

Table 7.2
Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2005

Demographic Characteristic	Persons Served		Visits			Total Charges	Visit Charges				Program Payments		
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹	in Thousands	Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
Total	2,976	81	95,989	32	2,617	\$12,262,325	\$12,021,384	\$125	\$4,040	\$328	\$12,779,158	\$4,314	\$348
Age													
Under 65 Years	324	52	11,788	36	1,875	1,540,858	1,484,295	126	4,579	236	1,457,882	4,546	232
65-74 Years	699	45	20,782	30	1,333	2,688,030	2,633,662	127	3,767	169	2,768,587	3,983	178
75-84 Years	1,149	108	36,417	32	3,407	4,643,611	4,568,356	125	3,976	427	4,896,734	4,275	458
85 Years or Over	803	195	27,002	34	6,549	3,389,825	3,335,072	124	4,152	809	3,655,955	4,564	887
Sex													
Male	1,078	66	32,760	30	2,016	4,249,565	4,145,424	127	3,845	255	4,338,259	4,042	267
Female	1,898	93	63,229	33	3,094	8,012,760	7,875,960	125	4,151	385	8,440,899	4,468	413
Medicare Status													
Aged	2,652	87	84,201	32	2,770	10,721,466	10,537,089	125	3,974	347	11,321,276	4,286	372
Disabled	324	52	11,788	36	1,875	1,540,858	1,484,295	126	4,579	236	1,457,882	4,546	232
Race													
White	2,435	79	73,246	30	2,375	9,364,448	9,175,849	125	3,769	298	9,891,586	4,080	321
Other ³	541	93	22,743	42	3,888	2,897,877	2,845,534	125	5,259	486	2,887,572	5,368	494

¹Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

²Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

³Includes unknown race.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Total charges and visit charges are shown for trend purposes only. With the implementation of the home health agency prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not with individual visits. As a result, program payments may exceed charges. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.