

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2013

Number of Service Visits	Total Persons With Utilization	Total Service Visits	Service Visits Per Person With Utilization	Service Visits Per 1,000 Part A Enrollees ¹	Total Program Payments	Program Payments Per Person With Utilization	Program Payments Per Service Visit	Program Payments Per Part A Enrollee ¹
Total	1,318,578	61,070,486	46.32	1,172	\$15,092,183,727	\$11,446	\$247	\$290
0	26,555	0	0.00	0	\$113,628,781	\$4,279	\$0	\$2
1-9	456,613	2,038,580	4.46	39	916,292,767	2,007	449	18
10-19	218,683	3,045,838	13.93	58	933,830,991	4,270	307	18
20-29	122,117	2,943,793	24.11	57	919,549,129	7,530	312	18
30-39	81,707	2,795,600	34.21	54	879,600,513	10,765	315	17
40-49	60,462	2,677,386	44.28	51	828,843,794	13,709	310	16
50-99	164,380	11,589,101	70.50	222	3,321,147,542	20,204	287	64
100 or more	188,061	35,980,188	191.32	691	7,179,290,210	38,175	200	138

¹Total Part A enrollees for 2013 was 52,087,121. The calculated 'per Part A Enrollee' rates are based on enrollees in Original Medicare and Medicare Advantage/Other Health Plans combined, because once a beneficiary enrolled in a Medicare Advantage/Other Health Plan elects the hospice benefit, his or her Medicare benefits revert to fee-for-service.

NOTES: Service visits are defined as the following: skilled nursing, home health aide, physical therapy, speech therapy, occupational therapy, or medical social worker; some beneficiaries have hospice utilization other than the service visits noted above. Counts and amounts may not sum to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.