

**Table 51**  
**Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 1997 and 2003**

Number of Visits	Persons Served		Visits		Total Charges		Program Payments	
	Number in Thousands	Percent	Number in Thousands	Percent	Amount in Thousands	Percent	Amount in Thousands	Percent
<b>1997</b>								
Total	3,558	100.0	258,168	100.0	\$23,460,105	100.0	\$16,718,263	100.0
1-9	820	23.0	4,096	1.6	453,521	1.9	326,454	2.0
10-19	647	18.2	9,094	3.5	978,214	4.2	676,581	4.0
20-29	395	11.1	9,532	3.7	1,002,319	4.3	694,720	4.2
30-39	265	7.4	9,085	3.5	936,294	4.0	653,835	3.9
40-49	193	5.4	8,563	3.3	869,803	3.7	610,492	3.7
50-99	506	14.2	35,469	13.7	3,486,321	14.9	2,466,810	14.8
More than 100	732	20.6	182,330	70.6	15,733,632	67.1	11,289,371	67.5
<b>2003</b>								
Total	2,681	100.0	82,851	100.0	\$9,966,568	100.0	\$10,069,628	100.0
1-9	812	30.3	4,581	5.5	617,758	6.2	1,025,513	10.2
10-19	748	27.9	10,835	13.1	1,433,788	14.4	2,039,993	20.3
20-29	392	14.6	9,760	11.8	1,254,867	12.6	1,471,698	14.6
30-39	217	8.1	7,686	9.3	964,646	9.7	1,022,401	10.2
40-49	133	5.0	6,090	7.4	751,647	7.5	755,588	7.5
50-99	243	9.1	16,975	20.5	2,026,056	20.3	1,850,967	18.4
More than 100	137	5.1	26,924	32.5	2,917,807	29.3	1,903,468	18.9

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.