

**Table 46**

**Trends in Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services, by Year of Service: Selected Calendar Years 1974-2003**

Year of Service	Persons Served		Visits			Total Charges in Thousands	Visit Charges			Program Payments			
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>		Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Person Served <sup>2</sup>	Per Enrollee <sup>1</sup>
1974	392.7	16	8,070	21	340	\$147,499	\$137,406	\$17	\$350	\$6	\$141,464	\$360	\$6
1976	588.7	23	13,335	23	520	312,325	292,697	22	497	11	289,851	492	11
1978	769.7	28	17,345	23	639	500,747	474,498	27	617	18	435,322	566	16
1980	957.4	34	22,428	23	788	770,703	734,718	33	767	26	662,133	692	23
1982	1,171.9	40	30,787	26	1,044	1,296,454	1,232,684	40	1,052	42	1,104,715	943	37
1984	1,515.9	50	40,337	27	1,324	1,982,033	1,843,706	46	1,216	61	1,666,253	1,099	55
1986	1,600.2	50	38,359	24	1,208	2,190,238	2,102,253	55	1,314	66	1,795,820	1,122	57
1987	1,564.5	48	36,088	23	1,113	2,210,670	2,104,753	58	1,345	65	1,791,589	1,145	55
1988	1,601.7	49	37,713	24	1,144	2,453,974	2,341,441	62	1,462	71	1,945,768	1,215	59
1990	1,967.1	57	70,268	36	2,054	5,031,248	4,856,147	69	2,469	142	3,713,652	1,892	109
1991	2,242.9	64	99,825	45	2,862	7,365,931	7,117,436	71	3,173	204	5,369,051	2,397	154
1992	2,506.2	70	132,220	53	3,714	10,229,130	9,900,157	75	3,950	278	7,396,822	2,955	208
1993	2,874.1	79	164,234	57	4,520	13,673,836	13,241,340	81	4,607	364	9,726,444	3,389	268
1994	3,179.2	86	208,621	66	5,646	17,761,662	17,234,388	83	5,421	466	12,660,526	3,987	343
1995	3,469.4	102	249,394	72	7,322	21,591,139	20,973,734	84	6,045	616	15,391,094	4,441	452
1996	3,599.7	107	264,798	74	7,857	23,327,834	22,655,440	86	6,294	672	16,756,767	4,660	497
1997	3,557.5	108	258,168	73	7,821	23,460,105	22,766,628	88	6,400	690	16,718,263	4,704	506
1998	3,061.6	95	155,407	51	4,804	14,846,358	14,399,716	93	4,703	445	10,456,908	3,420	323
1999	2,719.7	85	113,439	42	3,525	11,370,780	11,065,837	98	4,069	344	7,936,513	2,921	247
2000	2,461.2	75	90,566	37	2,766	9,488,429	9,245,053	102	3,756	282	7,215,958	2,936	193
2001	2,402.5	71	73,573	31	2,173	8,199,439	7,987,887	109	3,325	236	8,513,702	3,545	251
2002	2,544.4	73	78,192	31	2,236	9,088,756	8,654,757	113	3,484	253	9,550,683	3,765	273
2003	2,681.1	75	82,851	31	2,313	9,966,568	9,744,912	118	3,635	272	10,069,628	3,770	281
Average Annual Rate of Chang													
1974-1982	14.6	12.1	18.2	2.7	15.1	31.2	31.6	11.3	14.7	27.5	29.3	12.8	25.5
1982-1987	5.9	3.7	3.2	-2.4	1.3	11.3	11.3	7.7	5.0	9.1	10.2	4.0	8.3
1987-2003	3.4	2.8	5.3	1.9	4.7	9.9	10.1	4.5	6.4	9.4	11.4	7.7	10.7
1974-2003	6.8	5.5	8.4	1.4	6.8	15.6	15.8	6.9	8.4	14.1	15.8	8.4	14.2

<sup>1</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The change in program payments and utilization for home health agency services between 1997 and 2003 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of the benefit was also affected by the efforts to identify fraudulent activities in the use of services and by the introduction of interim per beneficiary cost limits at levels resulting in substantially lower aggregate payments. These cost limits were used until the prospective payment system was implemented in October 2000. Program payments are now associated with episodes and not with individual visits. As a result, program payments may exceed charges.

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.

**Table 47**

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services, by Demographic Characteristics: Calendar Year 2003**

Demographic Characteristic	Persons Served		Visits			Total Charges in Thousands	Visit Charges			Program Payments			
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>		Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Person Served <sup>2</sup>	Per Enrollee <sup>1</sup>
<b>Total</b>	2,681	75	82,851	31	2,313	\$9,966,568	\$9,744,912	\$118	\$3,635	\$272	\$10,069,628	\$3,770	\$281
<b>Age</b>													
Under 65 Years	266	46	9,439	36	1,647	1,154,450	1,104,863	117	4,161	193	1,046,944	3,980	183
65-74 Years	732	48	20,858	29	1,355	2,556,914	2,498,854	120	3,412	162	2,544,852	3,491	165
75-84 Years	1,071	100	32,714	31	3,057	3,920,307	3,850,734	118	3,595	360	4,023,392	3,766	376
85 Years or Over	612	153	19,840	32	4,971	2,334,897	2,290,461	115	3,743	574	2,454,441	4,022	615
<b>Sex</b>													
Male	964	61	28,183	29	1,791	3,438,631	3,345,593	119	3,470	213	3,400,604	3,542	216
Female	1,717	86	54,668	32	2,723	6,527,937	6,399,319	117	3,727	319	6,669,024	3,899	332
<b>Medicare Status</b>													
Aged	2,416	80	73,412	30	2,440	8,812,118	8,640,049	118	3,577	287	9,022,684	3,748	300
Disabled	266	46	9,439	36	1,647	1,154,450	1,104,863	117	4,161	193	1,046,944	3,980	183
<b>Race</b>													
White	2,215	73	64,857	29	2,144	7,774,929	7,603,769	117	3,432	251	7,964,799	3,609	263
Other <sup>3</sup>	466	84	17,994	39	3,230	2,191,639	2,141,143	119	4,596	384	2,104,829	4,540	378

<sup>1</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

<sup>3</sup>Includes 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.

Table 48

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2003**

Area of Residence	Persons Served		Visits			Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>	
All Areas <sup>3</sup>	2,681	75	82,851	31	2,313	\$9,966,568
United States <sup>4</sup>	2,580	74	80,433	31	2,303	9,668,876
Northeast	581	84	17,948	31	2,604	2,054,052
Midwest	559	64	14,160	25	1,613	1,738,311
South	1,067	79	37,582	35	2,786	4,353,282
West	374	65	10,743	29	1,865	1,523,231
New England	184	97	6,395	35	3,370	648,840
Connecticut	47	95	1,764	38	3,579	161,207
Maine	18	81	495	27	2,186	52,728
Massachusetts	84	106	3,037	36	3,832	322,781
New Hampshire	14	81	472	33	2,657	47,649
Rhode Island	11	96	270	25	2,351	34,716
Vermont	9	99	356	39	3,820	29,760
Middle Atlantic	396	79	11,553	29	2,313	1,405,212
New Jersey	84	75	2,261	27	2,003	283,020
New York	170	75	5,772	34	2,549	690,279
Pennsylvania	142	89	3,521	25	2,198	431,913
East North Central	417	68	10,759	26	1,762	1,348,163
Illinois	117	75	2,888	25	1,837	389,813
Indiana	45	53	1,256	28	1,469	143,678
Michigan	120	85	3,136	26	2,221	412,624
Ohio	101	67	2,647	26	1,762	311,113
Wisconsin	34	45	832	25	1,089	90,935
West North Central	142	53	3,401	24	1,272	390,147
Iowa	21	45	518	25	1,124	49,221
Kansas	18	47	476	27	1,266	56,132
Minnesota	24	41	525	22	894	63,215
Missouri	57	74	1,395	24	1,795	168,002
Nebraska	12	48	283	24	1,134	32,241
North Dakota	5	47	101	21	982	10,100
South Dakota	5	41	102	21	853	11,236

See footnotes at end of table.

**Table 48—Continued**

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2003**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$9,744,912	\$118	\$3,635	\$272	\$10,069,628	\$122	\$3,770
9,461,545	118	3,667	271	9,771,569	121	3,802
2,017,813	112	3,476	293	2,092,541	117	3,619
1,702,114	120	3,047	194	1,830,824	129	3,291
4,248,525	113	3,980	315	4,370,814	116	4,109
1,493,094	139	3,997	259	1,477,391	138	3,975
638,111	100	3,465	336	695,814	109	3,798
158,671	90	3,374	322	180,690	102	3,868
51,442	104	2,803	227	55,640	112	3,054
318,024	105	3,779	401	338,805	112	4,043
46,944	100	3,258	264	53,098	112	3,703
33,797	125	3,067	294	34,804	129	3,172
29,233	82	3,171	313	32,777	92	3,580
1,379,702	119	3,481	276	1,396,727	121	3,535
278,774	123	3,312	247	297,391	132	3,543
676,119	117	3,976	299	644,810	112	3,807
424,809	121	2,988	265	454,527	129	3,206
1,321,499	123	3,168	216	1,427,741	133	3,436
380,861	132	3,247	242	423,662	147	3,624
140,096	112	3,114	164	148,582	118	3,316
406,499	130	3,377	288	441,531	141	3,682
305,275	115	3,037	203	320,122	121	3,196
88,770	107	2,615	116	93,844	113	2,784
380,614	112	2,689	142	403,083	119	2,861
48,234	93	2,329	105	51,869	100	2,516
54,914	115	3,095	146	55,185	116	3,125
62,397	119	2,575	106	64,343	123	2,680
162,755	117	2,846	209	176,212	126	3,091
31,313	111	2,612	125	32,070	113	2,685
9,960	99	2,080	97	10,837	107	2,275
11,042	108	2,254	92	12,567	123	2,575

**Table 48—Continued**

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2003**

Area of Residence	Persons Served		Visits			Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>	
South Atlantic	545	76	15,311	28	2,122	\$1,843,444
Delaware	8	68	213	26	1,751	23,427
District of Columbia	5	74	125	25	1,817	15,797
Florida	226	94	7,185	32	2,980	891,611
Georgia	60	63	1,811	30	1,915	212,081
Maryland	44	67	909	21	1,395	111,135
North Carolina	80	69	1,998	25	1,724	227,749
South Carolina	39	64	915	24	1,511	108,012
Virginia	64	69	1,704	27	1,832	201,608
West Virginia	19	58	451	24	1,405	52,024
East South Central	200	78	7,350	37	2,873	797,932
Alabama	50	74	1,731	35	2,556	188,488
Kentucky	46	73	1,626	36	2,588	161,581
Mississippi	38	87	1,473	39	3,380	161,443
Tennessee	66	81	2,520	38	3,082	286,419
West South Central	323	87	14,921	46	4,017	1,711,906
Arkansas	26	60	976	37	2,214	96,057
Louisiana	59	107	3,283	56	5,961	356,212
Oklahoma	42	87	2,115	50	4,377	225,311
Texas	195	87	8,547	44	3,816	1,034,326
Mountain	109	58	3,138	29	1,666	375,134
Arizona	24	46	518	21	986	67,362
Colorado	24	67	681	28	1,877	82,003
Idaho	10	61	241	25	1,484	29,644
Montana	7	45	157	24	1,093	17,401
Nevada	12	61	360	30	1,817	48,546
New Mexico	12	59	316	26	1,505	39,313
Utah	16	77	767	47	3,582	80,619
Wyoming	3	49	99	30	1,458	10,247
Pacific	264	68	7,605	29	1,962	1,148,097
Alaska	2	36	38	23	804	6,975
California	202	74	6,400	32	2,355	970,489
Hawaii	3	28	61	19	515	9,482
Oregon	24	68	458	20	1,317	71,236
Washington	34	53	649	19	1,003	89,914
Outlying Areas <sup>5</sup>	101	113	2,418	24	2,704	297,692

<sup>1</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

<sup>3</sup>Includes United States and outlying areas.

<sup>4</sup>Includes 50 States and District of Columbia.

<sup>5</sup>Includes Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

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.

**Table 48—Continued**

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2003**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$1,796,408	\$117	\$3,298	\$249	\$1,928,626	\$126	\$3,554
23,090	109	2,803	190	27,122	127	3,301
15,532	124	3,051	225	18,755	150	3,703
878,336	122	3,880	364	839,373	117	3,720
205,146	113	3,447	217	227,500	126	3,838
108,091	119	2,474	166	133,970	147	3,077
216,047	108	2,689	186	266,991	134	3,337
103,548	113	2,656	171	136,401	149	3,511
196,787	115	3,076	212	216,817	127	3,403
49,832	111	2,699	155	61,697	137	3,354
769,883	105	3,851	301	832,446	113	4,179
183,501	106	3,657	271	198,318	115	3,968
153,721	95	3,356	245	170,565	105	3,736
154,180	105	4,071	354	163,433	111	4,328
278,481	111	4,216	341	300,130	119	4,560
1,682,233	113	5,212	453	1,609,742	108	5,002
92,718	95	3,535	210	91,388	94	3,496
350,653	107	5,929	637	343,039	104	5,814
221,448	105	5,243	458	202,236	96	4,802
1,017,414	119	5,214	454	973,079	114	5,002
367,857	117	3,368	196	381,768	122	3,513
65,219	126	2,681	124	70,529	136	2,911
81,050	119	3,330	223	81,845	120	3,381
28,590	119	2,905	176	31,271	130	3,193
16,941	108	2,608	118	19,821	126	3,067
47,905	133	3,953	242	49,577	138	4,111
38,393	121	3,103	183	41,101	130	3,335
79,631	104	4,858	372	76,758	100	4,716
10,129	102	3,037	149	10,866	110	3,283
1,125,237	148	4,258	290	1,095,623	144	4,165
6,844	180	4,062	145	6,675	176	3,997
953,658	149	4,731	351	900,253	141	4,488
9,316	153	2,871	79	10,775	177	3,346
68,433	150	2,913	197	72,339	158	3,090
86,986	134	2,536	135	105,581	163	3,093
283,367	117	2,805	317	298,059	123	2,963

**Table 49**  
**Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:**  
**Calendar Year 2003**

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government
Persons Served in Thousands									
Total <sup>2</sup>	2,681	440	7	218	789	1,330	1,475	1,133	182
Nursing Care	2,444	386	6	188	688	1,176	1,281	1,003	164
Home Health Aide	738	113	2	62	203	358	370	308	60
Physical Therapy	1,716	275	4	132	480	824	920	699	101
Speech Therapy	91	14	(4)	7	28	42	51	35	5
Occupational Therapy	576	100	1	38	167	270	326	223	28
Other <sup>3</sup>	399	67	1	29	114	188	225	157	17
Percent of Persons Served									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	91.2	87.9	91.0	86.0	87.2	88.4	86.8	88.5	90.2
Home Health Aide	27.5	25.6	32.0	28.6	25.7	26.9	25.1	27.2	33.0
Physical Therapy	64.0	62.6	57.3	60.5	60.9	62.0	62.3	61.7	55.3
Speech Therapy	3.4	3.3	2.2	3.1	3.5	3.1	3.4	3.1	2.8
Occupational Therapy	21.5	22.8	12.9	17.6	21.1	20.3	22.1	19.7	15.3
Other <sup>3</sup>	14.9	15.3	11.4	13.1	14.4	14.2	15.3	13.8	9.5
Visits in Thousands									
Total <sup>2</sup>	82,851	11,806	199	7,064	18,693	45,088	36,906	40,774	5,170
Nursing Care	41,887	5,625	91	3,533	9,126	23,512	17,728	21,751	2,408
Home Health Aide	18,276	2,898	60	1,592	3,910	9,816	8,113	8,708	1,455
Physical Therapy	18,010	2,528	42	1,584	4,403	9,453	8,573	8,367	1,069
Speech Therapy	607	86	1	54	175	291	318	252	38
Occupational Therapy	3,324	525	4	241	882	1,671	1,747	1,410	167
Other <sup>3</sup>	746	143	1	60	198	345	427	287	33

See footnotes at end of table.

**Table 49—Continued**  
**Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:**  
**Calendar Year 2003**

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government
Percent Distribution of Visits									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	50.6	47.6	45.8	50.0	48.8	52.1	48.0	53.3	46.6
Home Health Aide	22.1	24.5	30.1	22.5	20.9	21.8	22.0	21.4	28.1
Physical Therapy	21.7	21.4	20.8	22.4	23.6	21.0	23.2	20.5	20.7
Speech Therapy	0.7	0.7	0.6	0.8	0.9	0.6	0.9	0.6	0.7
Occupational Therapy	4.0	4.4	1.9	3.4	4.7	3.7	4.7	3.5	3.2
Other <sup>3</sup>	0.9	1.2	0.7	0.8	1.1	0.8	1.2	0.7	0.6
Visit Charges in Millions									
Total <sup>2</sup>	\$9,745	\$1,313	\$19	\$797	\$2,310	\$5,306	\$4,363	\$4,845	\$537
Nursing Care	5,335	703	10	434	1,218	2,970	2,290	2,760	285
Home Health Aide	1,322	181	4	111	301	725	575	655	92
Physical Therapy	2,427	326	5	203	607	1,286	1,146	1,152	129
Speech Therapy	84	12	(5)	7	25	40	44	35	5
Occupational Therapy	452	68	(5)	32	123	228	236	196	21
Other <sup>3</sup>	125	23	(5)	9	36	56	72	47	5
Percent Distribution of Visit Charges:									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	54.7	53.6	53.1	54.5	52.7	56.0	52.5	57.0	53.1
Home Health Aide	13.6	13.8	18.9	13.9	13.0	13.7	13.2	13.5	17.1
Physical Therapy	24.9	24.8	24.0	25.5	26.3	24.2	26.3	23.8	24.1
Speech Therapy	0.9	0.9	0.6	0.9	1.1	0.8	1.0	0.7	0.9
Occupational Therapy	4.6	5.2	2.3	4.0	5.3	4.3	5.4	4.0	3.8
Other <sup>3</sup>	1.3	1.8	1.2	1.2	1.6	1.1	1.7	1.0	1.0

See footnotes at end of table.





**Table 49—Continued**  
**Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:**  
**Calendar Year 2003**

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government
Average Number of Visits per Person Served									
Total <sup>2</sup>	31	27	29	32	24	34	25	36	28
Nursing Care	17	15	15	19	13	20	14	22	15
Home Health Aide	25	26	28	26	19	28	22	28	24
Physical Therapy	11	9	11	12	9	12	9	12	11
Speech Therapy	7	6	8	8	6	7	6	7	8
Occupational Therapy	6	5	4	6	5	6	5	6	6
Other <sup>3</sup>	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total <sup>2</sup>	\$118	\$111	\$96	\$113	\$124	\$118	\$118	\$119	\$104
Nursing Care	127	125	111	123	133	126	129	127	118
Home Health Aide	72	63	60	70	77	74	71	75	63
Physical Therapy	135	129	110	128	138	136	134	138	121
Speech Therapy	138	133	107	134	142	138	138	140	124
Occupational Therapy	136	129	112	133	140	137	135	139	124
Other <sup>3</sup>	168	163	159	156	183	163	170	165	164
Average Visit Charge per Person Served									
Total <sup>2</sup>	\$3,635	\$2,986	\$2,796	\$3,652	\$2,927	\$3,989	\$2,957	\$4,277	\$2,951
Nursing Care	2,183	1,820	1,631	2,315	1,769	2,526	1,788	2,752	1,737
Home Health Aide	1,791	1,608	1,647	1,773	1,485	2,028	1,555	2,123	1,529
Physical Therapy	1,414	1,182	1,169	1,538	1,264	1,560	1,245	1,648	1,284
Speech Therapy	920	803	812	1,062	888	958	861	1,001	922
Occupational Therapy	786	679	497	838	739	847	724	878	740
Other <sup>3</sup>	314	346	290	325	318	299	322	302	315

<sup>1</sup>Represents skilled nursing facility-based, freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, and unknown agencies.

<sup>2</sup>Numbers do not add to total since persons may receive more than 1 type of service.

<sup>3</sup>Includes medical social services and other health disciplines.

<sup>4</sup>Fewer than 500 persons served.

<sup>5</sup>Less than \$500,000.

NOTE: 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. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 50**  
**Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services, by Type of Agency: Calendar Year 2003**

Type of Agency	Providers		Persons Served		Visits			Visit Charges			Program Payments		
	Number	Percent	Number in Thousands	Per-cent	Number in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person <sup>1</sup>
Total	7,134	100.0	2,681,095	100.0	82,851	100.0	31	\$9,744,912	100.0	\$3,635	\$10,069,628	100.0	\$3,770
Visiting Nurse Association	435	6.1	439,835	16.4	11,806	14.2	27	1,313,184	13.5	2,986	1,474,612	14.6	3,372
Combined Government and Voluntary	27	0.4	6,823	0.3	199	0.2	29	19,079	0.2	2,796	21,234	0.2	3,179
Official Health	859	12.0	218,185	8.1	7,064	8.5	32	796,711	8.2	3,652	803,625	8.0	3,758
Hospital-Based	1,779	24.9	789,413	29.4	18,693	22.6	24	2,310,277	23.7	2,927	2,326,132	23.1	3,028
Skilled Nursing Facility-Based	114	1.6	19,760	0.7	645	0.8	33	71,786	0.7	3,633	73,038	0.7	4,057
Other <sup>2</sup>	3,920	54.9	1,310,273	48.9	44,443	53.6	34	5,233,875	53.7	3,994	5,370,986	53.3	4,378

<sup>1</sup>Does not reflect persons who received covered services but for whom no program payments were reported during the year.

<sup>2</sup>Represents freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, and unknown agencies.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. 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.

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.

**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.

**Table 52**

**Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Total All Diagnoses <sup>3</sup>	---	2,681	100.0	82,851	31	\$9,966,568	\$9,744,912	\$118	\$3,635	\$10,069,628	\$122	\$3,770
Total Leading Diagnoses <sup>4</sup>	---	1,779	66.3	48,134	27	5,754,201	5,629,521	117	3,165	5,535,286	115	3,125
Infectious and Parasitic Diseases (MDC 1)	001-139	21	0.8	418	20	50,674	49,487	118	2,335	46,453	111	2,209
Neoplasms (MDC 2)	140-239	149	5.5	2,765	19	338,583	327,753	119	2,203	314,228	114	2,121
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	23	0.9	370	16	44,526	43,772	118	1,919	44,306	120	1,949
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	251	9.4	11,934	47	1,452,995	1,435,187	120	5,712	1,137,501	95	4,555
Diabetes Mellitus	250	216	8.1	11,214	52	1,369,762	1,353,431	121	6,267	1,053,253	94	4,907
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	19	0.7	310	16	36,853	36,114	117	1,918	37,779	122	2,012
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	54	2.0	1,642	31	161,896	159,579	97	2,976	161,754	98	3,026
Other Deficiency Anemias	281	25	0.9	980	39	87,272	85,852	88	3,393	89,318	91	3,535
Other and Unspecified Anemias	285	16	0.6	385	24	43,816	43,385	113	2,651	42,746	111	2,620
Coagulation Defects	286	6	0.2	128	23	13,831	13,633	107	2,434	13,393	105	2,410
Mental Disorders (MDC 5)	290-319	45	1.7	978	22	114,350	113,791	116	2,508	110,591	113	2,469
Schizophrenic Disorders	295	5	0.2	127	26	15,368	15,314	121	3,172	13,031	103	2,818
Affective Psychoses	296	9	0.3	187	20	23,213	23,147	124	2,511	21,805	117	2,392
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	92	3.4	3,068	33	339,233	333,060	109	3,633	387,028	126	4,264
Parkinson's Disease	332	25	0.9	741	30	86,670	85,902	116	3,425	108,308	146	4,332

See footnotes at end of table.

Table 52—Continued

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Diseases of the Circulatory System (MDC 7)	390-459	707	26.4	16,813	24	\$2,011,395	\$1,979,304	\$118	\$2,798	\$2,009,955	\$120	\$2,852
Essential Hypertension	401	94	3.5	1,930	21	222,276	221,463	115	2,353	230,309	119	2,458
Hypertensive Heart Disease	402	13	0.5	302	23	34,228	34,059	113	2,610	37,571	124	2,892
Acute Myocardial Infarction	410	27	1.0	443	16	53,275	52,907	120	1,930	52,603	119	1,924
Other Acute and Subacute Forms of Ischemic Heart Disease	411	7	0.3	114	15	13,376	13,315	117	1,808	13,289	117	1,810
Angina Pectoris	413	8	0.3	135	17	15,335	15,264	113	1,967	15,376	114	1,992
Other Forms of Chronic Ischemic Heart Disease	414	83	3.1	1,264	15	153,409	152,027	120	1,827	158,892	126	1,917
Cardiac Dysrhythmias	427	56	2.1	969	17	114,432	113,661	117	2,016	113,822	117	2,025
Heart Failure	428	176	6.6	3,850	22	450,731	446,717	116	2,541	429,320	112	2,448
Transient Cerebral Ischemia	435	21	0.8	407	20	48,536	48,290	119	2,359	60,934	150	2,981
Acute but Ill-Defined Cerebrovascular Disease	436	97	3.6	2,764	29	338,655	336,136	122	3,466	389,142	141	4,029
Other Peripheral Vascular Disease	443	21	0.8	624	30	74,452	71,545	115	3,476	62,330	100	3,043
Diseases of the Respiratory System (MDC 8)	460-519	220	8.2	4,346	20	510,336	505,329	116	2,303	507,126	117	2,318
Pneumonia, Organism Unspecified	486	64	2.4	1,001	16	121,347	120,242	120	1,888	125,532	125	1,976
Chronic Airway Obstruction, not Elsewhere Classified	496	73	2.7	1,553	21	177,793	176,604	114	2,420	173,526	112	2,386
Diseases of the Digestive System (MDC 9)	520-579	104	3.9	1,890	18	231,369	224,051	119	2,150	215,529	114	2,075
Diseases of the Genitourinary System (MDC 10)	580-629	90	3.3	2,237	25	246,270	236,530	106	2,642	234,669	105	2,634
Other Disorders of Urethra and Urinary Tract	599	36	1.3	687	19	78,993	76,891	112	2,126	80,576	117	2,233
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	188	7.0	6,815	36	861,100	796,894	117	4,233	705,202	103	3,762
Other Cellulitis and Abscess	682	49	1.8	1,152	23	149,010	141,272	123	2,878	109,906	95	2,250
Chronic Ulcer of Skin	707	130	4.8	5,337	41	672,155	617,528	116	4,770	565,406	106	4,385

See footnotes at end of table.

Table 52—Continued

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	429	16.0	9,383	22	\$1,129,548	\$1,120,810	\$119	\$2,612	\$1,367,005	\$146	\$3,198
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	12	0.4	409	35	44,870	44,440	109	3,772	48,951	120	4,189
Osteoarthritis and Allied Disorders	715	147	5.5	2,696	18	331,721	330,090	122	2,252	417,146	155	2,860
Other and Unspecified Arthropathies	716	51	1.9	1,435	28	162,643	161,813	113	3,156	199,047	139	3,900
Other and Unspecified Disorders of Back	724	43	1.6	782	18	95,249	94,792	121	2,182	122,914	157	2,837
Other Disorders of Bone and Cartilage	733	25	0.9	709	28	82,567	82,076	116	3,251	76,138	107	3,025
Congenital Anomalies (MDC 14)	740-759	6	0.2	107	19	12,776	12,543	117	2,246	13,318	124	2,404
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	445	16.6	9,426	21	1,122,578	1,102,801	117	2,478	1,391,300	148	3,136
General Symptoms	780	68	2.6	1,211	18	143,373	142,407	118	2,081	164,712	136	2,415
Symptoms Involving Urinary System	788	46	1.7	1,681	36	173,915	161,883	96	3,514	165,953	99	3,618
Injury and Poisoning (MDC 17)	800-999	318	11.9	8,250	26	1,027,653	997,601	121	3,135	1,005,400	122	3,181
Fracture of Neck of Femur	820	56	2.1	1,294	23	159,822	158,521	123	2,811	203,154	157	3,613
Open Wound of Other and Unspecified Sites, Except Limbs	879	12	0.5	381	31	48,842	46,539	122	3,743	37,930	100	3,083
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	18	0.7	564	31	71,884	68,488	122	3,730	56,868	101	3,122
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	187	7.00	2,776	15	355,447	349,841	126	1,872	462,264	167	2,484

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

<sup>3</sup>Includes invalid codes not listed separately.

<sup>4</sup>Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

<sup>5</sup>Less than 500 persons.

<sup>6</sup>Less than 0.05 percent.

NOTES: MDCs 11 and 15 were not shown separately (but included in the total), because they were for the most part, not applicable to Medicare beneficiaries. 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.

**Table 53**

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,  
by Selected Diagnoses: Calendar Years 1997 and 2003**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Codes	1997				
		Persons in Thousands	Percent	Program Payments		Per Person Served <sup>2</sup>
				Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses <sup>3</sup>	---	2013	56.6	7,681,940	45.9	3,816
Diabetes Mellitus	250	324	9.1	2,260,343	13.5	6,995
Essential Hypertension	401	244	6.9	839,278	5.0	3,447
Other Forms of Chronic Ischemic Heart Disease	414	124	3.5	252,328	1.5	2,037
Heart Failure	428	339	9.5	1,139,447	6.8	3,364
Acute But Ill-Defined Cerebrovascular Disease	436	179	5.0	675,853	4.0	3,779
Pneumonia, Organism Unspecified	486	108	3.0	208,135	1.2	1,925
Chronic Airway Obstruction, Not Elsewhere Classified	496	145	4.1	453,561	2.7	3,131
Chronic Ulcer of Skin	707	149	4.2	913,679	5.5	6,171
Osteoarthritis and Allied Disorders	715	206	5.8	433,641	2.6	2,115
General Symptoms	780	99	2.8	271,892	1.6	2,762
Fracture of Neck of Femur	820	96	2.7	233,783	1.4	2,432
All Other Diagnoses	---	1,545	43.4	9,036,323	54.1	5,849

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>2</sup>Does not reflect persons who received covered services but for whom no program payments were reported during the reporting year.

<sup>3</sup>Based on frequency of occurrence in 2003.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The change in program payments and utilization for home health between 1997 and 2003 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of benefit was also affected by the efforts to identify fraudulent activities in the use of services. The impact was first noted in 1998 (not shown).

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.



**Table 53—Continued**

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,  
by Selected Diagnoses: Calendar Years 1997 and 2003**

Persons in Thousands	Percent	2003			Percent Change 1997-2003		
		Amount in Thousands	Percent	Per Person Served <sup>2</sup>	Persons	Program Payments	Average Program Payment
2,681	100.0	\$10,069,628	100.0	\$3,770	-25	-40	-20
1204	44.9	3,910,392	38.8	3,248	-40	-49	-15
216	8.1	1,053,253	10.5	4,907	-33	-53	-30
94	3.5	230,309	2.3	2,458	-61	-73	-29
83	3.1	158,892	1.6	1,917	-33	-37	-6
176	6.6	429,320	4.3	2,448	-48	-62	-27
97	3.6	389,142	3.9	4,029	-46	-42	7
64	2.4	125,532	1.2	1,976	-41	-40	3
73	2.7	173,526	1.7	2,386	-50	-62	-24
130	4.8	565,406	5.6	4,385	-13	-38	-29
147	5.5	417,146	4.1	2,860	-29	-4	35
68	2.6	164,712	1.6	2,415	-31	-39	-13
56	2.1	203,154	2.0	3,613	-42	-13	49
1,477	55.1	6,159,236	61.2	4,170	-4	-32	-29