

Table 50
Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services, by Type of Agency: Calendar Year 2000

Type of Agency	Providers		Persons Served		Visits			Visit Charges			Program Payments		
	Number	Percent	Number in Thousands	Per-cent	Number in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person ¹
Total	7,100	100.0	2,461	100.0	90,566	100.0	37	\$9,245,053	100.0	\$3,756	\$7,215,958	100.0	\$2,936
Visiting Nurse Association	432	6.1	401	16.3	13,950	15.4	35	1,309,094	14.2	3,267	1,136,908	15.8	2,841
Combined Government and Voluntary	31	0.4	5	0.2	144	0.2	31	13,328	0.1	2,894	10,602	0.1	2,302
Official Health	903	12.7	201	8.2	7,474	8.3	37	701,357	7.6	3,492	560,105	7.8	2,792
Hospital-Based	2,161	30.4	979	39.8	28,555	31.5	29	3,045,613	32.9	3,111	2,392,122	33.2	2,446
Skilled Nursing Facility-Based	150	2.1	19	0.8	740	0.8	38	77,743	0.8	4,000	61,943	0.9	3,191
Other ²	3,423	48.2	857	34.8	39,703	43.8	46	4,097,918	44.3	4,784	3,054,279	42.3	3,571

¹Does not reflect persons who received covered services but for whom no program payments were reported during the reporting year.

²Represents freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, and unknown agencies.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The home health prospective payment system was implemented beginning October 1, 2000.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.