

Hospice Agency Changes of Ownership: An Analysis of Publicly Available Ownership Data

KEY POINTS

- Between 2018 and 2022, the number of hospice agencies in the United States increased by 27%, from 4,619 to 5,861. This growth was driven by an increase in for-profit agencies, with the market share of for-profit agencies growing from 66% in 2018 to 74% in 2022.
- During those same five years, 311 change of ownership (CHOW) transactions occurred among hospice agencies. Each year, the number of changes of ownership that occurred varied, increasing by 14% between 2018 and 2019, then declining by 39% during subsequent study years. A small proportion of hospice agencies nationwide, ranging from 0.8% and 1.5% each year, underwent changes of ownership.
- Annual rates of CHOW were similar across ownership categories (i.e., for-profit, nonprofit/government, or other). However, each study year, for-profit hospices accounted for the largest share of changes of ownership (between 61% and 76%), consistent with for-profit hospices accounting for the largest share of all hospice agencies.
- Eighteen percent of changes of ownership resulted in a change of a hospice agency's ownership type (e.g., nonprofit/government ownership to for-profit ownership). Notably, while only 8% of changes of ownership among for-profit hospices resulted in a change in ownership type, approximately 37% of changes of ownership among nonprofit/government hospices resulted in a change in ownership type, with 32% transitioning to for-profit ownership.
- Across most quality measures, hospices that underwent a CHOW generally had higher quality scores than hospices that did not undergo a CHOW. Differences in average quality scores ranged from 0 to 4.5 points (on a scale of 0 to 100 points), with a couple exceptions.

BACKGROUND

Hospice care consists of palliative care and support for individuals who are terminally ill and their families.¹ Medicare enrollees may elect to receive the hospice benefit if they are diagnosed as terminally ill with a life expectancy of six months or less. In 2022, approximately 5,900 hospice providers served more than 1.7 million Medicare enrollees nationwide.² Over time, the number of both Medicare enrollees receiving hospice care and hospice providers has grown. Between 2010 and 2022, the number of Medicare enrollees receiving hospice care grew by approximately 50%, while the number of hospice agencies grew by 69%.^{3,4} Growth in the hospice provider market was driven predominantly by a 125% increase in for-profit hospices, which represent a growing share (approximately three-quarters in 2021) of the hospice provider market.^{5,6}

The shift toward for-profit ownership in the hospice industry has been driven not only by newly enrolling hospices, but also changes of ownership. For example, acquisitions of nonprofit hospice agencies by publicly traded corporations and private equity firms have contributed to the increase in market share of for-profit

hospices.⁷ In 2023 rulemaking, the Centers for Medicare & Medicaid Services (CMS) highlighted an increasing number of changes of ownership among hospices, some of which occurred soon after enrollment or purchase.⁸ However, information on hospice ownership, particularly regarding changes of ownership, has historically been limited. Given the changing ownership landscape in the hospice industry and prior research showing quality of care varies by type of ownership control,^{9,10,11,12} researchers and the public have called for greater transparency regarding hospice ownership and ownership trends.^{13,14,15}

To improve Medicare provider enrollment data transparency, in April 2023, CMS released detailed ownership data for Medicare-enrolled hospices.¹⁶ This ownership data is available through CMS' Hospice All Owners and Hospice Change of Ownership (CHOW) datasets, which are updated quarterly, and contain information on owners (i.e., associates with active ownership interest or managing control of Medicare-enrolled hospices), as well as information on CHOW transactions.^a Using this data on CHOW transactions merged with data on ownership type and hospice quality from CMS' Care Compare, we conducted a descriptive analysis of hospice changes of ownership nationally between 2018 and 2022. This brief presents estimates of the number of hospice agencies and changes of ownership, by ownership type and state, as well as comparisons of quality measure scores for hospices that underwent a CHOW and those that did not.

DATA AND METHODOLOGY

Data

To identify hospice changes of ownership, we used CMS' Hospice CHOW file, which contains information on CHOW transactions that occurred on or after January 1, 2016, for Medicare-approved hospice enrollments. A CHOW typically occurs when a Medicare-enrolled provider has been purchased by another organization. The Hospice CHOW file includes information on CHOW transactions such as the effective date of a transaction, type of CHOW,^b and information on both the buyer and seller (e.g., enrollment ID, provider type, National Provider Identifier (NPI), CMS Certification Number (CCN), organization name, and doing business as name). This information comes from the Provider Enrollment, Chain, and Ownership System (PECOS), an electronic Medicare enrollment system for providers enrolling in Medicare, and is self-reported by providers electronically or by mail via the Form CMS-855A.^c CMS updates the Hospice CHOW file quarterly. For this study, we used the most recent Hospice CHOW file available at the time we conducted our analyses (named "Hospice_CHOW_2024.07.01").^d

We obtained the number of hospice agencies, as well as information on hospice ownership type, state, and quality from the Hospice -- General Information, Hospice -- Provider Data, and Hospice Care -- Provider CAHPS Hospice Survey Data files from 2017 through 2023, available from CMS' Care Compare website. Care Compare

^a Data on hospice agency ownership is available at <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospice-all-owners>.

^b Although there are three types of changes of ownership (an acquisition/merger, a change of ownership, and a consolidation), we did not examine these types separately in our analyses. An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. A change of ownership occurs when a Medicare provider has been purchased, or leased, by another organization. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. For additional information, see <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855a.pdf>.

^c The Form CMS-855A is available here: <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855a.pdf>.

^d We accessed the Hospice CHOW file on September 30, 2024.

is CMS' website for publicly reporting quality of care for health care providers, including hospice providers.^e In the Hospice -- General Information file, ownership type is specified as either for-profit, nonprofit, government, combination government & nonprofit, or other.^f The Hospice -- General Information file also includes the address of each hospice agency. The Hospice -- Provider Data and Hospice Care -- Provider CAHPS Hospice Survey Data files contain hospice agencies' scores for quality measures that CMS collects and publicly reports via the Hospice Quality Reporting Program (HQRP). Information on hospice agencies in Care Compare is typically updated quarterly.

Although 2016 is the first year for which data on hospice CHOW is available, we chose to start our study period in 2018 because it is the first full year of hospice data available through Care Compare. We selected 2022 as the final year of our study period to allow time for updates to CHOW transactions included in the Hospice CHOW file because we found differences in the number of changes of ownership that occurred during each year of our study period across different versions of the Hospice CHOW file.^g

Methods

To provide context for our hospice agency CHOW analyses, we first estimated the number of hospices in the United States,^h nationally and by state, as well as by ownership type (for-profit, nonprofit/government,ⁱ other), annually. Because hospice provider information on Care Compare is typically updated quarterly, to obtain annual estimates of the number of hospice agencies, we calculated an average of the number of hospices identified in each Care Compare Hospice -- General Information file released during a given year between 2018 and 2022.^j We also calculated the relative change in the annual number of hospices nationally and by state during the study period.

To examine changes of ownership, we linked the Hospice CHOW file from July 1, 2024, with the Care Compare Hospice -- General Information files using the seller's CCN and CHOW effective date. We calculated the number of changes of ownership that occurred nationally, both overall and by ownership type (for-profit, nonprofit/government, other), and by state during each year of the study period. To identify the ownership type of a hospice at the time of a change in ownership, we used the ownership type reported in the last

^e Care Compare can be accessed via <https://www.medicare.gov/care-compare/>.

^f CMS has no formal definition of the "other" ownership category, which includes ownership arrangements that are less common or unique and allows providers to submit their own values. Providers have submitted approximately 180 different values under "other" ownership, including: "chain home", "district hospital", "hospital system", and "trustee".

^g When conducting our analyses, we identified differences in the number of CHOW transactions that occurred during each year of our study period across different versions of the Hospice CHOW file. For 2018, 2019, and 2020, variation in the number of changes of ownership across different versions of the Hospice CHOW file was minimal. For example, the "Hospice_CHOW_2023.03.31" and "Hospice_CHOW_2024.01.05" files had 79 changes of ownership in 2020, while the "Hospice_CHOW_2024.07.01" file had 75. However, there was greater variation in the number of changes of ownership in 2021. For 2021, the "Hospice_CHOW_2023.03.31" file had 48 changes of ownership, the "Hospice_CHOW_2024.01.05" file had 60 changes of ownership, and the "Hospice_CHOW_2024.07.01" file had 57 changes of ownership. This variation may be due to the timing of a CHOW relative to the Medicare approval process for buying entities. A CHOW can occur before an entity applies and receives Medicare approval. The Hospice CHOW data includes only enrollments with an "Approved" status in PECOS. Updates to an enrollment's status may lead to enrollments and their corresponding CHOW records being added or removed across different versions of the Hospice CHOW file.

^h We estimated the number of hospice agencies and changes of ownership across all 50 states and the District of Columbia. US territories (American Samoa, Guam, Puerto Rico, and the Virgin Islands) were excluded from the study.

ⁱ To create the "nonprofit/government" ownership type category, we included any hospice agency with "nonprofit", "government", or "combination government & nonprofit" ownership type reported in the Care Compare data.

^j For example, there were four Hospice -- General Information files released in 2022. We identified 5,520 hospices in the February file, 5,823 hospices in the May file, 6,080 in the August file, and 6,022 in the November file. Using these counts, we calculated an average of 5,861 hospice agencies in 2022.

Hospice -- General Information file released prior to the CHOW transaction date. For example, if a hospice agency experienced a CHOW in January 2019, we used the hospice's ownership type in the November 2018 Hospice -- General Information file. For hospice agencies that experienced a CHOW during January 2018 or February 2018, we used the ownership type from the December 2017 Hospice -- General Information file. In addition, we calculated changes of ownership as a proportion of all hospice agencies during each study year, by ownership type. To calculate this rate, we divided the number of changes of ownership among hospices with each ownership type by the total number of hospice agencies with each respective ownership type for each year.

We also analyzed how hospice ownership type changes following a CHOW. We identified ownership type prior to a CHOW by using the ownership type from the last Hospice -- General Information file prior to the CHOW transaction date, as described above. Ownership type after a CHOW was identified using the hospice's ownership type at the end of the study period, taken from the May 2023 Hospice -- General Information file, which had the last reported ownership type for 2022.

Last, we compared the quality of hospice agencies with and without a CHOW in each study year using measures from CMS' Hospice Quality Reporting Program (HQRP) publicly reported on Care Compare.¹⁷ For this analysis, we used hospices' quality scores for the following measures from the HQRP: the Hospice and Palliative Care Composite Process Measure,^k eight measures from the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey,^l and the Hospice Visits When Death is Imminent and Hospice Visits in Last Days of Life measures.^{m,18} We linked data from the Hospice CHOW file and Hospice -- General Information files with data from the Hospice -- Provider Data files to obtain hospices' "observed" scores for the composite process measure and the visits at the end of life measures, and with data from the Hospice -- Provider CAHPS Hospice Survey Data files to obtain hospices' "top box value" scores for each of the CAHPS measures. For each study year, we calculated averages of measure scores for hospices that underwent a CHOW during a given year and those that did not. For hospices with a CHOW in a given year, we calculated an average of their last reported quality scores prior to the date of the CHOW for each measure.ⁿ For hospices without a CHOW in a given year, for each measure, we calculated an average of each of their reported quality scores from either all Hospice -- Provider Data or Hospice -- Provider CAHPS Hospice Survey Data files released that year, and then calculated an average of the yearly average scores for individual hospices.

^k The Hospice and Palliative Care Composite -- HIS Comprehensive Assessment at Admission measure captures the proportion of patients for whom a hospice performed seven care processes.

^l Hospice CAHPS Survey is a national survey of caregivers of individuals who died while receiving hospice care that captures consumer experience. We used the following survey measures for our analyses: Communication with Family, Getting Timely Help, Treating Patient with Respect, Emotional and Spiritual Support, Help for Pain and Symptoms, Training Family to Care for Patient, Rating of this Hospice, and Willing to Recommend this Hospice.

^m The Hospice Visits in the Last Days of Life measure assesses patient stays in which the patient and/or caregiver received in person visits from registered nurses or medical social workers on at least two of the final three days of the patient's life. The Hospice Visits When Death is Imminent measure assesses patients who receive at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant in the last three days of life. During the study period, Hospice Visits in the Last Days of Life was added to the HQRP and Hospice Visits When Death is Imminent was removed from the HQRP. Scores for the Hospice Visits When Death is Imminent measure were publicly reported on Care Compare from the August 2019 update through the May 2022 update. Scores from the Hospice Visits in Last Days of Life measure were publicly reported on Care Compare starting with the August 2022 update.

ⁿ For example, if a hospice agency experienced a CHOW in January 2019, we used the hospice agency's last reported scores from the last available month of Care Compare Hospice -- Provider Data file in 2018. Reported quality scores from the December 2017 Hospice -- Provider Data file were used for hospice agencies that experienced a CHOW during January 2018 or February 2018.

Limitations

There are several limitations with our analyses. First, the publicly available ownership information we used, while detailed, has some limitations. PECOS data, the underlying source of the ownership information, has been used in prior research analyzing provider ownership, but may not fully or accurately capture ownership structures.¹⁹ Inaccuracies may be due, in part, to providers self-reporting ownership information, which may not always be verified.²⁰ A 2023 study found that nearly half of the hospices identified in Care Compare as having “other” ownership and 4.5% of hospices identified as having nonprofit ownership in Care Compare had for-profit ownership according to other sources.²¹ We did not validate data from the Hospice CHOW file or the Care Compare files used in this study with external sources. Second, we analyzed the number of CHOW transactions that occurred annually, rather than the number of hospice agencies that had at least one CHOW annually. Therefore, we could not determine how many hospice agencies underwent a CHOW or the number of changes of ownership a specific hospice underwent annually or during the entire study period. Third, when merging datasets for CHOW analyses, observations were dropped (e.g., when a CCN could not be matched). Between 3% and 11% of 319 CHOW observations were dropped during merges for study analyses. Last, for certain quality measures, a substantial portion of hospice agencies had missing scores in the Care Compare files.^{o,22} From the data alone, it is difficult to ascertain the underlying reason for missing data. However, a few potential reasons for missing data include a hospice provider recently receiving Medicare certification, a provider having too few patients or eligible cases for reporting, or an agency not submitting required data.

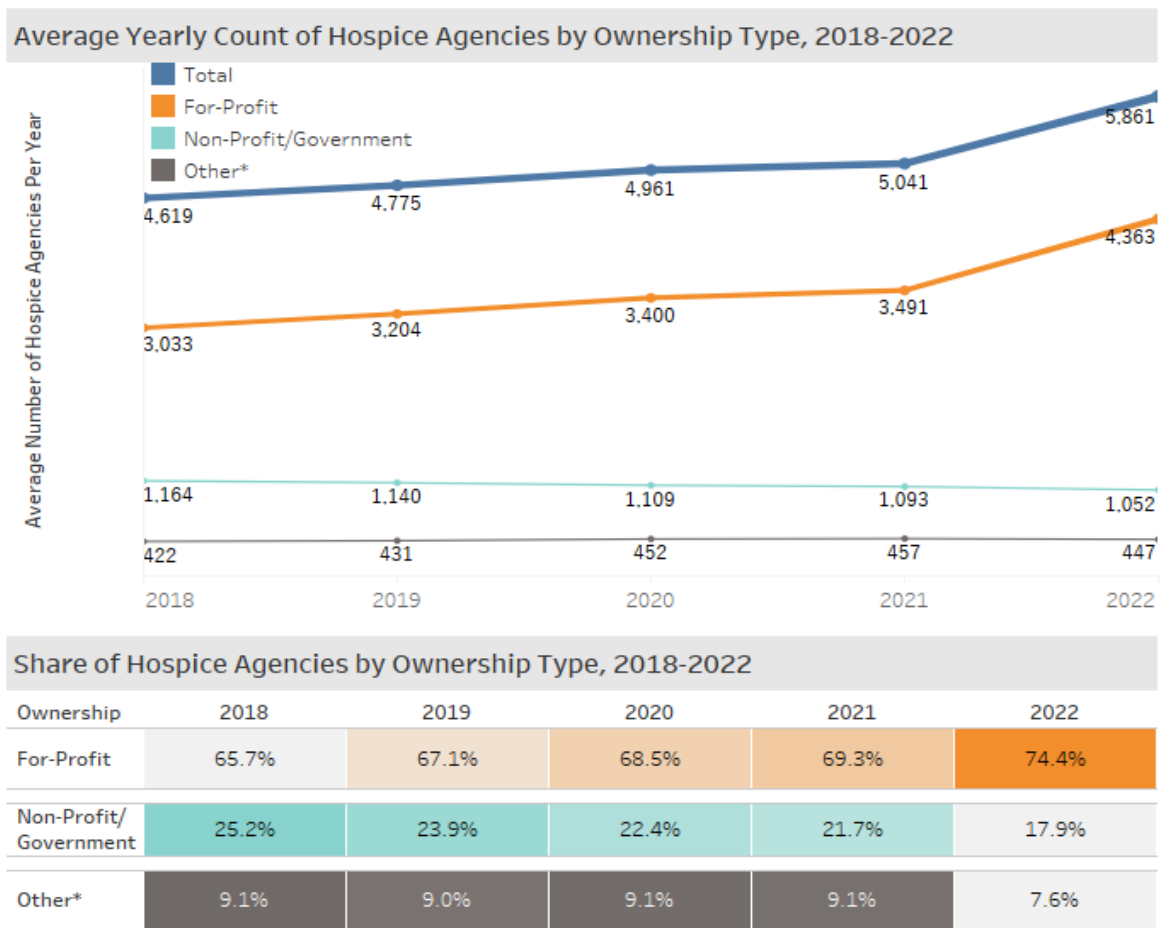
RESULTS

Hospice Agencies

Figure 1 shows a 27% net increase in the number of hospice agencies nationally during the study period, from 4,619 in 2018 to 5,861 in 2022. Between 2018 and 2021, the year over year increase in the number of hospice agencies was between two and four percent. Between 2021 and 2022, however, the number of hospice agencies grew by 16%. Growth in for-profit hospices drove most of the overall net increase. Between 2018 and 2022, the number of for-profit hospices increased by 44% (1330 hospices), with the largest year over year increase, of 25% (872 hospices), occurring between 2021 and 2022. During the study period, the number of nonprofit/government-owned hospice agencies declined by 10% (112 hospices) and hospices with ownership categorized as “other” increased by 6% (25 hospices). As a result, the proportion of for-profit agencies increased from 66% to 74% during the study period, while the shares of nonprofit/government- and “other”-owned hospices declined from 25% to 18% and 9% to 8%, respectively.

^o For the Hospice and Palliative Care Composite Process Measure, between 16% and 34% of hospice agencies in a given Care Compare file were missing scores. For Hospice CAHPS Survey measures, approximately 40% to 50% of hospice agencies in a given Care Compare file were missing scores. For the Hospice Visits When Death is Imminent and Hospice Visits in Last Days of Life measures, between 16% and 31% of hospice agencies in a given Care Compare file were missing scores.

Figure 1. Hospice Agencies by Ownership Type, 2018–2022

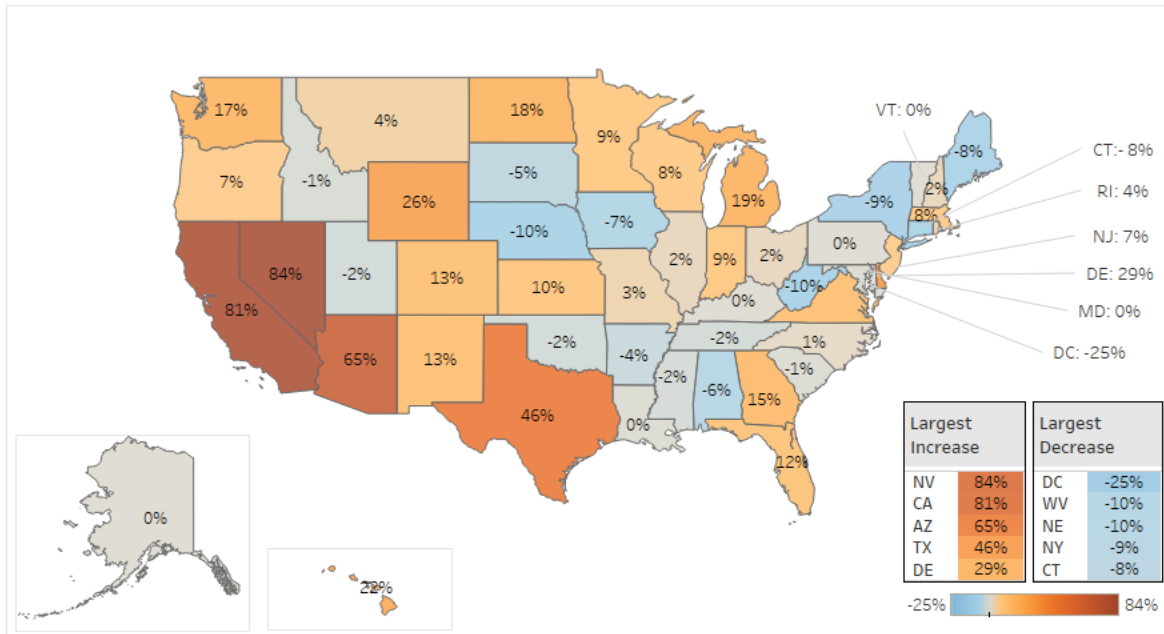


Source: CMS Care Compare Hospice -- General Information files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Care Compare Hospice -- General Information files were combined into one file to analyze average yearly count of hospice providers and distribution by ownership type.

* CMS has no formal definition for the “other” ownership category, which includes ownership arrangements that are less common or unique and allows providers to submit their own values.

Figure 2 shows substantial state-level variation in the relative change in the number of hospice agencies between 2018 and 2022. During the study period, the number of hospice agencies increased in 29 states (with increases ranging from 1% to 84%), decreased in 17 states (with declines ranging from -0.4% to -25%), and remained the same in five states. The greatest relative increases occurred in Nevada (84%), California (81%), Arizona (65%), Texas (46%), and Delaware (29%). In contrast, the largest relative declines occurred in the District of Columbia (-25%), West Virginia (-10%), Nebraska (-10%), New York (-9%), and Connecticut (-8%). However, for some states, large relative changes obscure small absolute changes due to the number of hospices in a state at the start of the study period. For example, among states with the largest relative increases, the number of hospices in Delaware increased by two (from nine to 11), while the number of hospices in California increased by 731 (from 906 to 1637). Among states with the largest relative declines, absolute declines were small, ranging from one (the District of Columbia) to four (Nebraska, New York). Other states that did not have the largest relative changes, had larger absolute changes. For example, Michigan increased by 24, from 125 to 149. See **Appendix A** for the total number of hospices in each state by study year.

Figure 2. Relative Change in the Number of Hospice Agencies by State, 2018–2022



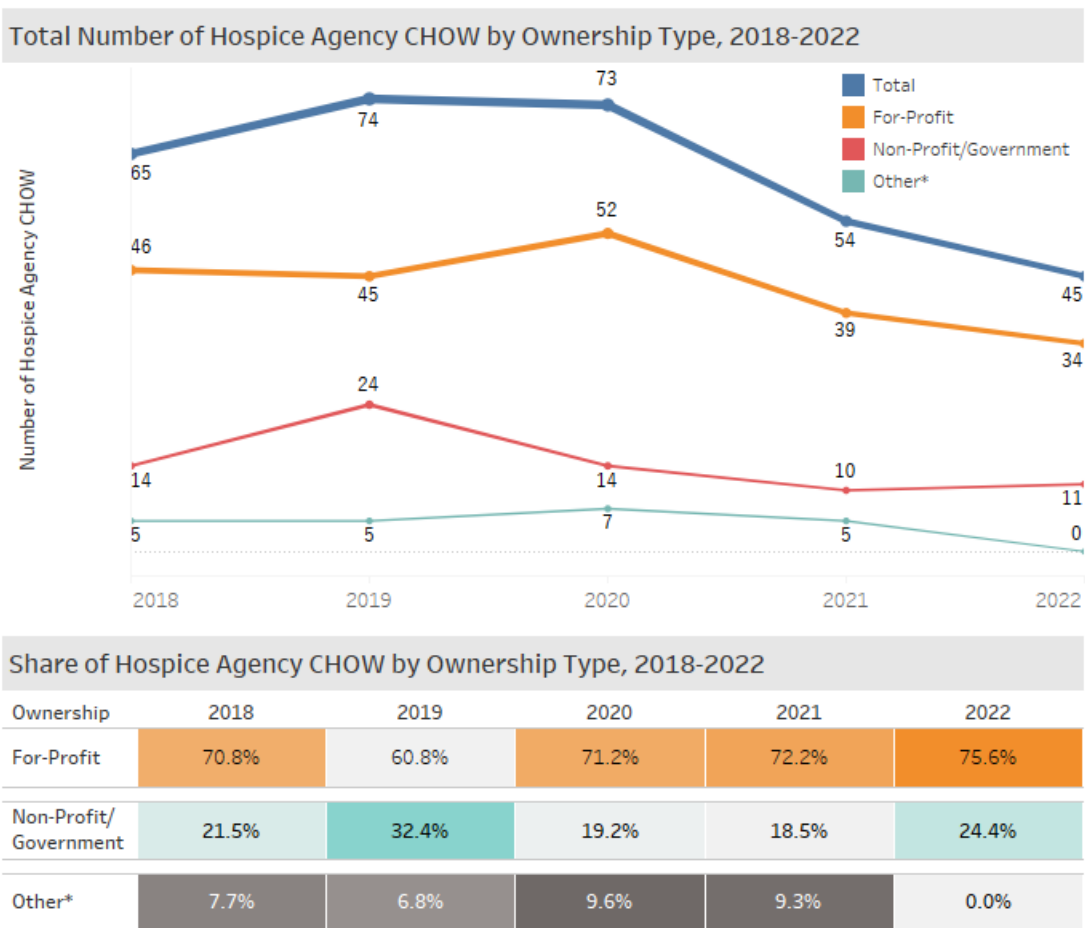
Source: CMS Care Compare Hospice -- General Information files, 2018-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. The relative change in the number of hospice agencies in each state was calculated using the average annual count of hospice agencies in 2018 and 2022. Louisiana’s rate of change was -0.4%, but was rounded to 0% to display on the map. Territories (American Samoa, Guam, Puerto Rico, and the Virgin Islands) are not included in this figure due to their exclusion from the study.

Hospice Agency Changes of Ownership

Between 2018 and 2022, nationwide, 311 hospice CHOW transactions occurred. **Figure 3** shows trends in changes of ownership, by ownership type, during the study period. Between 2018 and 2019, the number of changes of ownership annually increased by 14%, from 65 to 74. From 2019 to 2020, the number of changes of ownership remained stable, declining by only 1% (or one fewer CHOW). Then, between 2020 and 2022, the number of changes of ownership declined by 38%, from 73 to 45. Most changes of ownership (between 59% and 78% per year) occurred among for-profit hospice agencies.

The number of changes of ownership varied by state. During the study period, 10 or more changes of ownership occurred in 10 states, with hospices in Texas (41), California (28), Oklahoma (21), Ohio (18), and Arizona (15) undergoing the most changes of ownership (see **Appendix A**). No changes of ownership occurred in 10 states (Connecticut, Delaware, Hawaii, Kentucky, Maryland, North Dakota, New Mexico, Rhode Island, South Dakota, and Vermont) and the District of Columbia.

Figure 3. Hospice Agency Changes of Ownership, by Ownership Type, 2018–2022



Source: CMS Hospice Change of Ownership (CHOW) file, accessed September 30, 2024. CMS Care Compare Hospice -- General Information files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Eight out of 319 CHOW observations (0.25%) were dropped while merging datasets.

* CMS has no formal definition for the “other” ownership category, which includes ownership arrangements that are less common or unique and allows providers to submit their own values.

Changes of ownership occurred among only a small proportion (between 0.8% and 1.5%) of all hospice agencies each year during the study period. **Figure 4** shows the rate of CHOW, by hospice ownership type, prior to a CHOW. For the entire study period, although a slightly higher percentage of nonprofit/government hospices underwent a CHOW (1.2%), compared to 1.1% of for-profit hospices and 0.9% of hospices with “other” ownership, differences by ownership type were not statistically significant ($P=0.66$). The ownership type with the highest rate of CHOW varied by year: for-profit hospice agencies had the highest rate in 2018 (1.2%), while nonprofit/government hospices had the highest rate in 2019 (1.9%) and 2022 (0.9%), and hospices with “other” ownership had the highest rate in 2020 (1.8%) and 2021 (1.1%).

Figure 4. Rate of Hospice Agency Change of Ownership, by Ownership Type, 2018–2022

	Mean Rate (2018 - 2022)	2018	2019	2020	2021	2022
Non-Profit/ Government	1.2%	1.0%	1.9%	1.4%	0.6%	0.9%
For-profit	1.1%	1.2%	1.2%	1.6%	0.9%	0.7%
Other*	0.9%	0.7%	1.2%	1.8%	1.1%	0.0%

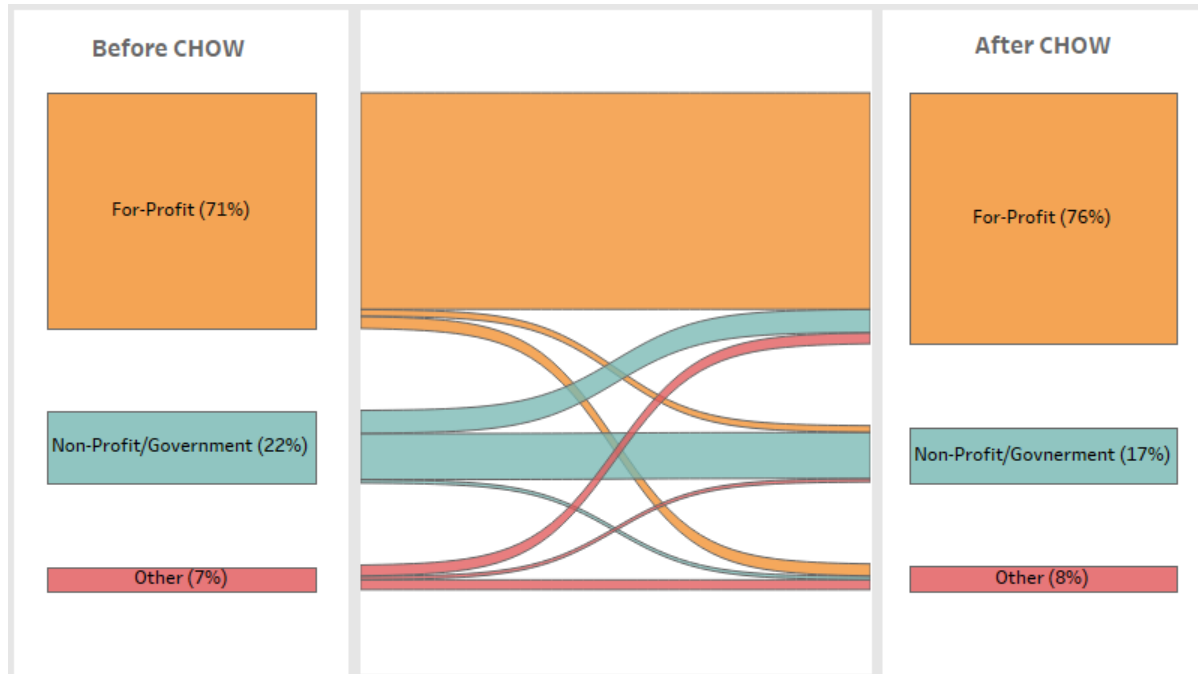
Source: CMS Hospice Change of Ownership (CHOW) file: accessed September 30, 2024. CMS Care Compare Hospice -- General Information files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Eight out of 319 CHOW observations (0.25%) were dropped while merging datasets. Hospice CHOW file was linked with Care Compare Hospice -- General Information files to capture hospice ownership type of providers that experienced a CHOW. Rates were obtained by dividing the number of changes of ownership by the number of hospice agencies for each year. Rates highlighted in red show the mean rate between 2018 and 2022 for each ownership type. Rates highlighted in blue show the greatest rate by ownership type during a given study year. Using ANOVA, we found no significant differences in mean rates of CHOW across the three ownership types and across study years (P=0.66).

* CMS has no formal definition for the “other” ownership category, which includes ownership arrangements that are less common or unique and allows providers to submit their own values.

Figure 5 shows how type of ownership changed, or remained the same, for hospice agencies with changes of ownership between 2018 and 2022. For 18% of change of ownership transactions, hospices had a different ownership type after the CHOW. Among for-profit hospices, after a CHOW, 3% transitioned to nonprofit/government ownership and 5% transitioned to “other” ownership, while 92% remained for-profit. Among nonprofit/government hospice agencies, after a CHOW, 32% transitioned to for-profit ownership and 5% transitioned to “other” ownership, while 64% remained nonprofit/government.^p Among agencies with “other” ownership, after a CHOW, 45% transitioned to for-profit ownership and 14% transitioned to nonprofit/government, while 41% still had “other” ownership. See **Appendix B** for more details.

^p Percentages do not add to 100% due to rounding.

Figure 5. Hospice Agency Ownership Type Prior to and After a Change of Ownership, 2018–2022



Source: CMS Hospice Change of Ownership (CHOW) file, accessed September 30, 2024. CMS Care Compare Hospice -- General Information files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Seventeen of 319 CHOW observations (5%) were dropped while merging datasets.

* CMS has no formal definition for the “other” ownership category, which includes ownership arrangements that are less common or unique and allows providers to submit their own values.

Quality of Hospice Agencies With and Without a Change of Ownership

Figure 6 shows, for each quality measure, the average annual scores for hospice agencies that underwent a CHOW compared with the average annual scores for hospices that did not undergo a CHOW. All scores are on a scale of zero to 100. For the composite process measure, the average score for hospices that underwent a CHOW was lower than the average score for hospices that did not undergo a CHOW in 2018, 2020, and 2021, whereas the opposite was true for 2019 and 2022. Differences between average scores for the composite process measure ranged from 0.4 to 3.2 points. For the hospice visits at the end-of-life measures, hospices that underwent a CHOW had higher scores than those that did not for all study years, with differences in average scores ranging from 0.1 to 20 points. Notably, there were larger differences in average scores for Hospice Visits when Death is Imminent in 2021 and Hospice Visits in the Last Days of Life in 2022, with hospices that underwent a CHOW scoring approximately 20 points and 10 points higher, respectively. In 2018, 2019, 2020, and 2022, with two exceptions, average scores for the eight CAHPS measures were higher for hospices that underwent a CHOW than average scores for those that did not. In 2021, however, average scores for CAHPS measures were lower for hospices with a CHOW than for hospices without a CHOW. Differences in average scores for CAHPS measures ranged from 0 to 4.5 points.

Figure 6. Average Quality Scores for Hospice Agencies with and without a Change of Ownership, 2018–2022*

		2018		2019		2020		2021		2022	
		CHOW	non-CHOW	CHOW	non-CHOW	CHOW	non-CHOW	CHOW	non-CHOW	CHOW	non-CHOW
Hospice Composite Process Measure	Composite Measure	85.9	86.3	90.3	88.8	86.4	89.6	89.7	91.4	94.0	91.8
Hospice Visits	Visits (Death Is Imminent)	86.6	85.0	85.4	85.3	86.4	85.6	79.8	59.8		
	Visits (Last Days of Life)									59.7	49.3
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey	Emotional and spiritual support	90.1	89.6	90.2	89.9	90.1	90.1	89.8	90.1	90.4	89.9
	Rating of Hospice	81.7	80.6	81.3	80.9	81.7	80.9	77.5	81.1	81.2	80.8
	Willing to recommend this hospice	85.7	84.5	84.6	84.5	84.6	84.4	81.7	84.4	85.6	84.0
	Treating patient with respect	92.0	90.6	91.1	90.6	91.4	90.6	89.5	90.5	90.8	90.4
	Help for pain and symptoms	76.8	75.2	76.0	75.2	75.9	75.1	73.7	75.1	75.4	74.6
	Communication with family	81.5	80.4	81.5	80.6	81.0	80.7	79.5	81.0	81.9	81.0
	Getting timely help	80.3	77.9	78.5	77.9	78.8	77.9	74.7	77.7	78.2	77.2
	Training family to care for patient	77.9	75.3	75.4	75.5	75.1	75.6	71.2	75.7	75.8	75.4

■ non-CHOW avg score is lower
■ CHOW avg score is lower

Source: CMS Care Compare Hospice -- General Information and Hospice -- Provider files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. CMS Hospice Change of Ownership (CHOW) file: <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospice-all-owners>, accessed September 30, 2024. Thirty-four out of 319 CHOW observations (11%) were dropped during the merge with the composite process measure data. Twenty-five out of 319 CHOW observations (8%) were dropped during the merge with the hospice visits measure data. Twenty-four out of 319 CHOW observations (8%) were dropped during the merge with the CAHPS measure data.

* All scores are on a scale of 0 to 100.

DISCUSSION

Using publicly available data from CMS, between 2018 and 2022, we found the number of hospice agencies increased by 27%, from approximately 4,600 to almost 5,900. During the study period, changes of ownership among hospices occurred rarely; 0.8% and 1.5% of hospice agencies nationwide underwent a CHOW each year. When compared with other health care settings, hospices had lower annual rates of CHOW than skilled nursing facilities (SNFs) (approximately 3.5% to 5% between 2018 and 2021) and similar rates of CHOW to hospitals (about 1% per year between 2016 and 2021).^{23,24} We did not find significant differences in rates of CHOW by ownership type (for-profit, nonprofit/government, other). Although the largest share of changes of ownership annually occurred among hospices with for-profit ownership, this is likely because, annually, two-thirds to three-quarters of hospices had for-profit ownership.

The annual number of changes of ownership varied throughout the study period, reaching a high of 74 in 2019, then declining to a low of 45 in 2022. Future research could assess why there were fewer changes of ownership during 2021 and 2022, and whether changes of ownership continued to decline in subsequent years. While the quality of hospice CHOW data may have affected our findings, the decline in annual changes of ownership occurred during the COVID-19 pandemic and public health emergency, which may have

influenced decisions to buy or sell hospices. We also found the largest net increase in hospice agencies occurred between 2021 and 2022.

Over the entire study period, the number of hospice changes of ownership varied by state, with more changes of ownership occurring in Texas, California, Oklahoma, Ohio, and Arizona than in other states. California, Arizona, and Texas also were among the five states with the greatest growth in the number of hospice agencies. Notably, in response to concerns about hospice market oversaturation and reports of fraud, waste, and abuse in Arizona, California, Nevada, and Texas, CMS implemented a provisional period of enhanced oversight, beginning in July 2023, for newly enrolling hospices, including those undergoing a CHOW meeting certain criteria, in these states.²⁵

On average, for most quality measures, when compared with hospices that did not undergo a CHOW, hospices that underwent a CHOW had higher scores in 2018, 2019, 2020, and 2022 and lower scores in 2021. Differences in average scores ranged from 0 to 4.5 points, with larger differences of 20 points in 2021 and 10 points 2022 for the hospice visits at the end-of-life measures. Because our study period overlaps with the COVID-19 pandemic and public health emergency, their effects on reported quality scores should be considered.²⁶ We did not assess whether differences between average quality scores were statistically significant or clinically meaningful. Future research could assess the significance of these differences, the relationship between hospice quality and whether a hospice undergoes a CHOW, and how hospice quality changes following a CHOW.

Hospice ownership information is critical for oversight, accountability, and monitoring of hospice care and quality by government agencies. In 2023, to enhance the collection of hospice ownership information, through rulemaking, CMS defined private equity companies (PECs) and real estate investment trusts (REITs) for providers and suppliers, including hospice providers, reporting ownership information through the Form CMS-855A.²⁷ The Form CMS-855A also requires reporting of whether an organization with ownership stake in a provider is itself owned by any other organization or individual.⁹

CMS also finalized other ownership-related requirements. Specifically, initially enrolling hospices and those submitting applications to report any new owner must undergo a “high” level of categorical risk screening, which requires all hospice owners with five percent or greater direct or indirect ownership to undergo a criminal background check.²⁸ In addition, hospices that undergo a change in majority ownership (CIMO) by sale within 36 months of initial Medicare enrollment or the most recent CIMO must enroll in Medicare as a new hospice and obtain a state survey or an accreditation from an approved accreditation organization.²⁹ A CIMO happens when an individual or organization acquires more than a 50% direct ownership interest in a hospice.

Opportunities exist to improve the reliability of, and expand upon, publicly available ownership data to support governments, the research community, and individuals and their families as they make decisions regarding hospice care. Given issues with the accuracy of available hospice ownership data and data missingness,³⁰ validation of this data would allow for better informed decision-making. In addition, recent changes to reporting of ownership information related to PECs and REITs present an opportunity to enhance the specificity of publicly available hospice ownership data for types of owners with growing stakes in the hospice provider market.³¹ Information on chain status could also help provide a better understanding of the hospice

⁹ CMS-855A is available at: <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855a.pdf>.

industry.³² Ensuring this information is not only publicly available, but also easy to use and interpret, is important, particularly for individuals considering or receiving hospice care and their families. As an example of what can be done for the hospice industry, in 2023, ProPublica added publicly available ownership data from CMS to its Nursing Home Inspect tool, which presents quality information linked with ownership information in a format more accessible for the public.³³

Appendix A. Hospice Agency Changes of Ownership by State, 2018 – 2022

State	2018			2019			2020			2021			2022		
	Number of Hospices	# of CHOW	%	Number of Hospices	# of CHOW	%	Number of Hospices	# of CHOW	%	Number of Hospices	# of CHOW	%	Number of Hospices	# of CHOW	%
AK	5	1	20%	5		0%	5		0%	5	1	20%	5		0%
AL	95	3	3%	95	1	1%	93	2	2%	93	2	2%	89	1	1%
AR	48	1	2%	46		0%	46	1	2%	46	1	2%	46	6	13%
AZ	125	3	2%	134	5	4%	146	1	1%	153	4	3%	207	2	1%
CA	906	4	<1%	996	7	1%	1097	5	<1%	1130	6	1%	1637	7	<1%
CO	65	2	3%	67	1	1%	71	2	3%	72		0%	74		0%
CT	30		0%	30		0%	30	1	3%	29		0%	27		0%
DC	4		0%	4		0%	4		0%	3		0%	3		0%
DE	9		0%	10		0%	10		0%	10		0%	11		0%
FL	43		0%	45		0%	46	1	2%	46		0%	48		0%
GA	202	1	<1%	210	1	<1%	219	3	1%	222		0%	232	2	1%
HI	9		0%	10		0%	10		0%	11		0%	11		0%
IA	78		0%	76	3	4%	76		0%	75		0%	73	2	3%
ID	48		0%	47	1	2%	47	2	4%	46	1	2%	48	1	2%
IL	124		0%	124		0%	123	3	2%	122	1	1%	126	2	2%
IN	83	1	1%	84	3	4%	84	1	1%	83	2	2%	91		0%
KS	73		0%	73	2	3%	73		0%	75	2	3%	80	1	1%
KY	23		0%	23		0%	23		0%	23	2	9%	23		0%
LA	125	2	2%	126	2	2%	125	4	3%	125	1	1%	125	2	2%
MA	69		0%	71	1	1%	72	2	3%	73		0%	74		0%
MD	25		0%	25		0%	24		0%	24		0%	25		0%
ME	16		0%	14		0%	14	1	7%	15		0%	15		0%
MI	125	1	1%	128	2	2%	133	3	2%	138	1	1%	149	2	1%
MN	71	1	1%	71	2	3%	73	2	3%	74	1	1%	78		0%
MO	116	2	2%	116	3	3%	116		0%	116	4	3%	120	2	2%
MS	95	1	1%	95		0%	95	3	3%	95		0%	94		0%
MT	29		0%	30		0%	29	1	3%	28	1	4%	30		0%
NC	79	1	1%	80	6	7%	81		0%	80	2	3%	80	3	4%
ND	11		0%	12		0%	13		0%	14		0%	13		0%
NE	39	1	3%	38		0%	38	1	3%	38	1	3%	35	1	3%
NH	22		0%	23		0%	23		0%	24	1	4%	22		0%
NJ	59		0%	57	1	2%	57		0%	57	1	2%	64		0%

NM	44		0%	44		0%	43		0%	43		0%	50		0%
NV	45	3	7%	50		0%	54	2	4%	56		0%	83		0%
NY	45	1	2%	45		0%	42		0%	42		0%	41		0%
OH	143	3	2%	145	3	2%	145	8	6%	142	3	2%	145	1	1%
OK	123	7	6%	123	2	2%	122	10	8%	121	2	2%	121		0%
OR	51		0%	51	1	2%	50	2	4%	52	2	4%	54		0%
PA	183	6	3%	181	4	2%	180		0%	179	2	1%	183	1	1%
RI	7		0%	7		0%	7		0%	7		0%	7		0%
SC	86	2	2%	84	3	4%	81		0%	83	1	1%	85		0%
SD	15		0%	15		0%	15		0%	15		0%	14		0%
TN	56	1	2%	56	1	2%	55		0%	55	1	2%	55	1	2%
TX	598	12	2%	635	15	2%	688	4	1%	717	4	1%	870	6	1%
UT	88	3	3%	86	1	1%	86	3	3%	87	1	1%	87	2	2%
VA	94	2	2%	96	4	4%	97	3	3%	96	1	1%	106		0%
VT	10		0%	10		0%	10		0%	10		0%	10		0%
WA	32		0%	32		0%	32		0%	33	1	3%	37		0%
WI	71		0%	72	1	1%	73	3	4%	73	1	1%	76		0%
WV	20		0%	20		0%	19	1	5%	18	1	6%	18		0%
WY	14	2	14%	15		0%	16		0%	17	3	18%	18		0%

Source: CMS Hospice Change of Ownership (CHOW) file, accessed September 30, 2024. Average yearly count of hospice agencies for each year and state was estimated using CMS Care Compare Hospice -- General Information files, 2018-2022: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Territories (American Samoa, Guam, Puerto Rico, and the Virgin Islands) are not included in this figure due to their exclusion from the study.

Appendix B. Hospice Agency Type of Ownership Prior to and After a Change of Ownership, 2018–2022

		Total Hospice Agencies	Percent Remained/Changed
Remained	For-Profit to For-Profit	197	92%
	Non-Profit /Government to Non-Profit/Government	42	64%
	Other to Other	9	41%
Changed	For-Profit to Non-Profit/Government	6	3%
	For-Profit to Other	11	5%
	Non-Profit/Government to For-Profit	21	32%
	Non-Profit/Government to Other	3	5%
	Other to For-Profit	10	45%
	Other to Non-Profit/Government	3	14%

Source: CMS Hospice Change of Ownership (CHOW) file, accessed September 30, 2024; CMS Care Compare Hospice -- General Information files, 2017-2023: <https://data.cms.gov/provider-data/archived-data/hospice-care>, accessed January 7, 2024. Seventeen of 319 CHOW observations (5%) were dropped while merging datasets.

REFERENCES

- ¹ Centers for Medicare & Medicaid Services. (September 28, 2023). Hospice. Retrieved April 4, 2024 from <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice>
- ² Medicare Payment Advisory Commission (MedPAC). (2024). Report to the Congress: Medicare Payment Policy. Chapter 9: Hospice Services. Retrieved from https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_MedPAC_Report_To_Congress_SEC.pdf
- ³ Medicare Payment Advisory Commission (MedPAC). (2022). Report to the Congress: Medicare Payment Policy. Chapter 11: Hospice Services. Retrieved from https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_v3_SEC.pdf
- ⁴ Medicare Payment Advisory Commission (MedPAC). (2024). Report to the Congress: Medicare Payment Policy. Chapter 9: Hospice Services. Retrieved from https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_MedPAC_Report_To_Congress_SEC.pdf
- ⁵ Medicare Payment Advisory Commission (MedPAC). (2022). Report to the Congress: Medicare Payment Policy. Chapter 11: Hospice Services. Retrieved from https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_v3_SEC.pdf
- ⁶ Medicare Payment Advisory Commission (MedPAC). (2024). Report to the Congress: Medicare Payment Policy. Chapter 9: Hospice Services. Retrieved from https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_MedPAC_Report_To_Congress_SEC.pdf
- ⁷ Braun, R. T., Stevenson, D. G., & Unruh, M. A. (2021). Acquisitions of Hospice Agencies by Private Equity Firms and Publicly Traded Corporations. *JAMA Internal Medicine*, 181(8), 1113-1114. <https://doi.org/10.1001/jamainternmed.2020.6262>
- ⁸ Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements, 88 FR 77676 (finalized November 13, 2023). <https://www.federalregister.gov/documents/2023/11/13/2023-24455/medicare-program-calendar-year-cy-2024-home-health-hh-prospective-payment-system-rate-update-hh>
- ⁹ Teno, J. M., Bowman, J., Plotzke, M., Gozalo, P. L., Christian, T., Miller, S. C., Williams, C., & Mor, V. (2015). Characteristics of Hospice Programs With Problematic Live Discharges. *Journal of Pain and Symptom Management*, 50(4), 548-552. <https://doi.org/10.1016/j.jpainsymman.2015.05.001>
- ¹⁰ Aldridge, M. D. P., MBA, Epstein, Andrew J. PhD, Brody, Abraham A. RN, PhD, Lee, Eric J. MPH, Cherlin, Emily PhD, MSW, Bradley, Elizabeth H. PhD. (2016). The Impact of Reported Hospice Preferred Practices on Hospital Utilization at the End of Life. *Medical Care*, 54(7), 657-663. <https://doi.org/10.1097/MLR.0000000000000534>
- ¹¹ Anhang Price, R., Parast, L., Elliott, M. N., Tolpadi, A. A., Bradley, M. A., Schlang, D., & Teno, J. M. (2023). Association of Hospice Profit Status With Family Caregivers' Reported Care Experiences. *JAMA Internal Medicine*, 183(4), 311-318. <https://doi.org/10.1001/jamainternmed.2022.7076>

-
- ¹² Soltoff, A. E., Unruh, M. A., Stevenson, D. G., Kavalieratos, D., & Braun, R. T. (2024). Caregiver-Reported Quality in Hospices Owned by Private Equity Firms and Publicly Traded Companies. *JAMA*. <https://doi.org/10.1001/jama.2024.20546>
- ¹³ Teno, J. M. (2021). Hospice Acquisitions by Profit-Driven Private Equity Firms. *JAMA Health Forum*, 2(9), e213745-e213745. <https://doi.org/10.1001/jamahealthforum.2021.3745>
- ¹⁴ Aldridge, M. D. (2021). Hospice Tax Status and Ownership Matters for Patients and Families. *JAMA Internal Medicine*, 181(8), 1114-1115. <https://doi.org/10.1001/jamainternmed.2020.6300>
- ¹⁵ Medicare Program; FY 2024 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice Quality Reporting Program Requirements, and Hospice Certifying Physician Provider Enrollment Requirements, 88 FR 51164 (finalized August 2, 2023). <https://www.federalregister.gov/documents/2023/08/02/2023-16116/medicare-program-fy-2024-hospice-wage-index-and-payment-rate-update-hospice-conditions-of>
- ¹⁶ Centers for Medicare & Medicaid Services (CMS). (2023). For the First Time, HHS Is Making Ownership Data for All Medicare-Certified Hospice and Home Health Agencies Publicly Available. Retrieved from: <https://www.cms.gov/newsroom/press-releases/first-time-hhs-making-ownership-data-all-medicare-certified-hospice-and-home-health-agencies>
- ¹⁷ Centers for Medicare & Medicaid Services (CMS). (2023). Hospice Quality Reporting Program. Retrieved from: <https://www.medicare.gov/care-compare/>. Accessed January 22, 2024.
- ¹⁸ Centers for Medicare & Medicaid Services (CMS). (2022). Hospice Quality Reporting Program (HQR) COVID-19 Public Reporting Tip Sheet 3rd Edition. Retrieved from: <https://www.cms.gov/files/document/third-edition-hqrp-public-reporting-tip-sheetaug-2022.pdf>
- ¹⁹ Stevenson, D., Krone, E., Gambrel, R., Meneades, L., & Huskamp, H. (2017). Tracking the Impact of Ownership Changes in Hospice Care Provided to Medicare Beneficiaries: Final Report. Office of the Assistant Secretary for Planning and Evaluation. Retrieved from: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//185326/OwnerChang.pdf
- ²⁰ Villagrana, M. A. (2024). Hospital Ownership: Medicare Sources of Information. Retrieved from <https://crsreports.congress.gov/product/pdf/IF/IF12848>
- ²¹ Teno, J. M., Belanger, E., & Khan, G. (2024). Quality of Data on Profit Status Reported Care Compare. *J Pain Symptom Manage*, 67(2), e161-e162. <https://doi.org/10.1016/j.jpainsymman.2023.11.003>
- ²² Centers for Medicare & Medicaid Services (CMS). (2023). Data Dictionary for Hospice Quality Reporting Program Data on Care Compare. Retrieved from https://data.cms.gov/provider-data/sites/default/files/data_dictionary/hospice/HOSPICE_Data_Dictionary.pdf
- ²³ Oliveira, I., & Blanco, M. (2022). Changes in Ownership of Skilled Nursing Facilities from 2016 to 2021: Variations by Geographic Location and Quality. Office of the Assistant Secretary for Planning and Evaluation. Retrieved from: <https://aspe.hhs.gov/sites/default/files/documents/78aae3d6d528e77a729288746ccc2e84/changes-ownership-snf.pdf>
- ²⁴ Welch, W. P., Ruhter, J., Bosworth, A., De Lew, N., & Sommers, B. D. (2022). Changes of Ownership of Hospital and Skilled Nursing Facilities: An Analysis of Newly-Released CMS Data. Office of the Assistant Secretary for Planning and Evaluation. Retrieved from: <https://aspe.hhs.gov/sites/default/files/documents/4f2bd6d27c785b19630e24447eedf989/aspe-datapoint-change-ownership-pecos.pdf>

²⁵ Centers for Medicare & Medicaid Services. (2023). MLN Fact Sheet: Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas. Retrieved from <https://www.cms.gov/files/document/mln7867599-period-enhanced-oversight-new-hospices-arizona-california-nevada-texas.pdf>

²⁶ Centers for Medicare & Medicaid Services (CMS). (2022). Hospice Quality Reporting Program (HQRP) COVID-19 Public Reporting Tip Sheet 3rd Edition. Retrieved from: <https://www.cms.gov/files/document/third-edition-hqrp-public-reporting-tip-sheetaug-2022.pdf>

²⁷ Medicare and Medicaid Programs; Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities; Medicare Providers' and Suppliers' Disclosure of Private Equity Companies and Real Estate Investment Trusts, 88 FR 80141 (finalized November 17, 2023). <https://www.federalregister.gov/documents/2023/11/17/2023-25408/medicare-and-medicaid-programs-disclosures-of-ownership-and-additional-disclosable-parties>

²⁸ Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements, 88 FR 77676 (finalized November 13, 2023). <https://www.federalregister.gov/documents/2023/11/13/2023-24455/medicare-program-calendar-year-cy-2024-home-health-hh-prospective-payment-system-rate-update-hh>

²⁹ Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements, 88 FR 77676 (finalized November 13, 2023). <https://www.federalregister.gov/documents/2023/11/13/2023-24455/medicare-program-calendar-year-cy-2024-home-health-hh-prospective-payment-system-rate-update-hh>

³⁰ Teno, J. M., Belanger, E., & Khan, G. (2024). Quality of Data on Profit Status Reported Care Compare. *J Pain Symptom Manage*, 67(2), e161-e162. <https://doi.org/10.1016/j.jpainsymman.2023.11.003>

³¹ Braun, R. T., Stevenson, D. G., & Unruh, M. A. (2021). Acquisitions of Hospice Agencies by Private Equity Firms and Publicly Traded Corporations. *JAMA Internal Medicine*, 181(8), 1113-1114. <https://doi.org/10.1001/jamainternmed.2020.6262>

³² Stevenson, D., Krone, E., Gambrel, R., Meneades, L., & Huskamp, H. (2017). Tracking the Impact of Ownership Changes in Hospice Care Provided to Medicare Beneficiaries: Final Report. Office of the Assistant Secretary for Planning and Evaluation. Retrieved from: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/185326/OwnerChang.pdf

³³ Talbot, R. (2023). ProPublica Adds Ownership Information to Our Nursing Home Database. ProPublica. Retrieved from: <https://www.propublica.org/article/find-nursing-home-ownership-information>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 434E
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports



ABOUT THE AUTHORS

William Haltermann III, Martin Blanco, and Lara Oliveira work in the Office of Behavioral Health, Disability, and Aging Policy in the Office of the Assistant Secretary for Planning and Evaluation.

SUGGESTED CITATION

Haltermann III, W., Blanco, M., & Oliveira, I. Hospice Agency Changes of Ownership: An Analysis of Publicly Available Ownership Data (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. January 10, 2025.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

For general questions or general information about ASPE:

aspe.hhs.gov/about