Situation Report: Hospice Growth in Ohio

August 2026

Ohio's hospice sector has grown substantially faster than the population it serves, and that growth has concentrated in markets that were already saturated. This report examines who is entering Ohio's hospice market, where new programs are opening, and the financial incentives shaping market growth and provider behavior.

Ohio has strong hospice access by national measures. What has changed is the structure of the market behind that access: who is entering it, where, and under what financial incentives.

WHAT'S INSIDE

Executive summary

Hospice growth in Ohio, at a glance

Purpose & scope

This report illustrates three conditions in Ohio's hospice market: growth is outpacing need, new capacity is concentrating in metropolitan markets rather than areas with thinner coverage, and utilization measures vary widely from one hospice program to the next. It draws on three data sources, described below.

ODH Facility Listing

The Ohio Department of Health's roster of every licensed hospice program in the state: name, owner of record, address, county, and original licensure date. It is the source for all counts, geographic distribution, and program age in this report, and it covers all **184** licensed programs regardless of payer or certification status.

HealthPivots / Netsmart

A commercial analytics service that processes Medicare hospice claims data. Two products are used here: the **State Profile**, which reports statewide utilization by year and ranks all states on access measures, and the **Benchmarking and Ranking Reports**, which give provider-level figures for length of stay, live discharge, ownership type, and cap use.

CMS Care Compare & CAHPS

Medicare's public hospice quality reporting. It combines the **CAHPS Hospice Survey**, in which bereaved caregivers are asked about the care their family member received, with **claims-based measures** such as visit frequency in the last days of life and transitions of care following a discharge.

The last two sources describe only the 160 Medicare-certified programs, since both are built from Medicare claims. Licensure records cover all 184. Page 2 explains why the two counts differ.

What the data shows

1. **Provider growth is outpacing patient population growth.**
   Between 2021 and 2025 the number of Ohio hospice providers grew **13.3%** while Medicare hospice patients served grew **7.5%**. Average patients per hospice fell from 543 to 515.

2. **New capacity is concentrating in metropolitan markets.**
   92% of hospices opened since 2021 opened in metro counties. Cuyahoga County alone accounts for **39 hospices, 21%** of the state total and more than double the next-highest county (Franklin County, 19).

3. **Ownership in the sector has changed.**
   A market that began as largely not-for-profit and locally owned is now **54%** for-profit among Medicare-certified programs, including private equity-backed and publicly traded operators based outside Ohio.

4. **Utilization measures vary widely, and the variation tracks with ownership.**
   Average length of stay is **91.6 days** at for-profit programs compared to 71.2 days at not-for-profit programs; live discharge rates are **27.0%** at for-profit hospices compared to 14.2% at not-for-profit programs.

5. **Ohioans have ample access to hospice care.**
   Ohio's death service ratio, the share of all Ohio deaths served by hospice, was **58.1%** in 2025, **sixth highest** of 52 U.S. states and territories and nearly five points above the median state. Even in Ohio's least-served county, more than 40% of residents who died were served by hospice.

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What to know about hospice data

Hospice data comes from several systems that count different things. A few distinctions make the sections that follow easier to read.

184
Total licensed Ohio hospices (ODH, May 2026)

160
Medicare-certified hospices with claims data (Oct 2024–Sep 2025)

93,152
Medicare patients served by Ohio hospices in 2025

Why the licensed and Medicare-certified counts differ

A hospice must hold an Ohio license before it can seek Medicare certification, and certification takes time: the program must be operating, admit an initial group of patients, and pass a certification survey before CMS will approve it. A newly licensed program can therefore be several months to more than a year away from appearing in Medicare data. Rarely programs serve private-pay or managed care patients and some do not pursue certification. Any measure drawn from Medicare claims or CMS quality data describes the 160 certified programs.

Hospice eligibility

Hospice care is for individuals who are in the final phase of life. A physician must certify that the patient has a terminal illness with a prognosis of six months or less if the disease follows its usual course. Patients who live longer can be recertified, so exceeding six months is not by itself improper. Prognosis is a clinical judgment, not a prediction.

Length of stay

Length of stay is the number of days a patient is enrolled in hospice before death or a live discharge. Longer stays often reflect earlier referral, which is generally better for patients and families. Ohio's average and median are both reported here because a small number of very long stays can pull an average upward.

Live discharge

Live discharge is when a patient leaves hospice while still living. This happens for several legitimate reasons: the condition stabilizes and the patient no longer qualifies, the patient elects to return to curative treatment, or the patient moves out of the service area. Statewide, roughly one in six Ohio hospice patients is discharged alive.

Death service ratio

The share of all resident deaths in a state that were served by hospice. Because the denominator is every death, regardless of age or payer, it is the broadest available measure of how much of a population hospice reaches. It is the measure used for the national comparison in this report.

Medicare aggregate cap

An annual limit on total Medicare payment per patient served. It is a cost-control mechanism for Medicare rather than a quality measure, and it is referenced here only as context for length-of-stay patterns.

CareCompare / CAHPS

CMS publishes two kinds of hospice quality data: caregiver survey responses collected after a patient's death (CAHPS), and measures calculated from claims, such as visit frequency near end of life and care transitions. Both appear in this report.

How Medicare reimburses hospice providers

Medicare pays hospice a setamountfor each daya patient is enrolled, at a rate that depends on the level of care the patient is receiving. Most days are billed as routine home care. The other three levels apply in defined circumstances: continuous home care during a period of crisis, inpatient respite to give a family caregiver a break, and general inpatient care for symptoms that cannot be managed at home.

Level of care (FY 2026 base rates)	Per day
Routine home care, days 1–60	$230.83
Routine home care, days 61 and beyond	$181.94
Continuous home care (24 hours)	$1,674.29
Inpatient respite care	$532.48
General inpatient care	$1,199.86

Source: CMS FY 2026 Hospice Wage Index and Payment Rate Update final rule (CMS-1835-F). Base rates before wage-index adjustment. Routine home care is paid at two tiers, discussed later in this report.

Sources: (1) ODH Facility Listing, May 2026 - all licensed hospices. (2) Health Pivots/Netsmart Medicare Claims, Oct 2024–Sep 2025 - Medicare-certified hospices only. (3) CMS Care Compare and CAHPS Hospice Survey, 2025.

Growth & market entry

The Ohio Department of Health licenses hospice programs. ODH does not evaluate whether a proposed program is needed. Applicants are not required to demonstrate that they can staff the service area. There is also no limit on the number of programs that can operate in one market. Growth over the last five years is described below.

+26
Net increase in hospices since 2021 (158 → 184)

52
Hospices operating today that opened in the last 5 years (28% of 184)

6
Hospices opened in the last 12 months alone

Reading the two growth figures together

These numbers measure different things. **+26 is net growth:** the difference between the count at the start of the period and the count today. **52 is gross market entry:** the number of programs operating today that opened within the last five years.
The two differ because programs also leave the market through closure, merger, or absorption into another organization during an ownership change. The actual number of programs that opened over the period is at least 52.

Medicare-certified hospice count by year:

[1] **2021–2025:** Medicare-certified hospices only (Health Pivots/Netsmart). These years are directly comparable.

[2] **2026:** All ODH-licensed hospices, including approximately 16 that are state-licensed but not yet Medicare-certified. The comparable Medicare-certified count for 2026 is approximately **168**, a 6.3% increase since 2021. As described on the previous page, programs awaiting certification are generally new and still in start-up, so this group turns over as programs complete the certification process.

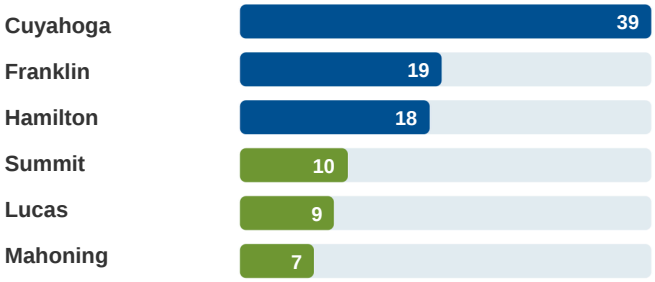
Why the pace of growth matters

A 16.5% increase in hospice providers over five years, concentrated largely in urban markets, has two practical effects. First, it stretches existing oversight infrastructure across substantially more programs, so regulatory attention and resources are distributed across a growing denominator. Second, where the number of programs has grown faster than the patient population, increased competition for eligible patients may create pressure to admit individuals who might otherwise have been determined ineligible.

Source: ODH Facility Listing (May 2026); Health Pivots Benchmarking Reports (2021–2025); 2023 count from Health Pivots 2023 Benchmarking Report

Geographic concentration & age of hospices

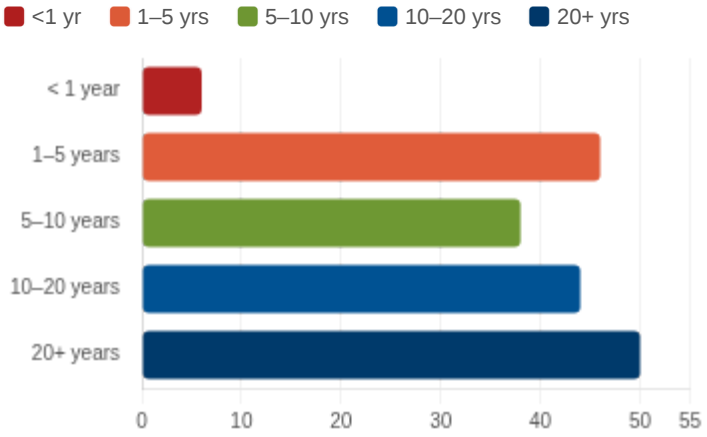
Hospices by county (top 6):



Cuyahoga County: 1 in 5 Ohio hospices in a single county

39 hospices, 21% of all Ohio hospices, operate in Cuyahoga County alone. 14 of those 39 opened since 2021, a 56% increase in five years. Cuyahoga has roughly twice the hospice count of Franklin County, which serves a comparable metropolitan population.

Age of Ohio hospices (184 total):



1 in 4 Ohio hospices opened in the last 5 years

52 of 184 hospices (28%) have operated 5 years or less, while 50 have operated more than 20 years.

Source: ODH Facility Listing (May 2026); Health Pivots/Netsmart (Oct 2024–Sep 2025)

Rural access

Rural Ohio's hospice picture is one of stable but thin coverage. Rural counties have not lost access over the past five years, but almost none of the sector's growth has reached them.

92%
Of new hospices since 202 1opened in metro areas

4
New hospices opened in rural/non-metro counties since 2021

79%
Of all Ohio hospices are in metro counties

Where are new hospices opening? (2021–2026)

All four rural new entrants since 2021 opened in a single county each: Allen, Clark, Washington, and Auglaize. No other non-metro county in Ohio gained a hospice program over the five-year period.

38 hospices are based in Ohio's rural counties combined, a figure that has changed little while metro counts have risen sharply

All counties have hospice.
Ohio has no hospice access deserts. All **88 counties** had hospice-served deaths in 2025, and the lowest county death service ratio in the state was **43.6%** in Gallia County, still well above the floor in many states.

Source: ODH Facility Listing (May 2026); county metro/rural classification based on Ohio MSA designations.

Is provider growth improving access?

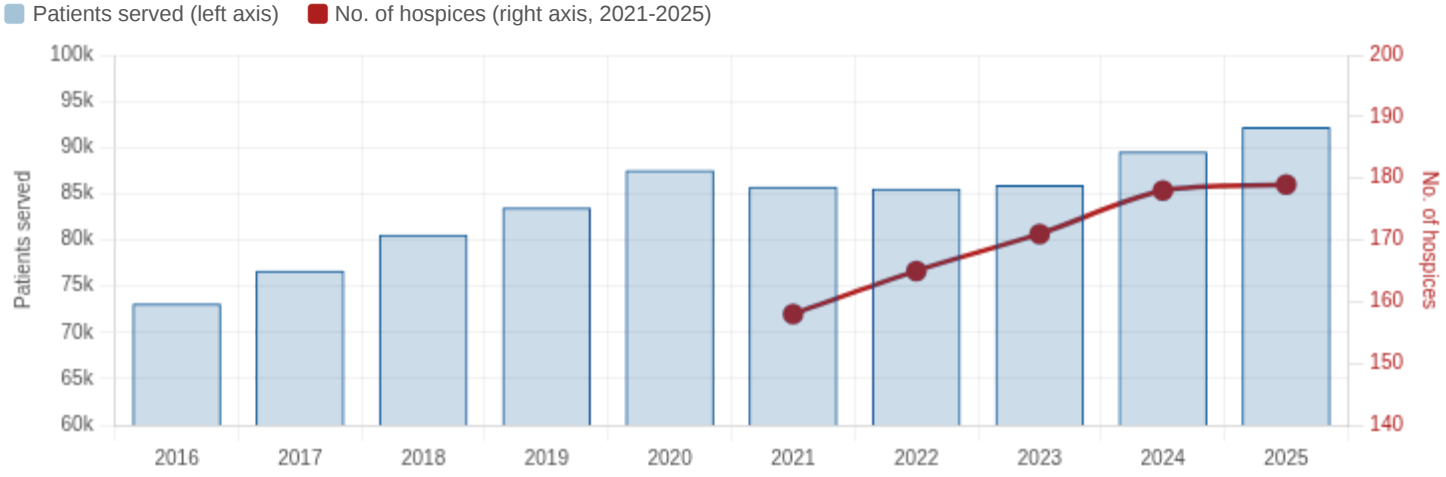
If new programs were reaching patients who would otherwise go without hospice, the number of patients served would rise at least as fast as the number of programs. It has not.

+7.5%
Growth in Medicare patients served, 2021-2025 (85,785to 92,242)

+13.3%
Growth in hospice providers over the same period (158 to 179)

-5%
Decline in averagepatientsperhospice, from 543(2021)to515(2025)

Ohio Medicare patients served vs. number of hospice providers:



Providers are growing nearly twice as fast as patients served

From 2021 to 2025, Medicare patients served grew 7.5% while hospice providers grew 13.3%. The average number of patients per hospice fell from 543 to 515. New programs are dividing a modestly growing patient population into smaller shares rather than reaching a population that was not already being served.

-28 fewer patients per hospice on average since 2021 - new entry is dividing existing volume rather than reaching patients who were not already being served

Source: Health Pivots/Netsmart State Profile - Ohio, Medicare Claims through Dec 2025; Health Pivots Benchmarking Reports (2021-2025).

Is provider growth improving quality?

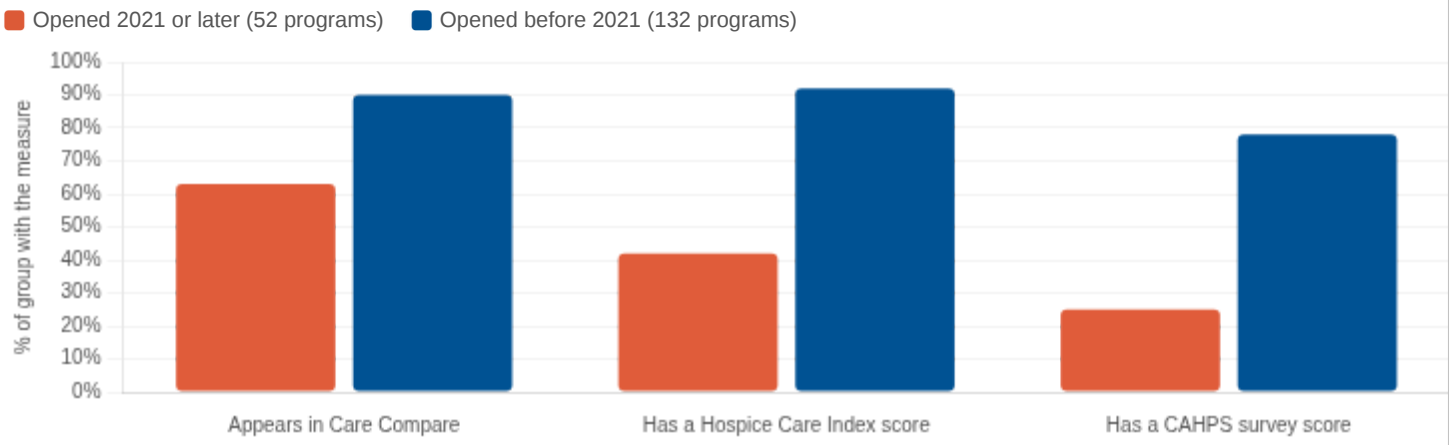
Ohio's hospice market has grown substantially since 2021. Many of the newest programs do not yet have enough publicly reported quality data to evaluate their performance alongside established providers.

Some of that gap is expected. CMS quality measures are reported on a lag, and newer or low-volume hospices may not yet have the claims history or case volume needed to generate a publicly reported score. CMS recognizes the distinction directly. For FY 2026, seven Ohio hospices were excluded from the Annual Payment Update determination, including programs excluded for newness and programs excluded for having no Medicare data.

Missing quality data is not always explained by newness. Separately, CMS identified **19 Ohio hospices** as noncompliant with Hospice Quality Reporting Program requirements for FY 2026, subjecting each to a four percentage point reduction in its Annual Payment Update. CMS's determinations show that some hospices choose not to report Quality Data.

Comparing new and established programs further sharpen the picture. One third of recent entrants that were able to report data failed to do so, by comparison, while one in sixteen established hospices failed to report.

Share of each group with publicly reportable quality data:



For all three measures, a higher bar means more of the group can be publicly evaluated. It does not indicate better care.

Hospice Care Index, 0 to 10 scale (higher is better)

9.0 recent entrants (22 with a score)

9.4 established providers (121 with a score)

Would definitely recommend the hospice (higher is better)

75% recent entrants (13 with a score)

85% established providers (103 with a score)

Identified by CMS as noncompliant with FY 2026 reporting requirements (lower is better)

33.3% recent entrants (8 of 24 evaluated)

6.2% established providers (8 of 129 evaluated)

What this measures

HQRP compliance is a pay-for-reporting measure. It records whether a hospice submitted the required data on time and in full, rather than how well that hospice performed clinically. Nationally, 20.4% of hospices were noncompliant for FY 2026, so Ohio's established providers sit well below the national rate while its recent entrants sit well above it.

Sources: CMS Hospice Care Index and CAHPS Hospice Survey via Health Pivots/Netsmart Hospice Compare Report, covering January 2023 through December 2024; Health Pivots/Netsmart Hospice Ranking Report (2025) for daily census; ODH Facility Listing (May 2026) for opening dates; CMS FY 2026 Hospice APU Compliant, Non-Compliant, and Excluded lists (post-reconsideration), reflecting calendar year 2024 reporting; CMS FY 2027 Hospice Wage Index final rule for the national noncompliance rate. Providers matched by CMS Certification Number. Programs without a reported score are excluded from that measure rather than counted as low performers.

Death service ratio: Ohio vs. the nation

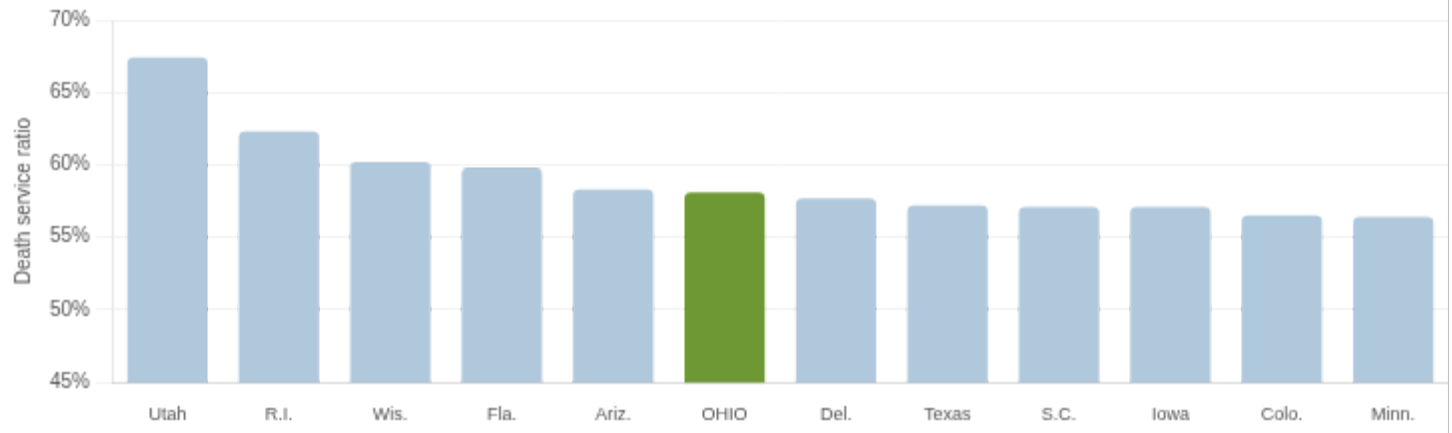
The death service ratio is the share of all resident deaths in a state that were served by hospice. It is the broadest measure of how much of a population hospice actually reaches, and on it **Ohio is among the strongest states in the country.**

58.1%
Ohio death service ratio (2025) - share of Ohio deaths served by hospice

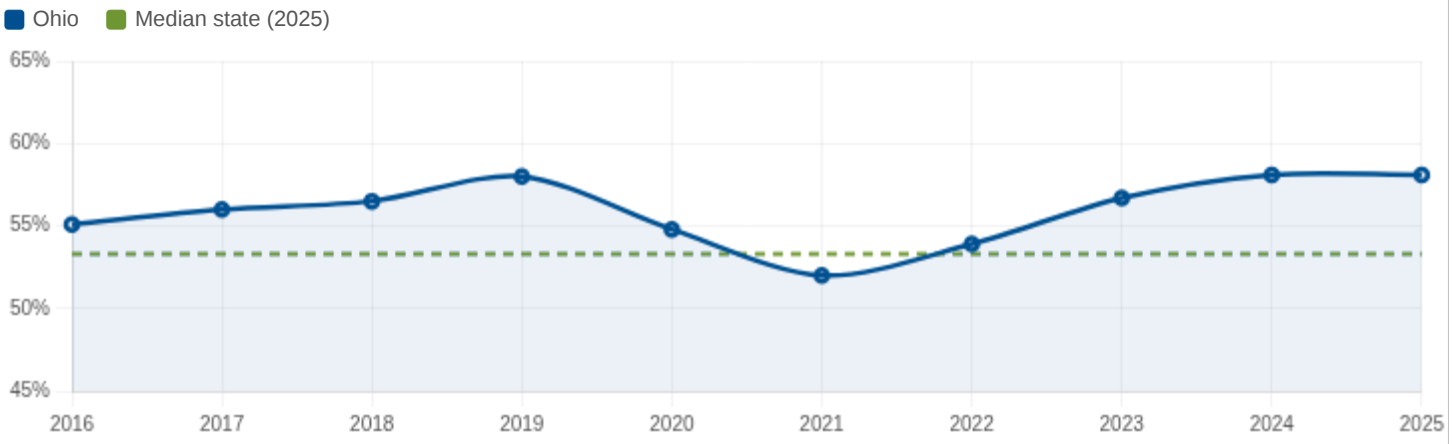
6th
Ohio's rank among 52 U.S. states and territories (2025)

53.3%
Median state death service ratio - Ohio is nearly 5 points above it

Death service ratio by state, 2025 (top 12 of 52, Ohio highlighted):



Ohio death service ratio trend:



6th Ohio ranks sixth in the country on death service ratio, well above the median state. Access to hospice is not a problem in Ohio.

Every Ohio county is served

County death service ratios in 2025 ranged from **43.6%** in Gallia County to 71.4% in Holmes County, with a median county at 59.1%. No Ohio county went unserved.

Growth has not driven access

Ohio's death service ratio reached 58.0% in 2019, before the recent wave of market entry, fell during the pandemic years, and has since returned to essentially the same level (58.1%). The programs added since 2021 have not moved the measure. Ohio's standing was established well before them.

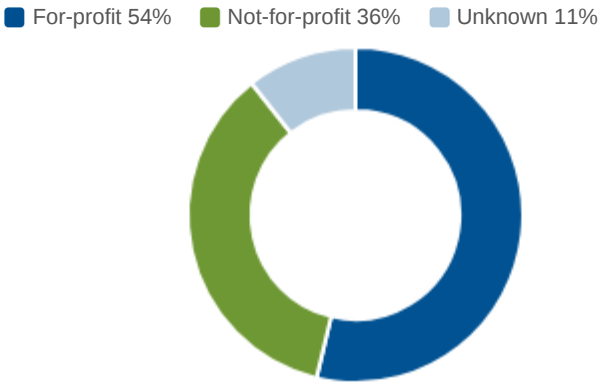
Source: Health Pivots/Netsmart Hospice State Profile, Medicare Claims CY 2025. Ranking covers 50 states plus the District of Columbia and Puerto Rico.

Ownership & the evolution of the market

Hospice in Ohio began as a grass-roots movement. The first programs, founded through the 1970s and 1980s, were built by volunteers, nurses, clergy, and families who organized locally to care for dying neighbors, often before any reliable payment existed. Almost all were not-for-profit: community hospices and small family-owned providers rooted in the counties they served.

The sector that has grown up around them is structured differently. A majority of Ohio's Medicare-certified hospices are now for-profit entities, including national chains, private equity-backed operators, and publicly traded companies that owe returns to shareholders. Many are headquartered outside Ohio. Ownership shapes incentives, and the sections that follow show measurable differences in admission, length of stay, and discharge patterns that track with ownership type.

For-profit vs. not-for-profit (Medicare-certified):

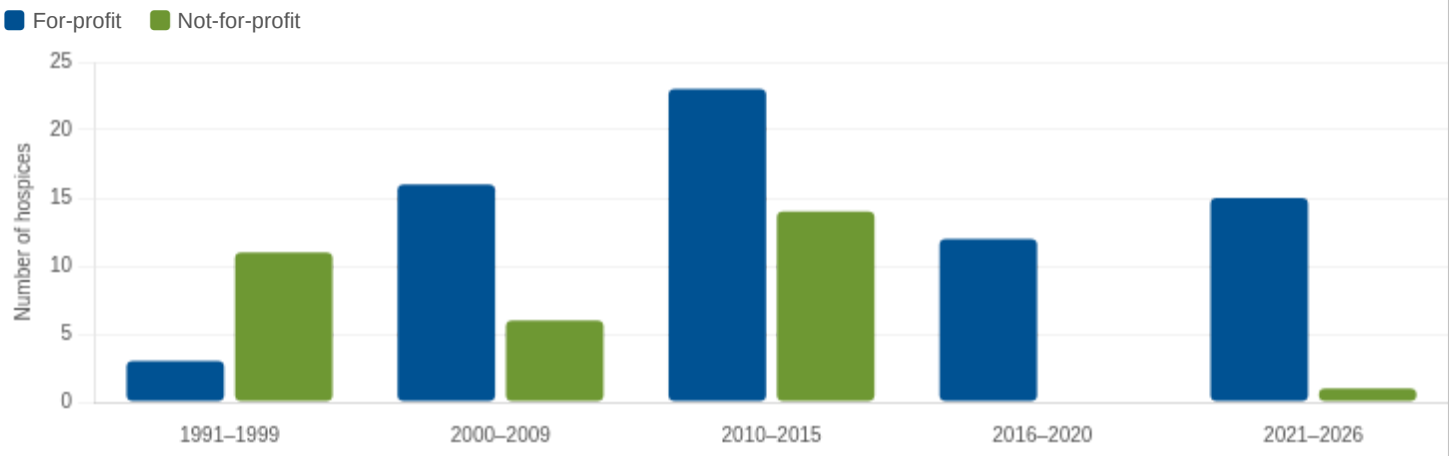


54% of Ohio's Medicare-certified hospices are for-profit entities

Out-of-state ownership

Ohio hospices are owned by entities based in Tennessee, Utah, California, New Jersey, Illinois, and North Carolina, among others. Decisions about staffing levels, admission practice, and service area are increasingly made outside the communities where care is delivered.

New Ohio hospices by ownership type and period opened:



This table is based on the 101 currently licensed hospices, with both a CMS-reported ownership type and an ODH opening date. Current ownership reflects the provider's ownership status today; therefore, a program that began as not-for-profit but was later acquired by a for-profit entity appears as for-profit in this analysis. The 2021–2026 bars cover the 16 recent entrants with a reported ownership type; a further 17 are listed as ownership unknown and 19 have not yet completed Medicare certification. Programs licensed before 1991, however, were almost entirely not-for-profit.

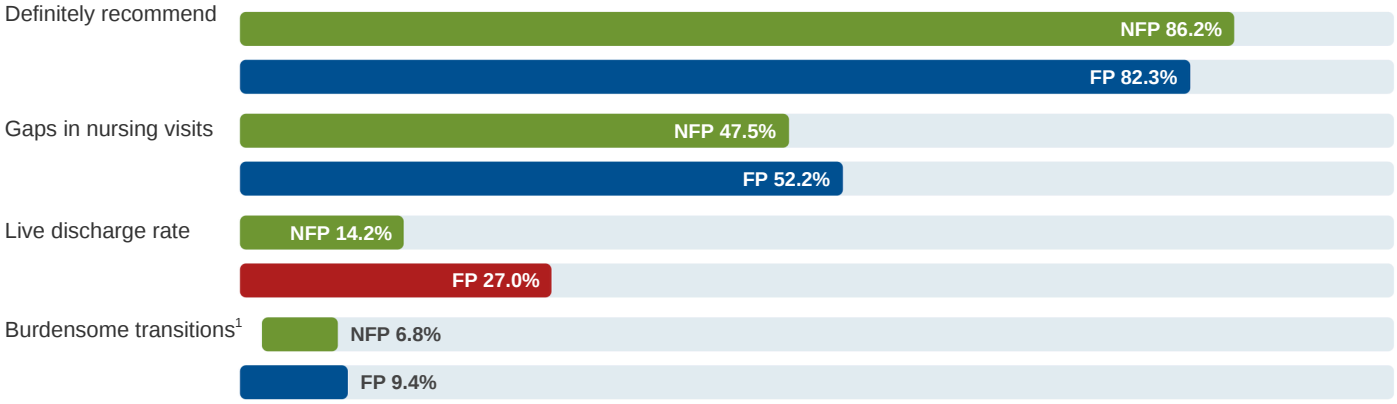
Not-for-profit entry has stopped

The composition of new hospice entry has inverted. Of the 14 hospices that opened in Ohio in the 1990s and still operate today, 11 were not-for-profit. Of the 28 that have opened since 2016 and report an ownership type, 27 are for-profit and 1 is not-for-profit. Over the last decade, only a single not-for-profit program has opened.

Quality and operational measures vary by ownership type

Ohio for-profit hospices post a live discharge rate nearly double that of not-for-profit hospices (27.0% vs. 14.2%) and more burdensome transitions following discharge (9.4% vs. 6.8%). On caregiver satisfaction and end-of-life visit frequency, the two groups score within a few points of each other, and Ohio as a whole tracks the national benchmark on both. Statewide, 84% of caregivers would definitely recommend their hospice against 85% nationally, and 50.7% of stays have a gap in nursing visits against 52.4% nationally. The greatest differences appear in **who gets admitted and how enrollment ends**: two factors that drive profitability.

Ownership comparison: CAHPS & claims-based quality measures (2025):



[1] Type 1 burdensome transition: live discharge followed by hospitalization and hospice readmission within 2 days.

Source: Health Pivots Ranking Report 2025; Health Pivots/Netsmart Hospice Ranking Report (2025 Medicare Claims & Hospice Compare/CAHPS data); ODH Facility Listing May 2026.

The economics of hospice

Understanding why capital has moved into hospice requires looking at what it costs to enter the market and at how the daily rates described earlier in this report create incentives in practice. Both point the same direction: hospice is an inexpensive business to start and pays a predictable daily rate that does not depend on how much care is delivered.

What it costs to open a hospice in Ohio

Requirement	Cost	Last increase / fee history	Notes
Hospice license (initial or renewal)	$600	2009, increased from $300	Covers a three-year license, roughly $200 per year
Licensure inspection	$1,625	Unchanged since at least 2015	One announced inspection before the initial license issues
Change of ownership application	$200	Unchanged since at least 2014	Non-refundable
Certificate of need	None		Ohio does not require a showing of community need
Surety bond	None		Medicare requires skilled home health agencies to post **$50,000**; hospices post nothing
Total state cost to enter	**$2,225**		**No building, no beds, and no capital construction required**

Fee history reflects the earliest amount confirmed in available Ohio legislative and administrative records. Where the exact date of the last increase could not be established, the table identifies the earliest year for which the current amount has been confirmed. Sources: R.C. 3712.03; O.A.C. 3701-19-03 (license and change-of-ownership fees) and 3701-19-05 (inspection fee); Ohio LSC, H.B. 1 of the 128th General Assembly, Department of Health Greenbook (2009); Register of Ohio, O.A.C. 3701-19-03 rule filing (November 2014); Ohio LSC agency and local impact fee documentation (2015); Register of Ohio, O.A.C. 3701-19-05 rule review (2025); Ohio LSC agency fee schedule, January 2026; 42 C.F.R. 489.65.

Ohio's $600 hospice license fee was last increased in 2009, and the inspection and change-of-ownership fees have remained unchanged for at least a decade. **More than half of the hospice programs licensed in Ohio today opened after 2009**, so the volume of programs the state licenses and oversees has grown substantially while the charges attached to that work have held flat.

$600 is about two and a half days of billing on one patient

Hospice is delivered primarily in the patient's home, so a new program does not require a dedicated inpatient facility or significant capital construction. That does not mean entry is cost-free. A new hospice must be able to sustain staffing, operations, and the full cost of patient care during its start-up period before Medicare certification and reimbursement begin. Even with those operating costs, however, the upfront regulatory and capital requirements remain comparatively low.

The state's entire three-year licensing charge is less than a hospice collects from Medicare for a single patient's first three days of routine home care. Compare that to skilled home health, where Medicare requires a **$50,000 surety bond** before an agency can bill. Hospice carries no equivalent financial assurance requirement.

The aggregate cap: the one ceiling on total payment

Cap year	Cap amount per beneficiary	Change
FY 2025	$34,465.34	Prior year
FY 2026 (current)	**$35,361.44**	**+2.6%**
FY 2027 (effective Oct 1, 2026)	$36,174.75	+2.3%

Source: CMS FY 2026 and FY 2027 Hospice Wage Index final rules.

How the cap works

The aggregate cap limits a hospice's **total** annual Medicare payment based on the number of beneficiaries it serves. Medicare evaluates the hospice's average reimbursement per beneficiary rather than applying the cap to each individual patient. Longer stays can increase the average amount paid per beneficiary, while shorter stays bring that average down. The cap therefore creates a financial incentive to maximize reimbursement up to the allowable limit while balancing the number and mix of patients served to remain below the cap. The cap is enforced federally. Providers that exceed the cap must repay the Medicare program.

Sources: CMS FY 2026 Hospice Wage Index and Payment Rate Update final rule; Health Pivots/Netsmart Two-Tier Reimbursement Report (FY 2025, Ohio); U.S. GAO, Medicare Hospice: Action Needed to Pay More Efficiently for Routine Home Care (GAO-26-107585, June 2026); Ohio Revised Code and Administrative Code as cited above.

Length of stay

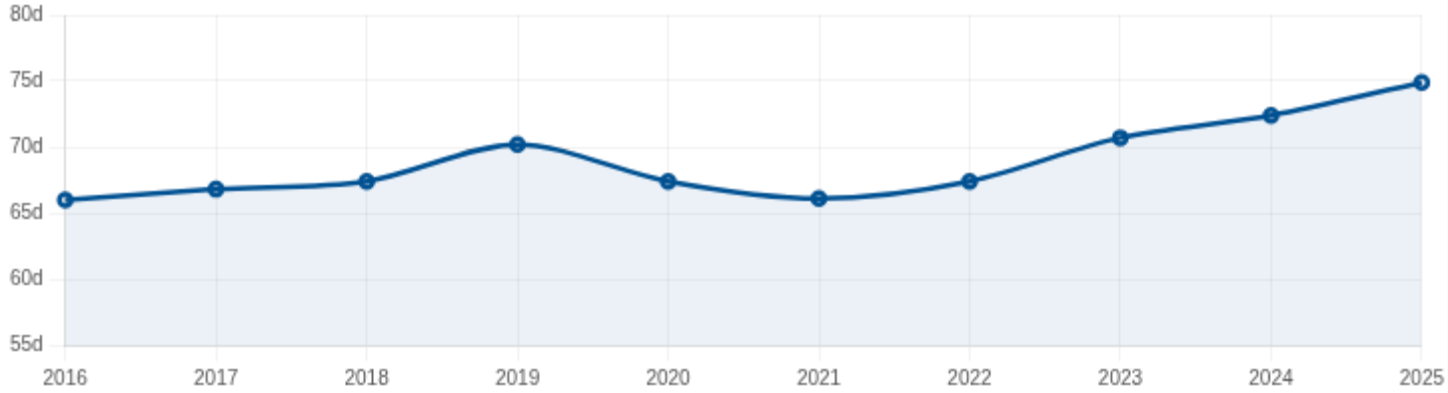
Ohio's average length of stay sits exactly at the national average, but that statewide figure obscures substantial variation among individual providers and an upward trend in length of stay. Ohio's average has climbed 13% since 2021, and roughly a third of programs now report very high average lengths of stay of more than 100 days.

74.9
Ohio average length of stay, days (2025)

91.6
For-profit average length of stay, days (2025)

71.2
Not-for-profit average length of stay, days (2025)

Ohio average length of stay trend:



A 20-day gap between ownership types
In 2025, for-profit hospices averaged a 91.6-day length of stay against 71.2 days at not-for-profit hospices, a 29% difference. Median length of stay shows the same pattern (46.3 days vs. 32.3 days), indicating the difference is broad-based rather than driven by a handful of very long stays.

48 of 160 Medicare-certified Ohio hospices (30%) reported an average length of stay above 100 days in 2025

At the far end of the distribution, the highest average length of stay reported by an Ohio hospice in 2025 was 141.6 days, nearly double the state average, and the highest median was 129 days.

Source: Health Pivots/Netsmart State Profile - Ohio, Medicare Claims through Dec 2025; Health Pivots/Netsmart State Providers Report, 2025.

Live discharge rates

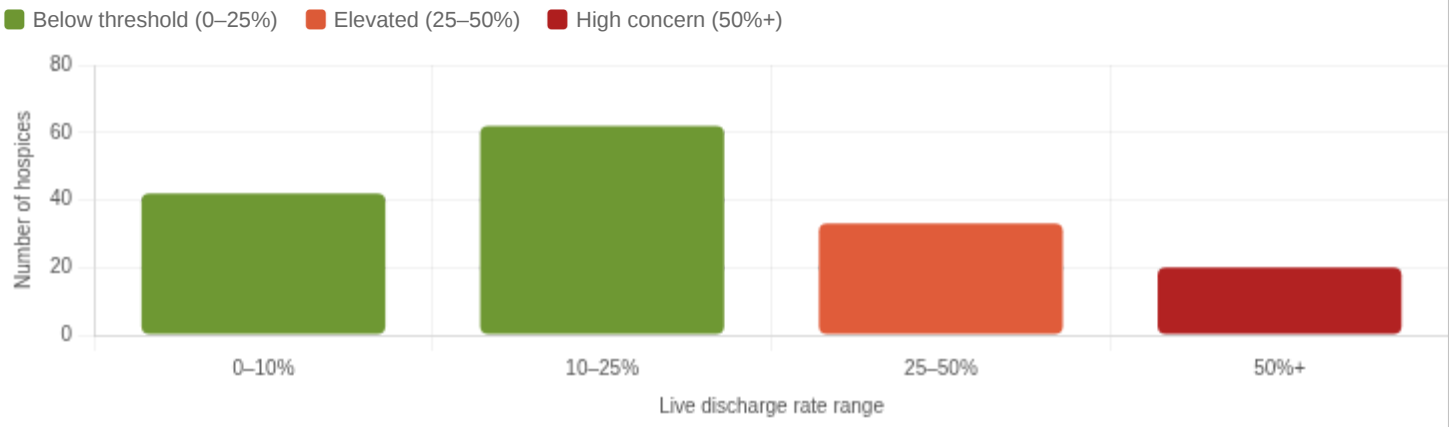
Live discharge is rare. Statewide, **fewer than one in five** hospice patients is discharged alive rather than dying while enrolled. When a hospice has a high live discharge rate, it may indicate they are admitting patients that don't meet eligibility requirements.

35%
of Ohio hospices exceed the 25% threshold

15.4%
Ohiostatewide average live discharge rate (Oct 2024–Sep 2025)

94.6%
Highest reported live discharge rate among Ohio hospices

Number of Ohio hospices by live discharge rate range:



The statewide average is healthy; the distribution warrants attention

Ohio's statewide average of live discharges of 15.4% for October 2024 through September 2025 sits well below the national average, and most Ohio hospices are within range. The same holds on the calendar year 2025 figures, where Ohio averages 15.6% against 19.1% nationally. Ohio does not appear to have a statewide live discharge problem. The concern is the provider-level distribution. 53 programs report rates above 25%, and 20 of those are above 50%. **A live discharge rate above 50% may indicate that a substantial share of admitted patients did not meet or continue to meet hospice eligibility requirements.** Individual provider data is publicly available through Medicare's Care Compare tool.

Sources: Health Pivots/Netsmart Medicare Claims (Oct 2024–Sep 2025) for the statewide average and the distribution; Health Pivots/Netsmart Hospice Ranking Report (2025 Medicare Claims & Hospice Compare/CAHPS data) for the calendar year 2025 Ohio and national figures. The two cover different twelve-month periods. Individual provider data: medicare.gov/care-compare.

The bottom line

The number of hospices in Ohio has grown dramatically in the past five years, but that growth has not translated into improved access or quality for Ohioans. New hospices are entering already-saturated urban markets and often underperform peer programs that are established in those areas. Opening a hospice poses fewer barriers to entry than other healthcare models, with minimal requirements for a physical facility or plant, no bonding requirements, and only modest up-front operational costs, while offering reliable reimbursement at daily rates that are not attached to the number of visits or intensity of services provided. In January, Ohio joined the short list of states targeted for the Provisional Period of Enhanced Oversight (PPEO) by the Centers for Medicare & Medicaid Services (CMS), which scrutinizes new programs for possible fraud, waste and abuse.

Ohio should strengthen oversight of hospice programs, with special attention to new operators and those with outliers in operational quality data.