

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 1974-2008

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
2008	3,171.6	90	121,005	38	3,426	16,570,487	16,262,053	134	5,127	460	16,872,735	5,361	478

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 2008

Demographic Characteristic	Persons Served		Visits			Total Charges	Visit Charges				Program Payments		
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹	in Thousands	Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
Total	3,172	90	121,005	38	3,426	\$16,570,487	\$16,262,053	\$134	\$5,127	\$460	\$16,872,735	\$5,361	\$478
Age													
Under 65 Years	385	61	16,494	43	2,594	2,288,475	2,213,057	134	5,748	348	2,161,928	5,693	340
65-74 Years	741	49	27,505	37	1,812	3,750,985	3,678,623	134	4,961	242	3,738,495	5,090	246
75-84 Years	1,134	118	42,473	38	4,428	5,803,225	5,713,167	135	5,038	596	5,988,297	5,315	624
85 Years or Over	911	218	34,532	38	8,247	4,727,802	4,657,206	135	5,112	1,112	4,984,016	5,500	1,190
Sex													
Male	1,159	73	42,095	36	2,649	5,833,893	5,698,829	135	4,916	359	5,867,931	5,103	369
Female	2,012	104	78,910	39	4,061	10,736,594	10,563,224	134	5,249	544	11,004,804	5,510	566
Type of Entitlement													
Aged	2,787	96	104,510	38	3,609	14,282,012	14,048,996	134	5,042	485	14,710,807	5,316	508
Disabled	385	61	16,494	43	2,594	2,288,475	2,213,057	134	5,748	348	2,161,928	5,693	340
Race													
White	2,571	87	87,799	34	2,971	12,218,157	11,976,266	136	4,659	405	12,738,595	4,992	431
Other ³	601	104	33,206	55	5,760	4,352,330	4,285,788	129	7,133	743	4,134,141	6,948	717

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 2008**

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	
All Areas ³	3,172	90	121,005	38	3,426	\$16,570,487
United States ⁴	3,107	90	119,338	38	3,442	16,319,593
Northeast	607	92	17,586	29	2,658	2,437,967
Midwest	666	80	18,780	28	2,266	2,723,411
South	1,415	104	69,954	49	5,143	9,080,725
West	420	68	13,018	31	2,111	2,077,491
New England	203	104	6,113	30	3,128	763,921
Connecticut	48	103	1,646	34	3,506	174,904
Maine	20	83	447	22	1,870	63,107
Massachusetts	97	117	2,969	31	3,578	392,198
New Hampshire	18	87	474	27	2,362	62,152
Rhode Island	12	101	288	25	2,520	39,344
Vermont	9	91	290	31	2,859	32,216
Middle Atlantic	404	87	11,473	28	2,461	1,674,046
New Jersey	91	79	2,153	24	1,874	330,689
New York	174	82	6,019	35	2,854	857,388
Pennsylvania	139	99	3,301	24	2,349	485,969
East North Central	509	89	14,902	29	2,604	2,182,471
Illinois	165	102	4,914	30	3,052	727,657
Indiana	56	66	1,773	32	2,108	236,137
Michigan	143	116	4,066	28	3,295	647,945
Ohio	114	83	3,365	30	2,446	463,228
Wisconsin	32	49	784	24	1,186	107,504
West North Central	156	61	3,878	25	1,512	540,940
Iowa	22	49	562	26	1,260	66,128
Kansas	22	57	624	29	1,646	87,500
Minnesota	28	57	645	23	1,309	99,568
Missouri	63	80	1,572	25	1,993	222,223
Nebraska	13	54	307	24	1,277	42,912
North Dakota	4	43	87	20	882	11,779
South Dakota	4	33	80	20	672	10,830

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 2008**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$16,262,053	\$134	\$5,127	\$460	\$16,872,735	\$139	\$5,361
16,019,260	134	5,155	462	16,611,443	139	5,388
2,391,120	136	3,939	361	2,582,198	147	4,279
2,671,135	142	4,014	322	3,095,836	165	4,691
8,916,259	127	6,301	656	8,820,546	126	6,284
2,040,747	157	4,863	331	2,112,863	162	5,079
749,080	123	3,686	383	905,099	148	4,482
171,294	104	3,555	365	218,797	133	4,585
61,325	137	3,083	257	70,191	157	3,548
386,004	130	3,984	465	461,500	155	4,785
60,569	128	3,471	302	71,625	151	4,126
38,452	134	3,328	336	45,295	157	3,947
31,437	108	3,399	310	37,691	130	4,120
1,642,040	143	4,066	352	1,677,099	146	4,176
325,042	151	3,581	283	372,272	173	4,123
840,732	140	4,836	399	787,012	131	4,554
476,266	144	3,421	339	517,815	157	3,740
2,143,051	144	4,208	375	2,516,269	169	4,983
713,180	145	4,331	443	912,423	186	5,583
230,123	130	4,118	274	257,446	145	4,647
639,277	157	4,467	518	738,860	182	5,204
455,277	135	4,010	331	487,201	145	4,336
105,195	134	3,277	159	120,338	153	3,778
528,084	136	3,381	206	579,567	149	3,741
64,940	115	2,948	146	70,354	125	3,222
85,760	137	3,959	226	89,810	144	4,178
97,778	152	3,486	198	104,490	162	3,763
215,765	137	3,418	274	243,656	155	3,887
41,600	135	3,180	173	48,148	157	3,711
11,621	134	2,718	118	10,814	124	2,567
10,621	133	2,667	89	12,296	154	3,117

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 2008

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	681	94	32,075	47	4,404	\$4,046,944
Delaware	11	79	242	23	1,790	33,511
District of Columbia	6	87	143	25	2,121	21,043
Florida	305	130	22,375	74	9,548	2,706,503
Georgia	77	77	2,420	31	2,411	320,925
Maryland	50	72	1,003	20	1,452	150,451
North Carolina	92	78	2,231	24	1,893	307,417
South Carolina	46	73	1,170	26	1,866	163,647
Virginia	77	81	2,055	27	2,171	284,802
West Virginia	18	62	435	24	1,501	58,644
East South Central	242	96	9,025	37	3,578	1,207,122
Alabama	63	96	2,169	34	3,306	289,294
Kentucky	53	85	1,659	31	2,639	222,055
Mississippi	48	110	1,969	41	4,491	274,755
Tennessee	78	98	3,228	41	4,038	421,019
West South Central	492	130	28,854	59	7,602	3,826,659
Arkansas	32	71	1,219	38	2,731	155,988
Louisiana	72	138	3,909	54	7,486	511,271
Oklahoma	61	121	3,513	58	7,016	448,633
Texas	327	141	20,213	62	8,690	2,710,767
Mountain	128	65	4,063	32	2,063	564,542
Arizona	28	50	610	22	1,095	94,388
Colorado	28	70	745	27	1,895	99,681
Idaho	11	66	324	30	2,004	43,912
Montana	6	46	138	22	1,015	19,413
Nevada	20	85	660	34	2,864	104,379
New Mexico	15	67	528	35	2,325	72,456
Utah	17	91	971	56	5,054	119,930
Wyoming	3	43	86	28	1,201	10,382
Pacific	292	70	8,955	31	2,134	1,512,949
Alaska	2	35	50	24	845	10,124
California	230	78	7,735	34	2,612	1,282,473
Hawaii	3	25	52	17	429	10,416
Oregon	20	57	373	19	1,070	74,321
Washington	37	52	744	20	1,056	135,614
Outlying Areas ⁵	64	99	1,666	26	2,572	250,894

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 2008**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$3,974,289	\$124	\$5,837	\$546	\$3,863,430	\$120	\$5,713
32,778	135	3,053	242	38,687	160	3,619
20,540	143	3,504	304	25,782	180	4,422
2,681,068	120	8,803	1144	2,249,254	101	7,438
311,721	129	4,049	311	381,209	158	4,990
145,934	145	2,923	211	190,049	189	3,823
291,710	131	3,157	248	384,524	172	4,192
156,947	134	3,432	250	206,769	177	4,552
277,033	135	3,608	293	318,649	155	4,178
56,558	130	3,154	195	68,507	157	3,845
1,172,749	130	4,840	465	1,323,701	147	5,504
283,388	131	4,498	432	313,186	144	5,004
214,542	129	4,028	341	247,880	149	4,690
264,375	134	5,495	603	289,930	147	6,075
410,444	127	5,267	513	472,705	146	6,113
3,769,221	131	7,664	993	3,633,415	126	7,461
152,489	125	4,790	342	142,521	117	4,508
502,024	128	6,952	961	510,288	131	7,127
442,244	126	7,288	883	402,956	115	6,696
2,672,463	132	8,170	1149	2,577,650	128	7,966
553,917	136	4,346	281	597,406	147	4,728
92,343	151	3,324	166	107,677	177	3,900
98,122	132	3,557	250	115,333	155	4,220
42,738	132	4,007	265	46,172	143	4,357
18,842	136	3,034	138	21,816	158	3,549
102,525	155	5,262	445	111,153	168	5,761
70,861	134	4,662	312	75,967	144	5,043
118,259	122	6,782	616	107,024	110	6,201
10,227	118	3,310	142	12,264	143	4,011
1,486,830	166	5,089	354	1,515,458	169	5,233
9,897	198	4,718	167	9,822	196	4,728
1,263,063	163	5,487	426	1,264,901	164	5,546
10,177	195	3,362	83	11,643	224	3,878
72,031	193	3,610	206	75,502	202	3,815
131,661	177	3,572	187	153,589	206	4,190
242,793	146	3,775	375	261,292	157	4,091

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 2008

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	3,172	468	7	291	621	1,908	1,272	1,863	154
Nursing Care	2,977	418	7	259	552	1,741	1,126	1,705	140
Home Health Aide	764	113	2	71	136	441	280	437	45
Physical Therapy	2,229	323	5	190	416	1,295	867	1,264	96
Speech Therapy	124	17	(4)	10	24	73	48	71	5
Occupational Therapy	829	125	1	65	155	484	335	465	29
Other ³	431	73	1	31	85	241	185	232	13
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	93.9	89.2	91.7	89.1	89.0	91.2	88.5	91.5	90.7
Home Health Aide	24.1	24.1	33.5	24.4	22.0	23.0	22.0	23.5	28.9
Physical Therapy	70.3	69.0	65.9	65.3	67.1	67.9	68.2	67.8	62.1
Speech Therapy	3.9	3.7	2.5	3.3	3.8	3.8	3.8	3.8	3.1
Occupational Therapy	26.1	26.7	14.6	22.2	25.0	25.4	26.4	24.9	19.0
Other ³	13.6	15.6	11.4	10.8	13.7	12.6	14.6	12.4	8.7
Visits in Thousands									
Total	121,005	12,281	236	11,145	14,019	83,323	30,034	86,558	4,413
Nursing Care	66,636	5,807	106	6,174	6,961	47,588	14,539	49,956	2,140
Home Health Aide	21,935	2,699	62	2,169	2,374	14,630	5,567	15,295	1,072
Physical Therapy	25,709	2,885	59	2,262	3,627	16,877	7,605	17,126	978
Speech Therapy	849	98	1	68	139	542	282	535	32
Occupational Therapy	5,092	646	7	414	775	3,250	1,710	3,215	166
Other ³	785	146	2	57	143	438	331	430	24

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 2008

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	55.1	47.3	44.9	55.4	49.7	57.1	48.4	57.7	48.5
Home Health Aide	18.1	22.0	26.3	19.5	16.9	17.6	18.5	17.7	24.3
Physical Therapy	21.2	23.5	24.9	20.3	25.9	20.3	25.3	19.8	22.2
Speech Therapy	0.7	0.8	0.4	0.6	1.0	0.7	0.9	0.6	0.7
Occupational Therapy	4.2	5.3	2.8	3.7	5.5	3.9	5.7	3.7	3.8
Other ³	0.6	1.2	0.7	0.5	1.0	0.5	1.1	0.5	0.6
Visit Charges in Millions									
Total	\$16,262	\$1,670	\$27	\$1,460	\$2,124	\$10,981	\$4,352	\$11,363	\$547
Nursing Care	9,323	885	13	851	1,124	6,451	2,286	6,741	296
Home Health Aide	1,833	198	4	178	209	1,243	448	1,308	78
Physical Therapy	4,014	445	8	346	605	2,610	1,229	2,646	139
Speech Therapy	139	16	(5)	11	24	88	48	87	5
Occupational Therapy	802	99	1	64	131	507	276	502	25
Other ³	151	27	(5)	10	31	82	66	80	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	57.3	53.0	49.7	58.3	52.9	58.7	52.5	59.3	54.2
Home Health Aide	11.3	11.9	16.8	12.2	9.8	11.3	10.3	11.5	14.2
Physical Therapy	24.7	26.6	28.8	23.7	28.5	23.8	28.2	23.3	25.3
Speech Therapy	0.9	1.0	0.5	0.7	1.1	0.8	1.1	0.8	0.9
Occupational Therapy	4.9	5.9	3.3	4.4	6.2	4.6	6.3	4.4	4.5
Other ³	0.9	1.6	1.0	0.7	1.5	0.7	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 2008

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	38	26	33	38	23	44	24	47	29
Nursing Care	22	14	16	24	13	27	13	29	15
Home Health Aide	29	24	26	31	17	33	20	35	24
Physical Therapy	12	9	12	12	9	13	9	14	10
Speech Therapy	7	6	6	7	6	8	6	8	7
Occupational Therapy	6	5	6	6	5	7	5	7	6
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$134	\$136	\$113	\$131	\$152	\$132	\$145	\$131	\$124
Nursing Care	140	152	125	138	161	136	157	135	138
Home Health Aide	84	73	72	82	88	85	80	85	73
Physical Therapy	156	154	131	153	167	155	162	155	142
Speech Therapy	164	163	124	155	175	163	169	163	145
Occupational Therapy	158	153	132	154	169	156	161	156	148
Other ³	192	185	156	183	221	186	200	186	196
Average Visit Charge per Person Served									
Total	\$5,127	\$3,567	\$3,716	\$5,016	\$3,422	\$5,755	\$3,422	\$6,100	\$3,547
Nursing Care	3,132	2,117	2,013	3,279	2,034	3,706	2,030	3,955	2,119
Home Health Aide	2,400	1,758	1,860	2,511	1,535	2,817	1,601	2,989	1,750
Physical Therapy	1,801	1,376	1,627	1,821	1,452	2,016	1,417	2,094	1,447
Speech Therapy	1,128	919	698	1,095	1,033	1,215	998	1,227	966
Occupational Therapy	967	792	832	986	847	1,049	823	1,079	836
Other ³	350	370	317	332	370	339	356	345	355

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 2000 and 2008

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
2000								
Total	2,461	100.0	90,566	100.0	\$9,488,429	100.0	\$7,215,958	100.0
1-9	767	31.2	3,903	4.3	464,863	4.9	424,383	5.9
10-19	577	23.4	8,050	8.9	936,155	9.9	790,594	11.0
20-29	318	12.9	7,644	8.4	866,230	9.1	686,760	9.5
30-39	194	7.9	6,608	7.3	733,211	7.7	562,678	7.8
40-49	129	5.2	5,715	6.3	625,562	6.6	471,194	6.5
50-99	273	11.1	18,817	20.8	1,997,487	21.1	1,477,357	20.5
100 or More	203	8.2	39,832	44.0	3,864,922	40.7	2,802,993	38.8
2008								
Total	3,172	100.0	121,005	100.0	\$16,570,487	100.0	\$16,872,735	100.0
1-9	830	26.2	4,860	4.0	778,475	4.7	1,277,538	7.6
10-19	855	27.0	12,521	10.3	1,964,785	11.9	2,591,439	15.4
20-29	476	15.0	11,907	9.8	1,807,581	10.9	2,154,877	12.8
30-39	274	8.6	9,730	8.0	1,437,651	8.7	1,663,352	9.9
40-49	181	5.7	8,271	6.8	1,201,240	7.2	1,378,634	8.2
50-99	352	11.1	24,518	20.3	3,449,173	20.8	3,688,369	21.9
100 or More	203	6.4	49,198	40.7	5,931,584	35.8	4,118,526	24.4

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 2008

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	---	3,172	100.0	121,005	38	\$16,570,487	\$16,262,053	\$134	\$5,127	\$16,872,735	\$139	\$5,361
Total Leading Diagnoses ⁵	---	1,813	57.2	64,701	36	8,532,214	8,385,808	130	4,626	7,876,459	122	4,387
Infectious and Parasitic Diseases (MDC 1)	001-139	20	0.6	379	19	52,896	52,129	138	2,645	53,998	143	2,762
Neoplasms (MDC 2)	140-239	110	3.5	2,113	19	303,713	294,761	140	2,691	324,922	154	2,988
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	22	0.7	389	18	55,586	54,399	140	2,480	61,382	158	2,821
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	372	11.7	29,306	79	3,667,653	3,635,636	124	9,775	2,830,386	97	7,707
Diabetes Mellitus	250	341	10.8	28,654	84	3,579,885	3,549,361	124	10,409	2,736,293	95	8,130
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	11	0.4	178	16	25,376	24,809	140	2,168	27,068	152	2,388
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	60	1.9	1,623	27	197,095	194,602	120	3,235	211,227	130	3,538
Other Deficiency Anemias	281	30	1.0	959	32	108,427	107,034	112	3,542	115,843	121	3,856
Other and Unspecified Anemias	285	20	0.6	449	22	59,849	59,141	132	2,914	65,272	145	3,244
Coagulation Defects	286	3	0.1	57	21	7,460	7,362	130	2,722	7,375	130	2,754
Mental Disorders (MDC 5)	290-319	68	2.1	1,527	22	206,137	204,986	134	3,019	225,150	147	3,356
Schizophrenic Disorders	295	7	0.2	174	26	23,107	22,985	132	3,423	25,984	149	3,936
Affective Psychoses	296	10	0.3	217	22	30,514	30,391	140	3,052	33,911	156	3,451
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	152	4.8	4,828	32	637,303	628,992	130	4,140	703,071	146	4,686
Parkinson's Disease	332	34	1.1	1,105	32	151,696	150,573	136	4,411	180,237	163	5,328

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 2008**

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	809	25.5	21,370	26	\$2,964,613	\$2,919,184	\$137	\$3,607	\$3,161,043	\$148	\$3,938
Essential Hypertension	401	223	7.0	5,099	23	676,036	671,584	132	3,013	751,088	147	3,407
Hypertensive Heart Disease	402	27	0.9	675	25	86,590	86,006	127	3,182	96,037	142	3,612
Acute Myocardial Infarction	410	19	0.6	306	17	44,114	43,861	143	2,364	46,887	153	2,543
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3	0.1	51	16	7,204	7,152	140	2,251	7,781	153	2,460
Angina Pectoris	413	5	0.1	83	18	10,799	10,758	130	2,336	11,329	137	2,479
Other Forms of Chronic Ischemic Heart Disease	414	60	1.9	1,153	19	157,262	156,135	135	2,583	170,356	148	2,840
Cardiac Dysrhythmias	427	72	2.3	1,428	20	197,493	195,546	137	2,700	206,832	145	2,874
Heart Failure	428	212	6.7	4,972	23	688,022	680,985	137	3,218	716,846	144	3,408
Transient Cerebral Ischemia	435	11	0.3	217	20	30,279	30,903	142	2,873	34,349	158	3,216
Acute but Ill-Defined Cerebrovascular Disease	436	6	0.2	177	31	23,486	23,349	132	4,057	25,638	145	4,534
Other Peripheral Vascular Disease	443	12	0.4	301	26	40,965	39,417	131	3,408	39,573	132	3,447
Diseases of the Respiratory System (MDC 8)	460-519	271	8.6	5,735	21	799,884	791,765	138	2,920	858,449	150	3,190
Pneumonia, Organism Unspecified	486	59	1.9	912	15	133,230	132,220	145	2,240	144,292	158	2,460
Chronic Airway Obstruction, not Elsewhere Classified	496	49	1.6	1,069	22	143,941	142,784	134	2,893	145,726	136	2,984
Diseases of the Digestive System (MDC 9)	520-579	74	2.3	1,311	18	185,306	181,138	138	2,446	198,313	151	2,694
Diseases of the Genitourinary System (MDC 10)	580-629	82	2.6	1,617	20	221,614	216,014	134	2,631	230,059	142	2,822
Other Disorders of Urethra and Urinary Tract	599	46	1.4	795	17	110,459	108,368	136	2,367	118,852	149	2,611
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	196	6.2	6,622	34	990,647	914,646	138	4,661	848,893	128	4,357
Other Cellulitis and Abscess	682	54	1.7	1,123	21	172,390	162,326	145	3,033	157,292	140	2,958
Chronic Ulcer of Skin	707	135	4.3	5,255	39	783,245	719,002	137	5,311	661,300	126	4,920

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 2008

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	399	12.6	10,934	27	\$1,471,282	\$1,461,301	\$134	\$3,660	\$1,703,019	\$156	\$4,309
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	16	0.5	540	33	67,367	66,900	124	4,125	73,826	137	4,612
Osteoarthritis and Allied Disorders	715	93	2.9	2,200	24	295,002	293,180	133	3,139	361,436	164	3,917
Other and Unspecified Arthropathies	716	60	1.9	1,656	28	212,156	211,118	128	3,532	248,734	150	4,213
Other and Unspecified Disorders of Back	724	50	1.6	1,022	21	142,920	142,214	139	2,860	177,184	173	3,598
Other Disorders of Bone and Cartilage	733	17	0.5	1,104	65	131,918	131,443	119	7,724	91,618	83	5,430
Congenital Anomalies (MDC 14)	740-759	3	0.1	77	25	10,178	9,893	129	3,246	10,078	132	3,393
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	262	8.3	5,489	21	770,369	761,779	139	2,908	911,885	166	3,509
General Symptoms	780	56	1.7	1,028	19	144,868	143,801	140	2,591	162,072	158	2,944
Symptoms Involving Urinary System	788	17	0.5	422	24	54,405	51,558	122	2,981	53,414	127	3,119
Injury and Poisoning (MDC 17)	800-999	208	6.6	5,508	27	815,917	778,293	141	3,746	729,983	133	3,555
Fracture of Neck of Femur	820	4	0.1	104	24	14,502	14,382	138	3,265	16,907	162	3,884
Open Wound of Other and Unspecified Sites, Except Limbs	879	7	0.2	187	28	27,233	25,523	136	3,855	22,152	118	3,444
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	23	0.7	639	28	94,431	89,241	140	3,938	81,572	128	3,634
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,088	34.3	22,562	21	3,275,201	3,216,281	143	2,958	3,871,737	172	3,584

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 2008

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	Persons in		1997		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	---	1808	50.8	6,908,917	41.3	3,821
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
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
Other Cellulitis and Abscess	682	59	1.7	177,454	1.1	3,034
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
General Symptoms	780	99	2.8	271,892	1.6	2,762
All Other Diagnoses	---	1,750	49.2	9,809,346	58.7	5,605

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 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 beginning in 1997 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).

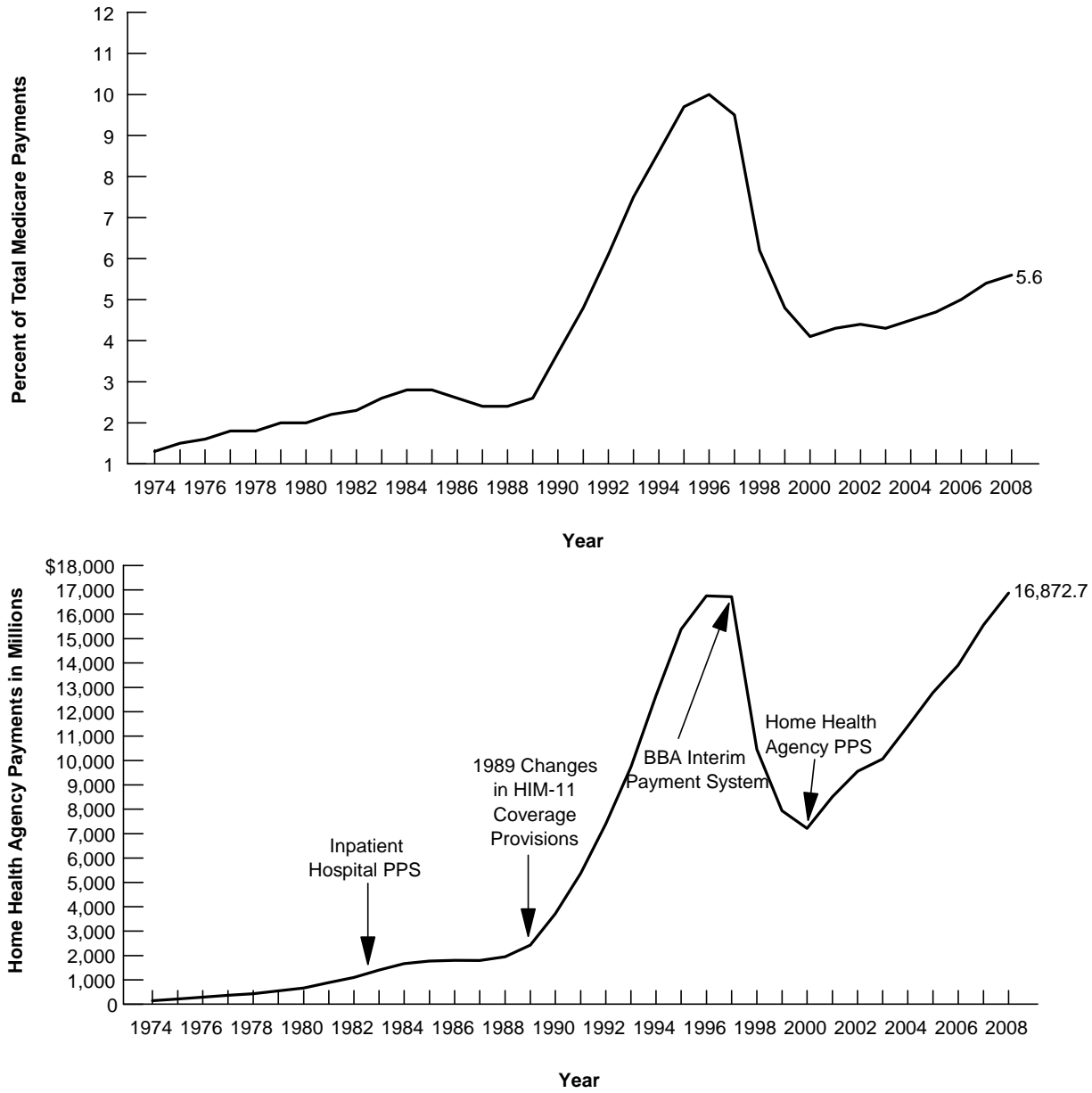
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 7.7-Continued
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2008

		2008			Percent Change 1997-2008		
Persons in Thousands	Percent	Program Payments		Per Person Served ²	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
3,172	100.0	\$16,872,735	100.0	\$5,361	-11	1	14
1,365	43.0	6,316,541	37.4	4,628	-25	-9	21
341	10.8	2,736,293	16.2	8,130	5	21	16
223	7.0	751,088	4.5	3,407	-9	-11	-1
60	1.9	170,356	1.0	2,840	-51	-32	39
72	2.3	206,832	1.2	2,874	-37	-31	10
212	6.7	716,846	4.2	3,408	-38	-37	1
59	1.9	144,292	0.9	2,460	-45	-31	28
54	1.7	157,292	0.9	2,958	-9	-11	-3
135	4.3	661,300	3.9	4,920	-9	-28	-20
93	2.9	361,436	2.1	3,917	-55	-17	85
60	1.9	248,734	1.5	4,213	46	118	50
56	1.8	162,072	1.0	2,944	-44	-40	7
1,807	57.0	10,556,194	62.6	5,843	3	8	4

Figure 7.1

Medicare Home Health Agency Program Payments: Calendar Years 1974-2008

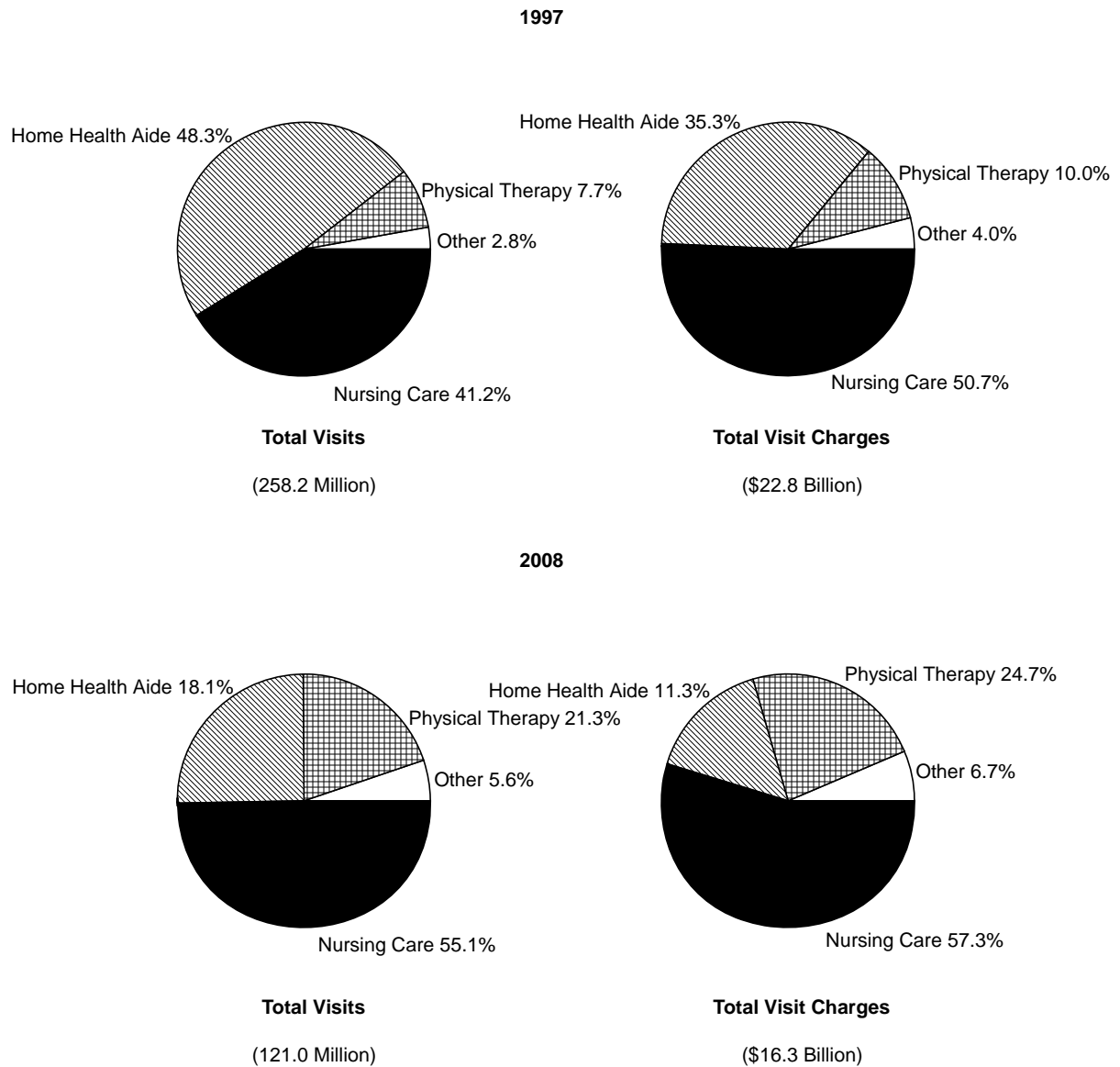


NOTES: The home health prospective payment system (PPS) was implemented beginning October 1, 2000. HIM-11 is Health Insurance Manual-11. BBA is Balanced Budget Act of 1997.

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 2008

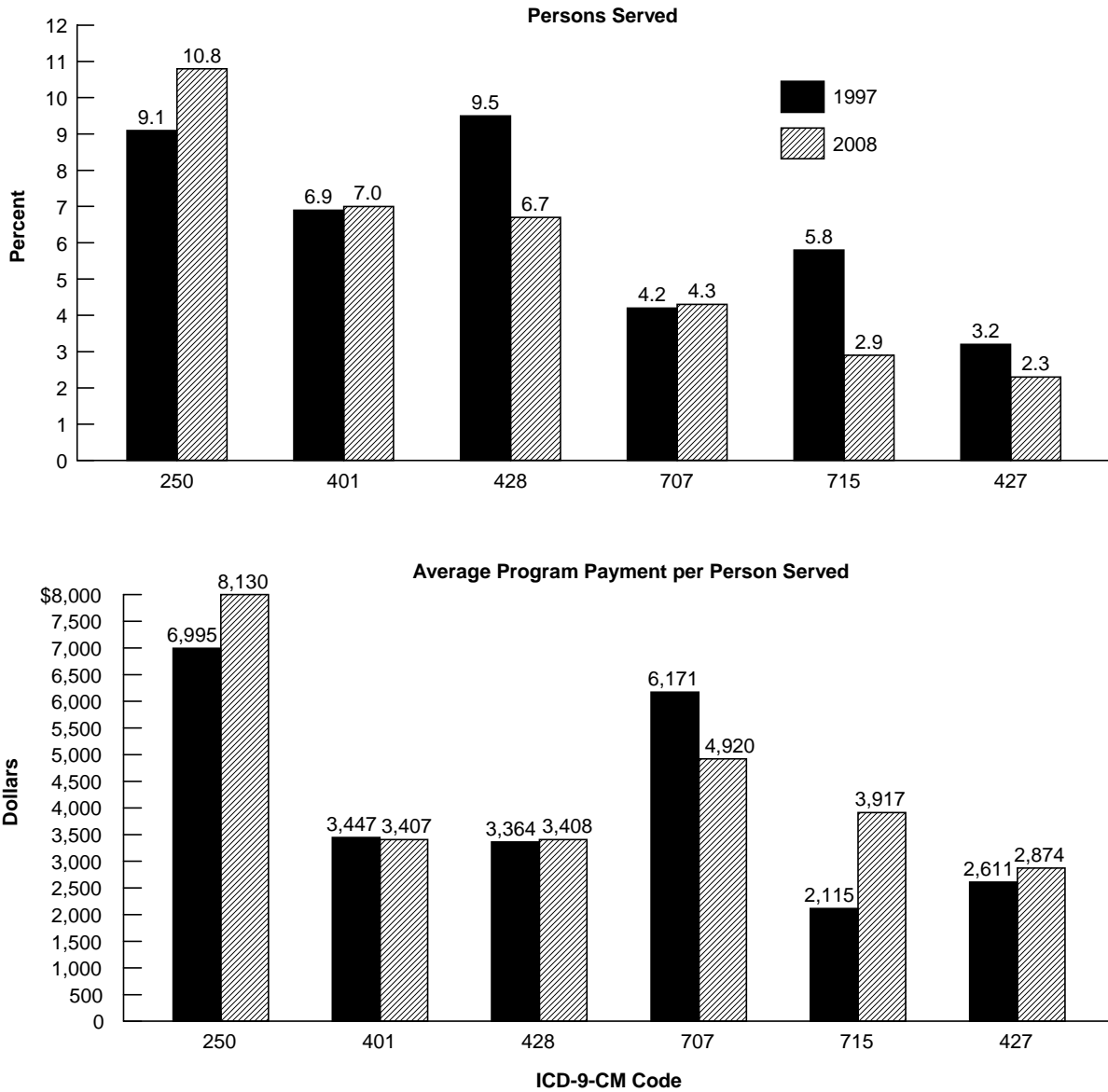


NOTES: Other includes speech therapy, occupational therapy, medical social services, and other health disciplines. The home health prospective payment system was implemented beginning October 1, 2000. Distribution may not add to 100 percent because of rounding.

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 2008



NOTES: Diagnoses have the following codes from the *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1): diabetes mellitus, 250; essential hypertension, 401; heart failure 428; chronic ulcer of skin, 707; osteoarthritis and allied disorders, 715; cardiac dysrhythmias, 427. 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.