

Table 7.1

**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 1974-2007**

Year of Service	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
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
2004	2,835.6	78	89,130	31	2,452	11,054,455	10,814,509	121	3,814	298	11,402,560	4,039	314
2005	2,975.6	81	95,989	32	2,617	12,262,325	12,021,384	125	4,040	328	12,779,158	4,314	348
2006	3,026.2	84	104,127	34	2,905	13,627,482	13,410,519	129	4,431	374	13,912,750	4,619	388
2007	3,099.5	87	114,654	37	3,231	15,156,114	14,912,303	130	4,811	420	15,565,441	5,046	439

¹Beginning with 1994, Medicare 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.

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 2004 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 7.2
Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2007

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	3,100	87	114,654	37	3,231	\$15,156,114	\$14,912,303	\$130	\$4,811	\$420	\$15,565,441	\$5,046	\$439
Age													
Under 65 Years	364	58	15,196	42	2,405	2,038,393	1,977,667	130	5,433	313	1,934,900	5,375	306
65-74 Years	724	48	25,766	36	1,713	3,404,571	3,350,691	130	4,629	223	3,424,963	4,760	228
75-84 Years	1,138	114	41,335	36	4,156	5,455,683	5,383,307	130	4,729	541	5,661,380	4,990	569
85 Years or Over	873	209	32,357	37	7,333	4,257,468	4,200,638	130	4,811	1,004	4,544,198	5,220	1,086
Sex													
Male	1,129	71	39,551	35	2,491	5,296,958	5,190,468	131	4,599	327	5,334,614	4,751	336
Female	1,971	101	75,103	38	3,830	9,859,157	9,721,834	129	4,932	496	10,230,827	5,215	522
Type of Entitlement													
Aged	2,736	94	99,458	36	3,409	13,117,721	12,934,636	130	4,728	443	13,630,541	5,003	467
Disabled	364	58	15,196	42	2,405	2,038,393	1,977,667	130	5,433	313	1,934,900	5,375	306
Race													
White	2,519	85	83,945	33	2,820	11,236,318	11,042,713	132	4,384	371	11,743,832	4,683	395
Other ³	581	102	30,709	53	5,367	3,919,796	3,869,590	126	6,665	676	3,821,609	6,623	668

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.

Table 7.3

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2007**

Area of Residence	Persons Served		Visits		Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	
All Areas ³	3,100	87	114,654	37	\$15,156,114
United States ⁴	3,036	87	113,044	37	14,916,326
Northeast	607	91	17,829	29	2,368,990
Midwest	655	77	17,981	28	2,491,633
South	1,369	101	65,144	48	8,180,380
West	405	67	12,091	30	1,875,324
New England	200	102	6,262	31	745,567
Connecticut	49	103	1,675	34	171,907
Maine	20	82	468	24	63,137
Massachusetts	94	114	3,055	33	384,638
New Hampshire	17	85	480	29	58,734
Rhode Island	11	94	265	25	35,188
Vermont	10	95	318	34	31,964
Middle Atlantic	407	86	11,567	28	1,623,423
New Jersey	89	78	2,057	23	304,745
New York	177	82	6,140	35	834,493
Pennsylvania	142	97	3,370	24	484,184
East North Central	501	85	14,237	28	1,987,907
Illinois	154	97	4,403	29	632,404
Indiana	55	64	1,730	32	220,583
Michigan	140	108	3,799	27	576,316
Ohio	120	81	3,497	29	453,704
Wisconsin	33	48	808	25	104,899
West North Central	154	60	3,744	24	503,727
Iowa	21	47	529	25	59,773
Kansas	22	57	598	28	81,027
Minnesota	28	54	617	22	90,794
Missouri	63	79	1,543	25	210,217
Nebraska	13	52	277	22	38,297
North Dakota	5	46	90	20	11,803
South Dakota	4	36	89	20	11,815

See footnotes at end of table.

Table 7.3--Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2007**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$14,912,303	\$130	\$4,811	\$420	\$15,565,441	\$136	\$5,046
14,680,150	130	4,835	421	15,324,031	136	5,072
2,328,719	131	3,835	347	2,467,290	138	4,080
2,450,728	136	3,741	289	2,819,676	157	4,326
8,050,068	124	5,882	593	8,070,231	124	5,924
1,850,636	153	4,567	304	1,966,834	163	4,884
734,281	117	3,672	376	859,056	137	4,315
169,078	101	3,433	352	214,685	128	4,386
61,545	131	3,118	257	66,079	141	3,362
380,003	124	4,042	462	433,113	142	4,625
57,892	121	3,446	293	67,646	141	4,040
34,412	130	3,211	302	39,669	150	3,712
31,351	99	3,311	314	37,863	119	4,034
1,594,437	138	3,915	335	1,608,234	139	3,965
300,292	146	3,382	364	338,844	165	3,830
818,353	133	4,631	381	760,625	124	4,323
475,792	141	3,356	324	508,766	151	3,603
1,957,838	138	3,909	332	2,285,740	161	4,585
623,227	142	4,039	390	805,178	183	5,242
215,865	125	3,964	255	235,224	136	4,337
569,233	150	4,067	437	654,804	172	4,703
446,858	128	3,739	301	474,389	136	3,987
102,654	127	3,147	151	116,145	144	3,582
492,890	132	3,197	191	533,936	143	3,484
58,943	111	2,821	133	63,752	121	3,071
79,524	133	3,651	210	81,903	137	3,786
89,808	145	3,256	176	94,632	153	3,455
204,199	132	3,270	258	227,727	148	3,663
37,250	134	2,970	154	41,766	151	3,352
11,628	129	2,571	118	10,966	122	2,449
11,538	130	2,633	95	13,190	148	3,030

Table 7.3--Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2007**

Area of Residence	Persons Served		Visits			Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹	
South Atlantic	659	91	29,258	44	4,035	\$3,596,611
Delaware	10	76	222	22	1,680	30,823
District of Columbia	6	82	132	24	1,949	18,711
Florida	293	124	19,872	68	8,433	2,346,421
Georgia	74	74	2,267	31	2,286	295,293
Maryland	48	70	969	20	1,427	140,522
North Carolina	91	78	2,227	24	1,914	292,086
South Carolina	45	73	1,149	25	1,835	153,889
Virginia	74	78	1,975	27	2,099	261,843
West Virginia	19	65	445	23	1,516	57,024
East South Central	236	93	8,795	37	3,465	1,127,491
Alabama	61	91	2,171	35	3,232	263,968
Kentucky	52	83	1,631	31	2,591	213,306
Mississippi	46	106	1,894	41	4,353	255,925
Tennessee	76	95	3,099	41	3,866	394,293
West South Central	474	126	27,091	57	7,175	3,456,278
Arkansas	32	72	1,207	38	2,701	152,236
Louisiana	71	134	4,022	57	7,636	498,821
Oklahoma	56	114	3,284	58	6,613	402,120
Texas	315	137	18,579	59	8,057	2,403,101
Mountain	123	63	3,740	30	1,919	502,370
Arizona	26	48	549	21	1,000	82,718
Colorado	28	71	714	26	1,851	95,684
Idaho	11	64	316	30	1,941	40,545
Montana	7	48	144	22	1,052	18,757
Nevada	17	78	552	32	2,473	86,158
New Mexico	15	65	493	34	2,209	65,248
Utah	17	86	887	52	4,495	103,298
Wyoming	3	44	85	27	1,200	9,961
Pacific	282	68	8,351	30	2,021	1,372,954
Alaska	2	39	52	24	931	10,452
California	218	75	7,106	33	2,440	1,147,981
Hawaii	3	25	55	18	458	10,701
Oregon	22	63	394	18	1,146	73,178
Washington	37	53	743	20	1,062	130,643
Outlying Areas ⁵	63	98	1,610	25	2,484	239,788

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 United States and outlying areas.

⁴Includes 50 States and District of Columbia.

⁵Includes 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 7.3--Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2007**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$3,536,171	\$121	\$5,366	\$488	\$3,413,145	\$117	\$5,202
30,257	136	3,012	229	35,154	158	3,517
18,409	140	3,320	272	22,277	169	4,037
2,329,653	117	7,961	989	1,942,601	98	6,668
285,420	126	3,876	288	339,306	150	4,628
136,871	141	2,863	202	168,947	174	3,547
277,085	124	3,037	238	354,324	159	3,898
147,326	128	3,244	235	190,391	166	4,211
256,099	130	3,476	272	292,241	148	3,987
55,050	124	2,897	188	67,904	153	3,593
1,088,965	124	4,622	429	1,209,809	138	5,161
257,525	119	4,197	383	291,476	134	4,775
204,449	125	3,933	325	226,142	139	4,373
242,958	128	5,290	558	258,444	136	5,652
384,033	124	5,032	479	433,747	140	5,711
3,424,931	126	7,225	907	3,447,276	127	7,305
148,812	123	4,653	333	134,319	111	4,222
493,044	123	6,983	936	505,251	126	7,183
400,066	122	7,090	806	367,513	112	6,539
2,383,009	128	7,564	1033	2,440,193	131	7,783
494,602	132	4,020	254	530,145	142	4,339
81,170	148	3,077	148	93,886	171	3,577
94,508	132	3,437	245	106,850	150	3,916
39,497	125	3,770	243	42,783	135	4,112
18,235	127	2,777	133	21,398	149	3,282
84,846	154	4,877	380	93,031	169	5,378
63,925	130	4,378	286	67,047	136	4,622
102,543	116	6,028	519	94,012	106	5,588
9,877	116	3,178	140	11,137	131	3,613
1,356,034	162	4,805	328	1,436,690	172	5,121
10,217	195	4,676	181	9,314	179	4,277
1,136,767	160	5,210	390	1,195,764	168	5,513
10,455	188	3,448	86	11,234	204	3,738
71,130	181	3,298	207	74,425	189	3,468
127,465	171	3,424	182	145,953	196	3,941
232,152	144	3,664	358	241,410	150	3,829

Table 7.4
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2007

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
Persons Served in Thousands									
Total ²	3,100	464	7	277	671	1,801	1,329	1,726	161
Nursing Care	2,894	414	6	248	596	1,631	1,173	1,570	146
Home Health Aide	775	115	2	72	152	433	303	424	47
Physical Therapy	2,142	314	4	179	443	1,203	894	1,148	98
Speech Therapy	112	16	(4)	8	25	62	48	59	4
Occupational Therapy	769	121	1	55	165	427	344	396	30
Other ³	427	73	1	31	93	229	196	217	14
Percent of Persons Served									
Total ²	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	93.4	89.0	91.5	89.4	88.8	90.6	88.3	91.0	90.7
Home Health Aide	25.0	24.8	32.7	26.1	22.7	24.1	22.8	24.6	29.5
Physical Therapy	69.1	67.5	63.3	64.4	66.0	66.8	67.3	66.5	61.3
Speech Therapy	3.6	3.5	2.5	3.0	3.7	3.4	3.6	3.4	2.8
Occupational Therapy	24.8	26.1	12.6	19.9	24.6	23.7	25.9	22.9	18.5
Other ³	13.8	15.7	11.9	11.0	13.9	12.7	14.8	12.6	8.5
Visits in Thousands									
Total	114,654	12,513	203	10,746	15,297	75,895	32,279	77,787	4,587
Nursing Care	61,092	5,905	93	5,700	7,533	41,861	15,545	43,408	2,139
Home Health Aide	23,563	2,852	56	2,468	2,697	15,489	6,300	16,089	1,174
Physical Therapy	23,935	2,873	47	2,105	3,923	14,987	8,012	14,876	1,047
Speech Therapy	743	94	1	62	150	437	287	425	32
Occupational Therapy	4,548	644	5	354	833	2,711	1,785	2,593	170
Other ³	774	145	2	57	161	410	352	397	26

See footnotes at end of table.

Table 7.4--Continued
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2007

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
Percent Distribution of Visits									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	53.3	47.2	45.9	53.0	49.2	55.2	48.2	55.8	46.6
Home Health Aide	20.6	22.8	27.4	23.0	17.6	20.4	19.5	20.7	25.6
Physical Therapy	20.9	23.0	23.0	19.6	25.6	19.7	24.8	19.1	22.8
Speech Therapy	0.6	0.7	0.4	0.6	1.0	0.6	0.9	0.5	0.7
Occupational Therapy	4.0	5.1	2.5	3.3	5.4	3.6	5.5	3.3	3.7
Other ³	0.7	1.2	0.8	0.5	1.1	0.5	1.1	0.5	0.6
Visit Charges in Millions									
Total	\$14,912	\$1,609	\$23	\$1,342	\$2,219	\$9,719	\$4,458	\$9,907	\$547
Nursing Care	8,396	854	12	764	1,165	5,600	2,330	5,777	289
Home Health Aide	1,960	200	4	201	235	1,319	498	1,377	85
Physical Therapy	3,606	421	6	306	625	2,247	1,240	2,225	141
Speech Therapy	116	14	(5)	9	25	68	46	66	4
Occupational Therapy	691	94	1	51	135	411	276	391	24
Other ³	144	26	(5)	10	34	74	68	71	5
Percent Distribution of Visit Charges									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	56.3	53.1	52.5	56.9	52.5	57.6	52.3	58.3	52.8
Home Health Aide	13.1	12.4	17.0	15.0	10.6	13.6	11.2	13.9	15.6
Physical Therapy	24.2	26.2	26.1	22.8	28.2	23.1	27.8	22.5	25.7
Speech Therapy	0.8	0.9	0.6	0.7	1.1	0.7	1.0	0.7	0.8
Occupational Therapy	4.6	5.8	2.7	3.8	6.1	4.2	6.2	3.9	4.3
Other ³	1.0	1.6	1.1	0.7	1.5	0.8	1.5	0.7	0.9

See footnotes at end of table.

Table 7.4--Continued
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2007

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
Average Number of Visits per Person Served									
Total	37	27	31	39	23	42	24	45	29
Nursing Care	21	14	15	23	13	26	13	28	15
Home Health Aide	30	25	26	34	18	36	21	38	25
Physical Therapy	11	9	11	12	9	13	9	13	11
Speech Therapy	7	6	5	7	6	7	6	7	7
Occupational Therapy	6	5	6	6	5	6	5	7	6
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$130	\$129	\$113	\$125	\$145	\$128	\$138	\$127	\$119
Nursing Care	137	145	129	134	155	134	150	133	135
Home Health Aide	83	70	70	82	87	85	79	86	73
Physical Therapy	151	147	129	145	159	150	155	150	134
Speech Therapy	156	151	145	149	166	155	160	155	136
Occupational Therapy	152	145	127	145	162	151	155	151	140
Other ³	186	177	159	172	211	181	193	179	183
Average Visit Charge per Person Served									
Total	\$4,811	\$3,464	\$3,463	\$4,842	\$3,307	\$5,397	\$3,354	\$5,740	\$3,410
Nursing Care	2,901	2,066	1,986	3,086	1,955	3,435	1,987	3,679	1,983
Home Health Aide	2,528	1,741	1,808	2,780	1,543	3,044	1,641	3,248	1,801
Physical Therapy	1,683	1,342	1,428	1,715	1,413	1,867	1,386	1,938	1,431
Speech Therapy	1,041	871	787	1,093	1,005	1,093	950	1,121	958
Occupational Therapy	898	772	757	935	816	962	802	988	800
Other ³	336	350	315	321	364	322	346	327	341

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

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

³Includes medical social services and other health disciplines.

⁴Fewer than 500 persons served.

⁵Less 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 7.5
Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 1997 and 2007

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
1997								
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
100 or More	732	20.6	182,330	70.6	15,733,632	67.1	11,289,371	67.5
2007								
Total	3,100	100.0	114,654	100.0	\$15,156,114	100.0	\$15,565,441	100.0
1-9	823	26.5	4,774	4.2	734,432	4.8	1,214,709	7.8
10-19	857	27.6	12,519	10.9	1,882,081	12.4	2,688,310	17.3
20-29	465	15.0	11,615	10.1	1,691,271	11.2	2,051,539	13.2
30-39	262	8.5	9,275	8.1	1,316,240	8.7	1,497,732	9.6
40-49	170	5.5	7,805	6.8	1,085,121	7.2	1,223,032	7.9
50-99	330	10.6	23,025	20.1	3,106,274	20.5	3,248,477	20.9
100 or More	192	6.2	45,641	39.8	5,340,697	35.2	3,641,642	23.4

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 7.6

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 2007

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Total All Diagnoses ⁴	---	3,100	100.0	114,654	37	\$15,156,114	\$14,912,303	\$130	\$4,811	\$15,565,441	\$136	\$5,046
Total Leading Diagnoses ⁵	---	1,656	53.4	57,249	35	7,344,068	7,236,551	126	4,371	6,843,315	120	4,157
Infectious and Parasitic Diseases (MDC 1)	001-139	18	0.6	343	19	46,053	45,285	132	2,531	43,944	128	2,469
Neoplasms (MDC 2)	140-239	94	3.0	1,756	19	240,593	234,202	133	2,487	232,566	132	2,485
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	19	0.6	318	17	43,273	42,534	134	2,253	43,188	136	2,303
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	362	11.7	25,223	70	3,128,299	3,111,967	123	8,592	2,551,495	101	7,095
Diabetes Mellitus	250	330	10.6	24,545	74	3,039,946	3,024,795	123	9,174	2,456,220	100	7,502
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	13	0.4	202	16	27,527	27,049	134	2,089	28,401	141	2,201
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	55	1.8	1,559	28	179,797	177,796	114	3,219	180,522	116	3,281
Other Deficiency Anemias	281	27	0.9	894	33	95,671	94,522	106	3,493	96,414	108	3,574
Other and Unspecified Anemias	285	19	0.6	441	24	55,867	55,320	125	2,962	56,134	127	3,017
Coagulation Defects	286	4	0.1	80	23	9,965	9,856	123	2,847	9,689	121	2,808
Mental Disorders (MDC 5)	290-319	54	1.8	1,186	22	150,930	150,291	127	2,769	159,368	134	2,962
Schizophrenic Disorders	295	6	0.2	152	26	19,169	19,105	126	3,298	20,438	135	3,589
Affective Psychoses	296	9	0.3	177	21	24,146	24,063	136	2,792	24,830	140	2,901
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	135	4.4	4,454	33	561,758	555,285	125	4,105	653,959	147	4,887
Parkinson's Disease	332	31	1.0	1,017	33	132,505	131,617	129	4,249	161,314	159	5,243

See footnotes at end of table.

Table 7.6--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 2007

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Diseases of the Circulatory System (MDC 7)	390-459	683	22.0	17,104	25	\$2,275,568	\$2,242,659	\$131	\$3,282	\$2,320,061	\$136	\$3,410
Essential Hypertension	401	160	5.1	3,455	22	435,524	433,896	126	2,718	470,477	136	2,962
Hypertensive Heart Disease	402	18	0.6	408	23	51,637	51,310	126	2,900	57,030	140	3,246
Acute Myocardial Infarction	410	16	0.5	258	16	35,734	35,552	138	2,203	35,758	138	2,220
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3	0.1	52	16	6,973	6,956	135	2,186	6,897	133	2,186
Angina Pectoris	413	5	0.2	91	18	11,714	11,681	128	2,285	11,827	130	2,321
Other Forms of Chronic Ischemic Heart Disease	414	48	1.5	865	18	112,654	111,974	130	2,331	117,218	136	2,450
Cardiac Dysrhythmias	427	64	2.0	1,183	19	156,833	155,532	131	2,449	159,622	135	2,522
Heart Failure	428	184	5.9	4,154	23	549,120	544,328	131	2,962	537,735	129	2,936
Transient Cerebral Ischemia	435	18	0.6	364	20	49,232	48,993	135	2,675	61,726	170	3,381
Acute but Ill-Defined Cerebrovascular Disease	436	15	0.5	439	29	58,425	58,097	132	3,858	68,940	157	4,617
Other Peripheral Vascular Disease	443	11	0.4	318	28	41,354	39,800	125	3,535	36,941	116	3,305
Diseases of the Respiratory System (MDC 8)	460-519	223	7.2	4,514	20	604,689	599,057	133	2,691	607,268	135	2,741
Pneumonia, Organism Unspecified	486	53	1.7	803	15	112,105	111,174	138	2,095	115,466	144	2,183
Chronic Airway Obstruction, not Elsewhere Classified	496	73	2.3	1,579	22	206,258	204,834	130	2,823	205,333	130	2,844
Diseases of the Digestive System (MDC 9)	520-579	63	2.0	1,086	17	147,612	144,116	133	2,298	146,074	135	2,340
Diseases of the Genitourinary System (MDC 10)	580-629	75	2.4	1,487	20	193,142	188,640	127	2,512	194,736	131	2,605
Other Disorders of Urethra and Urinary Tract	599	41	1.3	716	18	94,260	92,573	129	2,270	98,830	138	2,433
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	182	5.9	6,242	34	892,948	830,517	133	4,575	777,479	125	4,302
Other Cellulitis and Abscess	682	45	1.5	964	21	140,761	133,702	139	2,944	112,047	116	2,480
Chronic Ulcer of Skin	707	128	4.1	5,029	39	718,842	664,652	132	5,187	635,935	126	4,985

See footnotes at end of table.

Table 7.6--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 2007

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	409	13.2	11,881	29	\$1,545,102	\$1,536,343	\$129	\$3,761	\$1,777,013	\$150	\$4,376
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	15	0.5	529	36	63,783	63,309	120	4,353	73,088	138	5,068
Osteoarthritis and Allied Disorders	715	55	1.8	1,436	26	178,535	177,843	124	3,263	195,381	136	3,614
Other and Unspecified Arthropathies	716	77	2.5	2,349	31	291,943	290,891	124	3,794	371,434	158	4,881
Other and Unspecified Disorders of Back	724	49	1.6	1,031	21	137,743	137,304	133	2,830	174,280	169	3,617
Other Disorders of Bone and Cartilage	733	15	0.5	959	65	113,140	112,933	118	7,615	75,329	79	5,108
Congenital Anomalies (MDC 14)	740-759	3	0.1	64	24	8,043	7,904	124	2,925	8,196	129	3,070
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	309	10.0	6,694	22	904,518	896,245	134	2,897	1,072,509	160	3,486
General Symptoms	780	57	1.8	1,041	18	139,168	138,237	133	2,441	151,479	146	2,691
Symptoms Involving Urinary System	788	18	0.6	414	24	51,985	49,217	119	2,813	50,553	122	2,906
Injury and Poisoning (MDC 17)	800-999	190	6.1	5,096	27	721,054	692,774	136	3,645	628,511	123	3,343
Fracture of Neck of Femur	820	5	0.2	128	25	16,826	16,735	131	3,278	19,890	156	3,933
Open Wound of Other and Unspecified Sites, Except Limbs	879	8	0.3	222	28	30,859	29,614	134	3,760	26,386	119	3,436
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	22	0.7	638	30	90,590	86,553	136	4,005	77,087	121	3,600
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,168	37.7	25,961	22	3,555,377	3,498,606	135	2,996	4,211,289	162	3,624

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

²Numbers do not add to total since persons may have more than one principal diagnosis reported for covered HHA services.

³Does not reflect beneficiaries who received covered services, but for whom no program payments were reported during the reporting year.

⁴Includes invalid codes not listed separately.

⁵Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

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. Changes, as of October 2003, in the medical coding of the ICD-9-CM diagnosis field has resulted in the significant increase in the use of V-codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). That is, V-codes are now being used more frequently in the principal diagnostic field to reflect the fact that the HHA episode is oriented to providing some type of aftercare or rehabilitation service in a post-acute care setting. This is in direct contrast to the acute care setting when the coding of the principal diagnosis is directly related to the underlying condition. 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 7.7
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2007

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				
		Persons in Thousands	Percent	Program Payments		Per Person Served ²
				Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses ³	---	1815	51.0	7,021,386	42.0	3,869
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
Cardiac Dysrhythmias	427	115	3.2	298,792	1.8	2,611
Heart Failure	428	339	9.5	1,139,447	6.8	3,364
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
Other and Unspecified Arthropathies	716	41	1.2	113,928	0.7	2,801
Other and Unspecified Disorders of Back	724	45	1.3	88,690	0.5	1,997
General Symptoms	780	99	2.8	271,892	1.6	2,762
All Other Diagnoses	---	1,743	49.0	9,696,877	58.0	5,563

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

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

³Specific leading diagnoses were selected for presentation because of frequency of occurrences or because of special interest.

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 2007 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).

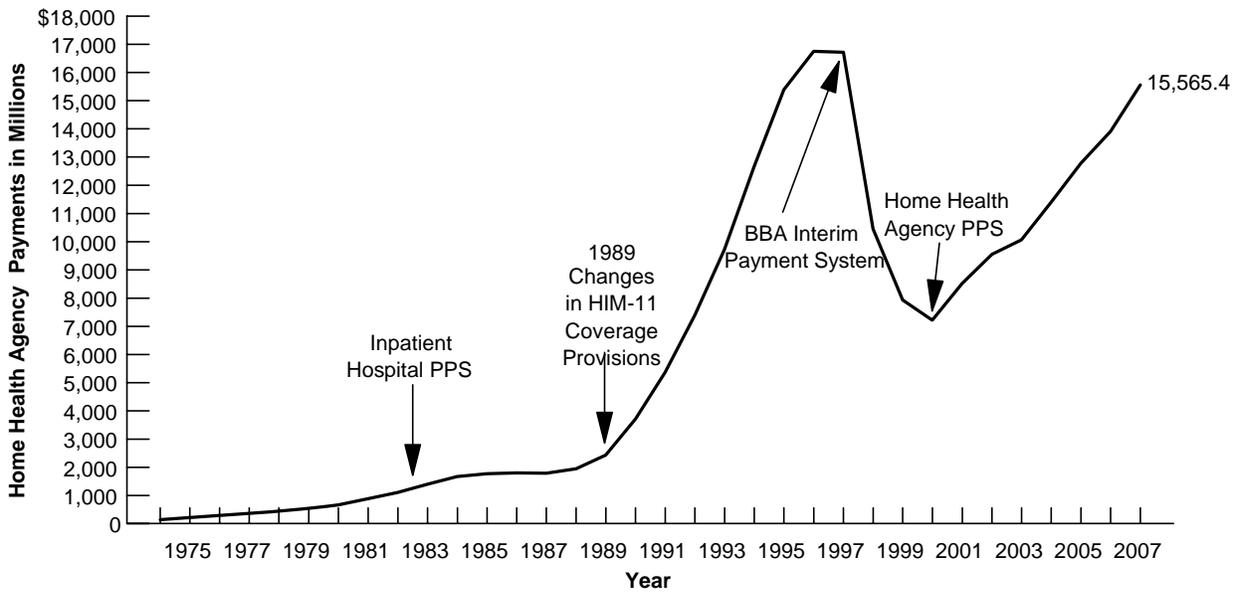
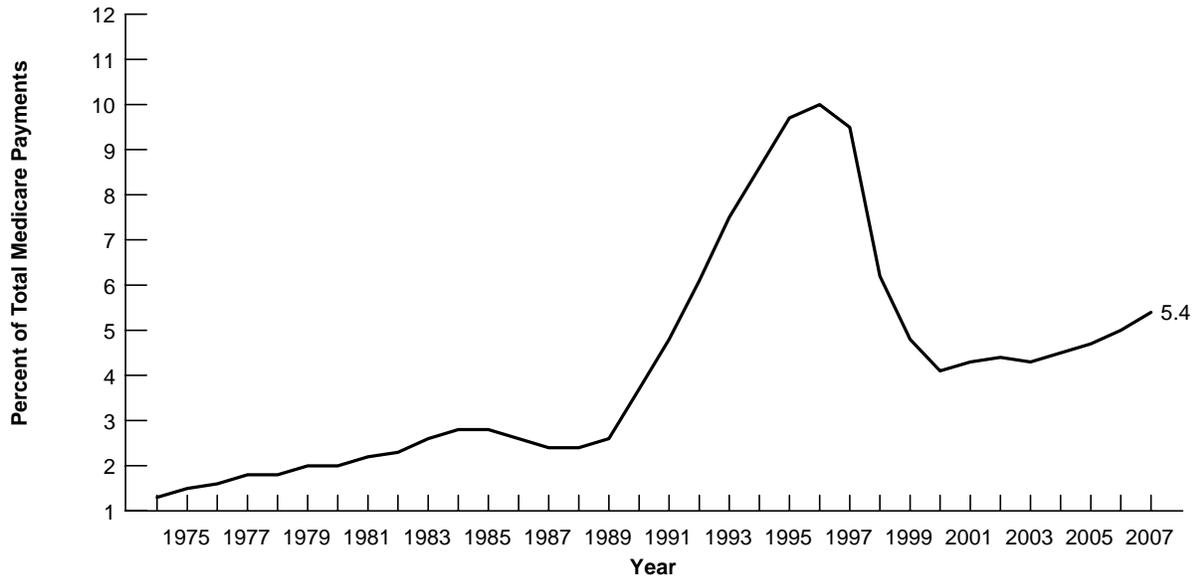
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 7.7—Continued
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2007

Persons in Thousands	Percent	2007			Percent Change 1997-2007		
		Amount in Thousands	Percent	Per Person Served ²	Persons	Program Payments	Average Program Payment
3,100	100.0	\$15,565,441	100.0	\$5,046	-13	-7	7
1,227	39.6	5,473,362	35.2	4,462	-32	-22	15
330	10.6	2,456,220	15.8	7,502	2	9	7
160	5.2	470,477	3.0	2,962	-35	-44	-14
64	2.0	159,622	1.0	2,522	-45	-47	-3
184	5.9	537,735	3.5	2,936	-46	-53	-13
53	1.7	115,466	0.7	2,183	-51	-45	13
73	2.3	205,333	1.3	2,844	-50	-55	-9
128	4.1	635,935	4.1	4,985	-14	-30	-19
55	1.8	195,381	1.3	3,614	-74	-55	71
77	2.5	371,434	2.4	4,881	87	226	74
49	1.6	174,280	1.1	3,617	8	97	81
57	1.8	151,479	1.0	2,691	-43	-44	-3
1,873	60.4	10,092,079	64.8	5,389	7	4	-3

Figure 7.1

Medicare Home Health Agency Program Payments: Calendar Years 1974-2007



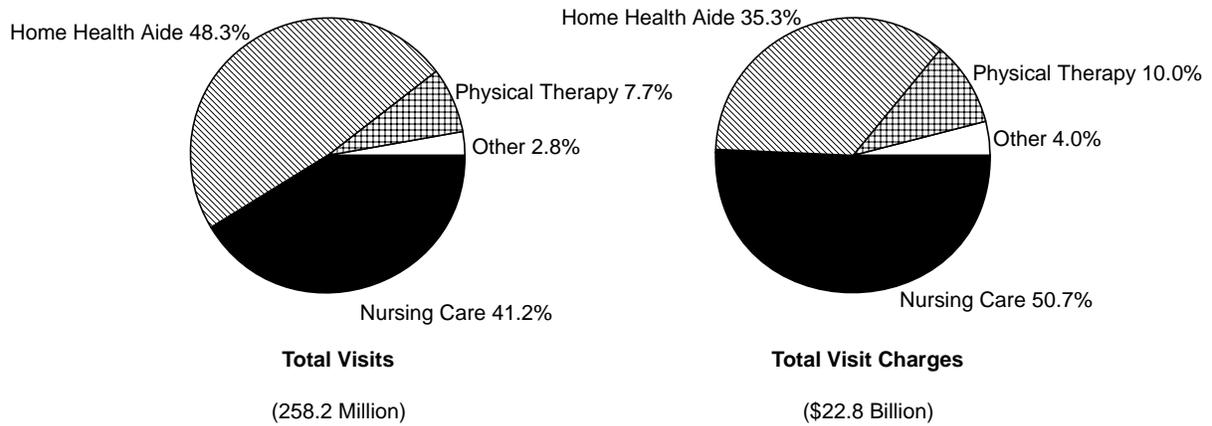
NOTES: The home health prospective payment system (PPS) was implemented beginning October 1, 2000. HIM-11 is Health Insurance Manual-11. BBA is Balanced Budget Act of 1997.

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.

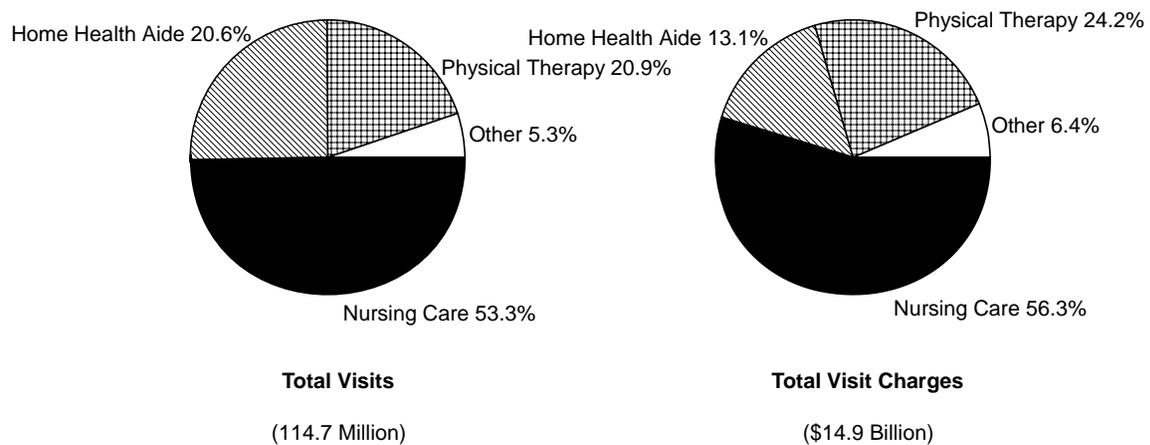
Figure 7.2

Percent Distribution of Medicare Home Health Visits and Charges, by Type of Visit: Calendar Years 1997 and 2007

1997



2007

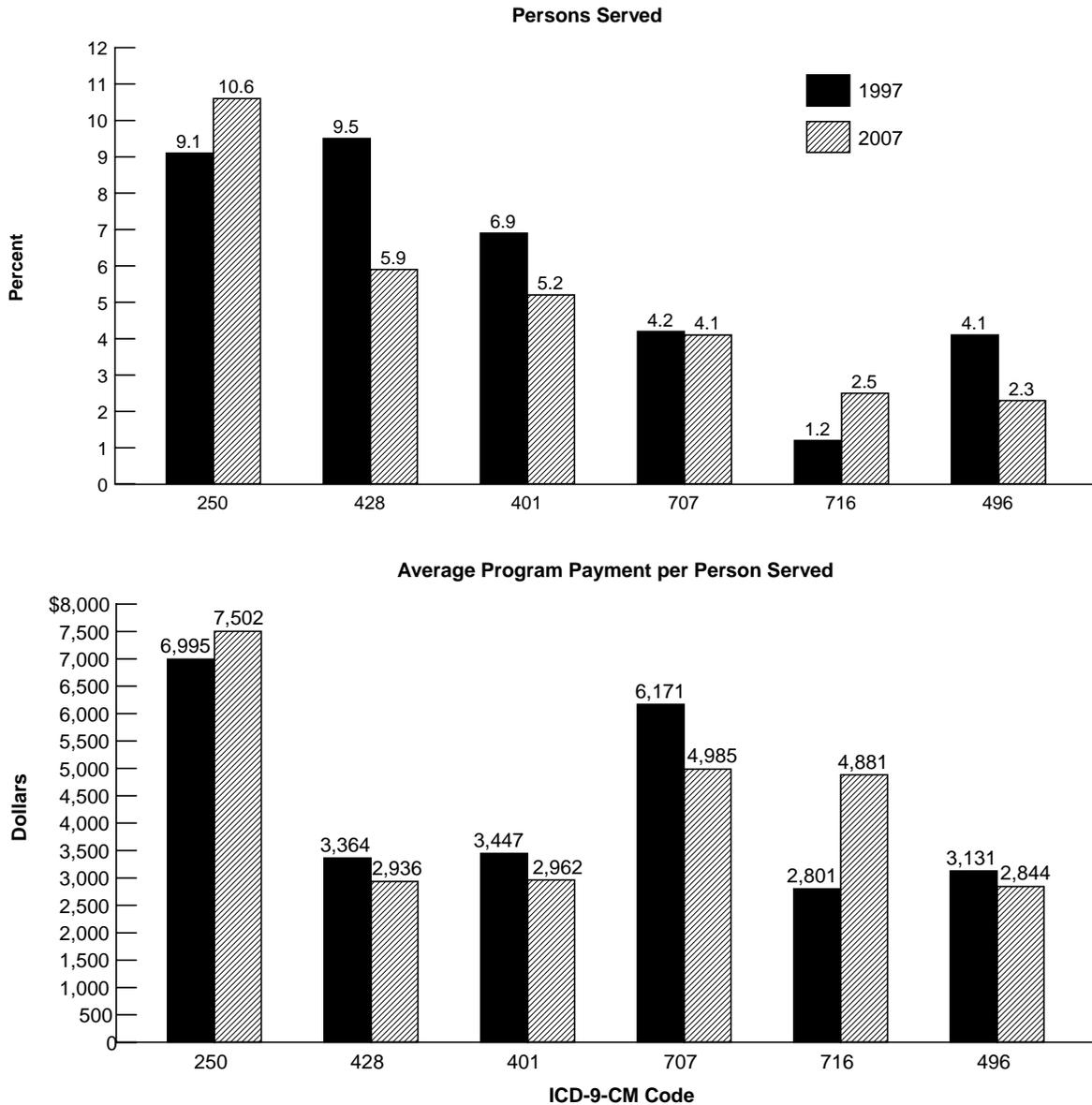


NOTES: Other includes speech therapy, occupational therapy, medical social services, and other health disciplines. The home health prospective payment system was implemented beginning October 1, 2000. Distribution may not add to 100 percent because of rounding.

SOURCE: Centers for Medicare and Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Figure 7.3

Trends in the Six Most Frequent Medicare Home Health Agency Diagnoses: Calendar Years 1997 and 2007



NOTES: Diagnoses have the following codes from the *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1): diabetes mellitus, 250; heart failure, 428; essential hypertension, 401; chronic ulcer of skin 707; other and unspecified arthropathies, 716; and chronic airway obstruction, not elsewhere classified 496. The home health prospective payment system was implemented beginning October 1, 2000.

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.