

Table 7.2

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2004**

Demographic Characteristic	Persons Served		Visits			Total Charges in Thousands	Visit Charges				Program Payments		
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹		Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
Total	2,836	78	89,130	31	2,452	\$11,054,455	\$10,814,509	\$121	\$3,814	\$298	\$11,402,560	\$4,039	\$314
Age													
Under 65 Years	296	49	10,510	36	1,741	1,330,684	1,275,803	121	4,315	211	1,232,603	4,213	204
65-74 Years	672	43	19,339	29	1,245	2,436,137	2,380,524	123	3,544	153	2,478,344	3,708	160
75-84 Years	1,112	103	34,438	31	3,202	4,259,539	4,185,353	122	3,763	389	4,449,670	4,013	414
85 Years or Over	756	188	24,843	33	6,170	3,028,095	2,972,829	120	3,933	738	3,241,943	4,301	805
Sex													
Male	1,019	64	30,194	30	1,882	3,802,089	3,699,896	123	3,630	231	3,835,079	3,780	239
Female	1,816	89	58,936	33	2,903	7,252,366	7,114,613	121	3,917	350	7,567,481	4,184	373
Medicare Status													
Aged	2,540	84	78,620	31	2,594	9,723,771	9,538,705	121	3,756	315	10,169,957	4,018	336
Disabled	296	49	10,510	36	1,741	1,330,684	1,275,803	121	4,315	211	1,232,603	4,213	204
Race													
White	2,330	76	68,872	30	2,248	8,530,570	8,346,294	121	3,583	272	8,926,562	3,847	291
Other ³	506	89	20,258	40	3,548	2,523,885	2,468,215	122	4,879	432	2,475,997	4,923	434

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.