nursing, home health, DME (durable medical equipment), outpatient, and the carrier/physician supply files. We matched non-hospice claims to hospice election periods based on the from date (start date) of a claim. After identifying overlapping non-hospice claims, we equally apportioned the Medicare paid amounts across the length of each claim, and when totaling (apportioned) payments, we only counted the days that overlapped a hospice election (again, we did not include hospice admission or live discharge days).

Among hospices with at least some non-hospice spending, we counted hospice beneficiaries uniquely in each fiscal year (i.e., those individuals with multiple elections due to live discharges and returns were only counted once in total for all fiscal years in which they elected hospice). Average daily payments are based on the total number of hospice service days in the fiscal year for all beneficiaries (even those without any non-hospice utilization). Non-hospice payments include all hospice users (even hospice users that do not have non-hospice payments).

Refer to the Overall Methodology section of this report for additional details.

Exhibit 9a. Number of Beneficiaries by Principal Diagnosis Category for FYs 2021-2025

Principal Diagnosis Category	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Alzheimer's, Dementia, or Parkinson's	418,124	428,227	440,262	410,496	432,886
Cancers	412,704	407,539	413,309	421,372	427,550
Cardiac (e.g., Congestive Heart Failure (CHF))	324,657	329,107	344,974	364,153	381,959
Respiratory (e.g., Chronic Obstructive Pulmonary Disease (COPD))	183,147	182,217	184,278	187,946	194,612
Cerebral Vascular Accident (CVA)/Stroke	180,861	186,158	191,636	203,727	216,560
Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD)	39,440	38,762	37,836	38,312	39,864
Other	240,410	228,149	215,244	275,394	280,043

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Exhibit 9b. Percentage (within a year) of Beneficiaries by Principal Diagnosis Category for FYs 2021-2025

Principal Diagnosis Category	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Alzheimer's, Dementia, or Parkinson's	23.2%	23.8%	24.1%	21.6%	21.9%
Cancers	22.9%	22.6%	22.6%	22.2%	21.7%
Cardiac (e.g., Congestive Heart Failure (CHF))	18.0%	18.3%	18.9%	19.2%	19.4%
Respiratory (e.g., Chronic Obstructive Pulmonary Disease (COPD))	10.2%	10.1%	10.1%	9.9%	9.9%
Cerebral Vascular Accident (CVA)/Stroke	10.1%	10.3%	10.5%	10.7%	11.0%
Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD)	2.2%	2.2%	2.1%	2.0%	2.0%
Other	13.4%	12.7%	11.8%	14.5%	14.2%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Key Takeaways:

- “Alzheimer’s, Dementia, or Parkinson’s” as a category was eclipsed in terms of beneficiaries by “Cancers” in FY 2024 for the first time since FY 2020, but in FY 2025 went back to the number one diagnosis category at 21.9%.
- Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD) is the diagnostic category with the fewest beneficiaries.
- The percentage of beneficiaries within each diagnostic category remains fairly consistent from FY 2021 through FY 2025.

Exhibit 9 Methodology:

The frequencies and percentages shown represent beneficiaries that had at least one hospice claim with a principal diagnosis that matches the diagnostic category. Beneficiaries could be represented multiple times in the results if they had multiple hospice claims with different diagnostic categories during a particular fiscal year.

Refer to the Overall Methodology section of this report for additional details.