

## Medicare Provider Utilization and Payment Data

### Home Health Agencies PUF: Frequently Asked Questions

In the Home Health Agency PUF, why are “Total Charges” sometimes lower than “Total Payments”?

This is due to the nature of the home health prospective payment system. For home health, payment is determined for each 60-day episode based on an assessment of the patient. Medicare will pay the full payment for this episode, even if charges in the 60-day period are less than the payment. Home health agencies will have some episodes for which their charges may be less than Medicare's payment, but they may also have some episodes in which their charges are greater than Medicare's payment.

What is the difference between “Medicare Payment Amount” and “Medicare Standard Payment Amount” in the Home Health Agency PUF?

“Medicare Payment Amount” is the actual amount that Medicare pays for episodes. “Medicare Standard Payment Amount” is the amount that Medicare pays for episodes adjusted for geographic differences in payment rates.

Why don't you include “Allowed Charges” in the Home Health Agency PUF?

Home health services do not have any cost-sharing requirements and therefore the Medicare payment amount will equal the allowed amount.

How are averages calculated for the “Average Charge Amount”, “Average Payment Amount”, and “Average Standardized Payment Amount” variables in the Home Health Agency PUF?

The average payment and charge variables reflect the total payments or charges for a given provider/HHRG code divided by the number of episodes provided.

What are the definitions for the “Total Episodes” and “Distinct Users” variables in the Home Health Agency PUF?

“Total episodes” reflects the total count of episodes provided by a specific home health agency or in a unique HHRG category in the calendar year. “Distinct Users” reflects the number of distinct Medicare beneficiaries receiving at least one home health episode in the calendar year. Beneficiaries may receive multiple home health episodes per year but are only counted once in this field.

Does the Home Health Agency PUF contain information for beneficiaries in Medicare Advantage?  
What about Medicaid beneficiaries?

No, the Home Health Agency PUF only includes claims submitted under the Medicare fee-for-service program. The file does not include claims from commercial payers or Medicaid.

Are any of the data suppressed in the Home Health Agency PUF data?

Data was suppressed if the agency provided services to 10 or fewer beneficiaries in the calendar year.

If I publish findings from the Home Health Agency PUF in medical journals do I need to obtain permission from CMS?

No, this data is public information and users are free to use the data in publications.

What is the difference between “Total Charges” and “Total Payments”?

“Total Charges” refers to what the provider bills to Medicare. “Total Payments” refers to what Medicare actually pays to the provider.