

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2017

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	1,505,365	69,559,182	46.21	1,197	\$17,920,508,871	\$11,904	\$258	\$308
0	16,032	0	0.00	0	\$51,050,195	\$3,184	\$0	\$1
1-9	496,717	2,361,557	4.75	41	980,726,136	1,974	415	17
10-19	271,863	3,779,117	13.90	65	1,241,268,537	4,566	328	21
20-29	147,512	3,556,636	24.11	61	1,209,107,237	8,197	340	21
30-39	97,087	3,321,455	34.21	57	1,127,330,445	11,612	339	19
40-49	71,615	3,168,863	44.25	55	1,055,199,151	14,734	333	18
50-99	190,985	13,456,861	70.46	232	4,063,293,201	21,275	302	70
100 or more	213,554	39,914,693	186.91	687	8,192,533,969	38,363	205	141

¹Total Part A enrollees for 2017 was 58,115,382. 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.