

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 1974-2011**

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
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
2009	3,281.1	92	130,099	40	3,679	18,489,770	18,137,946	139	5,528	513	18,733,108	5,747	530
2010	3,434.4	95	126,063	37	3,510	18,615,688	18,262,337	145	5,318	509	19,407,218	5,688	540
2011	3,463.9	95	123,249	36	3,380	18,894,146	18,473,688	150	5,333	507	18,362,264	5,357	504

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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

Table 7.2
Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2011

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	3,464	95	123,249	36	3,381	\$18,894,146	\$18,473,688	\$150	\$5,333	\$507	\$18,362,264	\$5,357	\$504
Age													
Under 65 Years	476	70	17,936	38	2,626	2,775,367	2,671,399	149	5,610	391	2,565,065	5,496	375
65-74 Years	819	51	25,934	32	1,621	4,002,736	3,904,980	151	4,768	244	3,998,813	4,941	250
75-84 Years	1,141	124	40,466	35	4,383	6,187,502	6,067,956	150	5,318	657	6,048,886	5,346	655
85 Years or Over	1,028	234	38,913	38	8,848	5,928,541	5,829,353	150	5,673	1,325	5,749,499	5,635	1,307
Sex													
Male	1,287	77	43,486	34	2,616	6,751,352	6,555,444	151	5,092	394	6,522,169	5,122	392
Female	2,176	110	79,762	37	4,021	12,142,795	11,918,243	149	5,476	601	11,840,095	5,496	597
Type of Entitlement													
Aged	2,988	101	105,313	35	3,555	16,118,779	15,802,289	150	5,289	533	15,797,198	5,335	533
Disabled	476	70	17,936	38	2,626	2,775,367	2,671,399	149	5,610	391	2,565,065	5,496	375
Race													
White	2,755	91	92,044	33	3,056	14,264,058	13,934,732	151	5,058	463	13,896,106	5,090	461
Other ³	709	112	31,205	44	4,922	4,630,089	4,538,956	145	6,402	716	4,466,157	6,400	704

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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

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 2011**

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	3,464	95	123,249	36	3,381	\$18,894,146
United States ⁴	3,402	95	121,648	36	3,396	18,630,413
Northeast	641	95	22,031	34	3,268	3,425,035
Midwest	720	86	21,232	29	2,550	3,345,206
South	1,562	110	65,493	42	4,624	9,600,140
West	479	73	12,892	27	1,958	2,260,033
New England	219	108	7,196	33	3,538	989,042
Connecticut	51	109	1,800	36	3,879	209,975
Maine	19	82	438	23	1,874	67,885
Massachusetts	108	121	3,848	36	4,311	552,902
New Hampshire	19	90	505	26	2,360	71,418
Rhode Island	12	103	322	26	2,649	49,172
Vermont	9	87	284	30	2,630	37,690
Middle Atlantic	421	90	14,834	35	3,151	2,435,993
New Jersey	96	82	2,181	23	1,856	376,580
New York	185	88	9,100	49	4,335	1,476,547
Pennsylvania	141	98	3,553	25	2,479	582,865
East North Central	554	96	17,117	31	2,971	2,702,853
Illinois	193	114	6,331	33	3,726	1,011,292
Indiana	60	71	2,069	34	2,441	306,894
Michigan	152	119	4,196	28	3,274	727,284
Ohio	115	90	3,769	33	2,938	537,520
Wisconsin	33	51	752	23	1,158	119,864
West North Central	166	65	4,116	25	1,604	642,353
Iowa	24	52	607	26	1,335	79,127
Kansas	23	59	663	29	1,705	103,075
Minnesota	31	69	668	22	1,497	110,348
Missouri	66	82	1,637	25	2,040	263,923
Nebraska	14	57	362	25	1,449	57,213
North Dakota	4	42	81	19	822	14,138
South Dakota	4	36	97	22	779	14,530

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 2011**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$18,473,688	\$150	\$5,333	\$507	\$18,362,264	\$149	\$5,357
18,218,198	150	5,355	509	18,108,917	149	5,379
3,373,324	153	5,265	500	2,693,001	122	4,308
3,272,324	154	4,545	393	3,518,937	166	4,919
9,361,193	143	5,994	661	9,562,654	146	6,167
2,211,357	172	4,613	336	2,334,325	181	4,909
972,614	135	4,435	478	990,364	138	4,627
205,963	114	4,065	444	235,220	131	4,764
66,036	151	3,454	283	71,367	163	3,774
546,377	142	5,045	612	513,425	133	4,879
69,689	138	3,602	326	79,686	158	4,177
48,189	150	3,864	397	52,599	163	4,284
36,360	128	3,870	336	38,067	134	4,156
2,400,710	162	5,697	510	1,702,637	115	4,141
370,802	170	3,858	316	384,984	177	4,052
1,458,434	160	7,901	695	756,863	83	4,291
571,474	161	4,062	399	560,790	158	4,013
2,645,974	155	4,775	459	2,876,807	168	5,223
990,041	156	5,131	583	1,161,310	183	6,056
299,405	145	4,959	353	304,361	147	5,065
713,218	170	4,678	556	754,644	180	4,979
526,994	140	4,574	411	533,472	142	4,660
116,317	155	3,509	179	123,021	164	3,739
626,350	152	3,778	244	642,129	156	3,901
77,810	128	3,284	171	81,137	134	3,447
99,370	150	4,348	255	96,221	145	4,231
108,756	163	3,543	244	113,695	170	3,755
256,331	157	3,905	319	266,438	163	4,078
55,918	154	3,920	224	58,372	161	4,127
13,910	172	3,333	141	10,658	132	2,576
14,255	147	3,194	115	15,608	161	3,516

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 2011

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	759	100	26,179	34	3,460	\$3,767,747
Delaware	11	77	262	23	1,777	40,725
District of Columbia	6	82	152	26	2,116	25,296
Florida	340	143	14,986	44	6,311	2,061,911
Georgia	84	84	2,707	32	2,716	395,420
Maryland	57	77	1,261	22	1,701	209,954
North Carolina	103	82	2,533	24	2,009	375,093
South Carolina	50	75	1,286	26	1,923	194,741
Virginia	85	85	2,433	28	2,418	374,411
West Virginia	21	71	559	26	1,874	90,196
East South Central	266	102	10,367	39	3,988	1,571,804
Alabama	69	101	2,428	35	3,538	377,630
Kentucky	59	92	2,015	34	3,123	299,539
Mississippi	56	122	2,439	44	5,334	385,590
Tennessee	82	101	3,486	43	4,298	509,044
West South Central	536	134	28,947	54	7,239	4,260,588
Arkansas	35	75	1,292	37	2,800	195,269
Louisiana	77	144	4,067	53	7,609	600,069
Oklahoma	66	127	3,851	58	7,369	528,182
Texas	358	144	19,736	55	7,958	2,937,068
Mountain	146	69	4,539	31	2,132	696,908
Arizona	35	57	782	22	1,274	136,977
Colorado	32	74	973	30	2,247	147,986
Idaho	11	66	326	29	1,920	48,945
Montana	6	43	136	21	921	20,755
Nevada	24	91	757	32	2,931	127,378
New Mexico	16	68	557	34	2,336	84,761
Utah	18	95	899	49	4,689	116,274
Wyoming	3	45	110	32	1,426	13,831
Pacific	333	75	8,353	25	1,874	1,563,125
Alaska	2	36	55	23	807	11,702
California	266	85	6,971	26	2,222	1,266,349
Hawaii	3	23	47	17	388	10,315
Oregon	21	55	418	20	1,096	95,337
Washington	40	54	861	21	1,152	179,422
Outlying Areas ⁵	62	97	1,601	26	2,499	263,733

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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

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 2011**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$3,676,238	\$140	\$4,843	\$486	\$4,025,512	\$154	\$5,355
39,576	151	3,502	268	42,655	163	3,807
24,888	163	4,210	345	27,176	178	4,642
2,027,961	135	5,958	854	2,159,793	144	6,430
385,011	142	4,575	386	429,137	159	5,133
204,766	162	3,580	276	237,551	188	4,181
357,589	141	3,458	284	430,998	170	4,197
185,449	144	3,709	277	222,331	173	4,484
364,381	150	4,264	362	385,639	159	4,544
86,617	155	4,074	290	90,231	161	4,266
1,527,887	147	5,736	588	1,550,479	150	5,847
368,856	152	5,316	538	360,795	149	5,225
289,199	144	4,868	448	301,855	150	5,106
374,500	154	6,716	819	359,895	148	6,479
495,332	142	6,054	611	527,934	151	6,483
4,157,069	144	7,750	1040	3,986,664	138	7,469
187,942	145	5,406	407	159,336	123	4,604
582,115	143	7,556	1089	567,127	139	7,390
517,654	134	7,803	991	481,934	125	7,301
2,869,359	145	8,009	1157	2,778,268	141	7,795
684,289	151	4,671	321	694,643	153	4,784
133,890	171	3,827	218	143,037	183	4,118
146,179	150	4,537	338	143,108	147	4,503
47,926	147	4,260	282	49,371	152	4,412
20,139	148	3,149	136	22,005	162	3,462
124,854	165	5,288	483	132,822	175	5,677
82,622	148	5,066	347	83,884	151	5,188
115,146	128	6,297	601	105,517	117	5,806
13,532	123	3,934	176	14,899	136	4,376
1,527,068	183	4,588	343	1,639,681	196	4,964
11,233	204	4,608	165	11,441	208	4,722
1,240,315	178	4,658	395	1,354,082	194	5,126
10,040	212	3,612	82	10,154	215	3,678
92,045	220	4,360	241	86,519	207	4,123
173,434	201	4,310	232	177,485	206	4,435
255,489	160	4,117	399	253,347	158	4,142

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 2011

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	3,464	492	10	343	509	2,246	1,245	2,209	128
Nursing Care	3,295	449	9	310	461	2,068	1,120	2,043	116
Home Health Aide	763	117	2	77	104	462	264	463	34
Physical Therapy	2,561	350	8	239	356	1,608	882	1,584	86
Speech Therapy	192	23	(4)	17	23	128	58	129	5
Occupational Therapy	1,101	153	3	101	145	700	376	694	30
Other ³	501	81	1	41	73	304	193	296	12
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	95.1	91.3	87.6	90.2	90.5	92.1	90.0	92.5	90.3
Home Health Aide	22.0	23.8	21.7	22.5	20.5	20.6	21.2	21.0	26.3
Physical Therapy	73.9	71.3	75.5	69.7	69.9	71.6	70.8	71.7	66.7
Speech Therapy	5.6	4.8	4.5	5.0	4.5	5.7	4.6	5.9	3.7
Occupational Therapy	31.8	31.1	30.6	29.3	28.5	31.2	30.2	31.4	23.7
Other ³	14.4	16.4	11.1	12.1	14.4	13.5	15.5	13.4	9.1
Visits in Thousands									
Total	123,249	14,727	285	12,538	11,435	84,264	30,349	89,466	3,433
Nursing Care	62,311	6,773	130	6,013	5,787	43,607	14,468	46,222	1,621
Home Health Aide	20,939	3,739	52	2,679	1,748	12,721	5,881	14,280	778
Physical Therapy	30,518	3,111	80	2,961	2,958	21,408	7,473	22,223	822
Speech Therapy	1,339	130	3	121	129	956	331	981	28
Occupational Therapy	7,217	815	17	691	692	5,001	1,851	5,202	163
Other ³	925	158	2	74	121	571	345	558	22

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 2011

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	50.6	46.0	45.7	48.0	50.6	51.8	47.7	51.7	47.2
Home Health Aide	17.0	25.4	18.4	21.4	15.3	15.1	19.4	16.0	22.6
Physical Therapy	24.8	21.1	28.1	23.6	25.9	25.4	24.6	24.8	23.9
Speech Therapy	1.1	0.9	1.2	1.0	1.1	1.1	1.1	1.1	0.8
Occupational Therapy	5.9	5.5	5.9	5.5	6.1	5.9	6.1	5.8	4.8
Other ³	0.8	1.1	0.8	0.6	1.1	0.7	1.1	0.6	0.6
Visit Charges in Millions									
Total	\$18,474	\$2,266	\$39	\$1,828	\$1,991	\$12,349	\$4,906	\$13,086	\$482
Nursing Care	9,660	1,115	19	902	1,067	6,557	2,503	6,900	257
Home Health Aide	2,087	433	4	293	180	1,177	618	1,409	59
Physical Therapy	5,095	526	13	485	557	3,515	1,323	3,642	130
Speech Therapy	231	23	1	20	26	161	61	165	5
Occupational Therapy	1,210	138	3	113	131	826	325	859	27
Other ³	191	32	(5)	15	30	114	75	111	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	52.3	49.2	48.7	49.4	53.6	53.1	51.0	52.7	53.3
Home Health Aide	11.3	19.1	9.7	16.0	9.0	9.5	12.6	10.8	12.3
Physical Therapy	27.6	23.2	31.8	26.5	28.0	28.5	27.0	27.8	26.9
Speech Therapy	1.2	1.0	1.4	1.1	1.3	1.3	1.2	1.3	1.0
Occupational Therapy	6.6	6.1	7.1	6.2	6.6	6.7	6.6	6.6	5.5
Other ³	1.0	1.4	1.2	0.8	1.5	0.9	1.5	0.8	1.0

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 2011

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	36	30	28	37	22	38	24	41	27
Nursing Care	19	15	15	19	13	21	13	23	14
Home Health Aide	27	32	24	35	17	28	22	31	23
Physical Therapy	12	9	11	12	8	13	8	14	10
Speech Therapy	7	6	7	7	6	7	6	8	6
Occupational Therapy	7	5	5	7	5	7	5	8	5
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$150	\$154	\$138	\$146	\$174	\$147	\$162	\$146	\$140
Nursing Care	155	165	148	150	184	150	173	149	159
Home Health Aide	100	116	73	109	103	93	105	99	76
Physical Therapy	167	169	157	164	188	164	177	164	158
Speech Therapy	172	178	173	168	199	168	185	168	166
Occupational Therapy	168	169	166	164	189	165	175	165	163
Other ³	206	201	201	199	250	199	218	199	215
Average Visit Charge per Person Served									
Total	\$5,333	\$4,610	\$3,910	\$5,325	\$3,911	\$5,498	\$3,941	\$5,925	\$3,751
Nursing Care	2,931	2,484	2,175	2,913	2,318	3,171	2,235	3,378	2,216
Home Health Aide	2,735	3,704	1,753	3,796	1,723	2,545	2,339	3,044	1,753
Physical Therapy	1,989	1,501	1,649	2,026	1,566	2,186	1,500	2,299	1,513
Speech Therapy	1,199	989	1,242	1,182	1,120	1,254	1,057	1,273	969
Occupational Therapy	1,099	901	906	1,124	903	1,180	865	1,239	872
Other ³	382	394	411	353	414	374	390	375	403

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.

NOTES: 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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

Table 7.5
Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 2000 and 2011

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
2011								
Total	3,464	100.0	123,249	100.0	\$18,894,146	100.0	\$18,362,264	100.0
1-9	826	23.8	4,938	4.0	871,359	4.6	1,308,252	7.1
10-19	921	26.6	13,580	11.0	2,314,839	12.3	2,779,063	15.1
20-29	528	15.2	13,233	10.7	2,175,427	11.5	2,399,312	13.1
30-39	319	9.2	11,332	9.2	1,812,364	9.6	1,988,060	10.8
40-49	216	6.2	9,899	8.0	1,553,345	8.2	1,699,154	9.3
50-99	439	12.7	30,413	24.7	4,683,516	24.8	4,742,638	25.8
100 or More	215	6.2	39,853	32.3	5,483,298	29.0	3,445,784	18.8

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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

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 2011

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	---	3,464	100.0	123,249	36	\$18,894,146	\$18,473,688	\$150	\$5,333	\$18,362,264	\$149	\$5,357
Total Leading Diagnoses ⁵	---	2,060	59.5	59,868	29	8,901,880	8,692,078	145	4,220	7,954,128	133	3,920
Infectious and Parasitic Diseases (MDC 1)	001-139	25	0.7	514	21	80,964	79,744	155	3,231	66,946	130	2,790
Neoplasms (MDC 2)	140-239	110	3.2	2,245	20	355,678	344,272	153	3,130	344,161	153	3,164
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	22	0.6	409	18	65,443	63,286	155	2,862	64,524	158	2,946
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	376	10.8	17,653	47	2,505,014	2,472,606	140	6,583	1,930,495	109	5,244
Diabetes Mellitus	250	341	9.8	16,887	50	2,392,311	2,361,645	140	6,935	1,818,814	108	5,454
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	11	0.3	186	16	28,609	28,073	151	2,446	29,154	157	2,554
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	62	1.8	1,636	26	218,560	215,390	132	3,485	225,955	138	3,677
Other Deficiency Anemias	281	33	1.0	1,020	31	127,503	125,643	123	3,803	135,203	133	4,109
Other and Unspecified Anemias	285	20	0.6	412	21	60,990	60,127	146	3,040	61,624	150	3,138
Coagulation Defects	286	1	(6)	39	27	5,499	5,416	139	3,684	4,681	120	3,221
Mental Disorders (MDC 5)	290-319	94	2.7	2,742	29	415,023	413,245	151	4,407	313,656	114	3,539
Schizophrenic Disorders	295	11	0.3	463	44	65,966	65,755	142	6,186	37,634	81	4,195
Affective Psychoses	296	13	0.4	388	30	58,913	58,753	152	4,507	42,454	110	3,540
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	163	4.7	5,048	31	763,687	750,926	149	4,609	711,622	141	4,457
Parkinson's Disease	332	36	1.0	1,219	34	185,251	183,257	150	5,077	187,317	154	5,263
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 2011

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	987	28.5	28,578	29	\$4,365,739	\$4,287,894	\$150	\$4,345	\$4,104,465	\$144	\$4,222
Essential Hypertension	401	300	8.7	7,537	25	1,097,637	1,089,670	145	3,629	1,047,905	139	3,570
Hypertensive Heart Disease	402	42	1.2	1,041	25	153,481	152,338	146	3,660	158,737	152	3,845
Acute Myocardial Infarction	410	20	0.6	338	17	53,777	53,423	158	2,723	51,661	153	2,648
Other Acute and Subacute Forms of Ischemic												
Heart Disease	411	3	0.1	47	18	6,895	6,851	147	2,705	6,499	139	2,606
Angina Pectoris	413	4	0.1	84	19	11,949	11,878	141	2,646	11,287	134	2,554
Other Forms of Chronic Ischemic												
Heart Disease	414	69	2.0	1,506	22	226,834	225,177	149	3,284	200,910	133	2,991
Cardiac Dysrhythmias	427	92	2.7	2,001	22	311,361	299,458	150	3,247	285,452	143	3,127
Heart Failure	428	260	7.5	6,562	25	1,006,079	994,250	152	3,821	932,972	142	3,618
Transient Cerebral Ischemia	435	5	0.1	104	21	15,522	15,413	148	3,092	15,203	146	3,084
Acute but Ill-Defined Cerebrovascular												
Disease	436	3	0.1	85	33	11,559	11,488	136	4,446	11,444	135	4,576
Other Peripheral Vascular Disease	443	13	0.4	325	25	48,853	46,579	143	3,643	42,825	132	3,383
Diseases of the Respiratory System (MDC 8)	460-519	324	9.3	7,258	22	1,109,487	1,095,519	151	3,385	1,096,335	151	3,418
Pneumonia, Organism Unspecified	486	67	1.9	1,087	16	174,222	172,585	159	2,574	174,138	160	2,611
Chronic Airway Obstruction, not Elsewhere Classified	496	36	1.0	839	23	122,038	120,645	144	3,352	109,067	130	3,091
Diseases of the Digestive System (MDC 9)	520-579	88	2.5	1,594	18	249,566	243,694	153	2,772	246,068	154	2,822
Diseases of the Genitourinary System (MDC 10)	580-629	105	3.0	2,098	20	317,285	309,174	147	2,937	304,788	145	2,918
Other Disorders of Urethra and Urinary Tract	599	69	2.0	1,250	18	191,643	187,443	150	2,702	191,093	153	2,768
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	229	6.6	7,515	33	1,234,019	1,123,550	150	4,904	1,002,525	133	4,404
Other Cellulitis and Abscess	682	67	1.9	1,421	21	236,552	222,424	157	3,319	204,986	144	3,078
Chronic Ulcer of Skin	707	154	4.4	5,790	38	950,323	856,153	148	5,571	757,428	131	4,959
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 2011

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	445	12.9	11,612	26	\$1,703,723	\$1,687,380	\$145	\$3,788	\$1,926,705	\$166	\$4,377
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	19	0.5	572	30	81,058	80,198	140	4,236	82,611	145	4,428
Osteoarthritis and Allied Disorders	715	138	4.0	3,333	24	475,090	472,227	142	3,425	549,849	165	4,046
Other and Unspecified Arthropathies	716	35	1.0	884	25	122,897	121,803	138	3,469	134,774	152	3,875
Other and Unspecified Disorders of Back	724	57	1.7	1,173	20	172,170	171,374	146	2,985	212,231	181	3,749
Other Disorders of Bone and Cartilage	733	12	0.3	442	37	59,581	58,978	134	4,919	47,012	106	4,005
Congenital Anomalies (MDC 14)	740-759	3	0.1	69	25	10,356	9,949	145	3,678	8,855	129	3,416
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	236	6.8	5,104	22	788,380	779,918	153	3,298	824,121	161	3,519
General Symptoms	780	58	1.7	1,139	20	176,733	175,620	154	3,054	171,607	151	3,023
Symptoms Involving Urinary System	788	15	0.4	339	23	54,131	51,686	153	3,515	44,260	131	3,040
Injury and Poisoning (MDC 17)	800-999	215	6.2	5,654	26	917,638	870,102	154	4,038	784,360	139	3,668
Fracture of Neck of Femur	820	2	0.1	49	24	7,137	7,085	143	3,475	7,774	157	3,848
Open Wound of Other and Unspecified Sites, Except Limbs	879	5	0.2	159	29	24,592	23,075	145	4,230	19,860	125	3,676
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	28	0.8	738	27	119,284	112,302	152	4,065	101,140	137	3,677
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V91	1,233	35.6	23,927	19	3,858,339	3,789,657	158	3,074	4,470,650	187	3,650

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.

⁶Less 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. 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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

Table 7.7
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2011

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				2011				Percent Change 1997-2011		
		Persons in Thousands	Program Payments			Persons in Thousands	Program Payments			Persons	Program Payments	Average Program Payment
			Amount in Thousands	Per-cent	Per Person Served ²		Amount in Thousands	Per-cent	Per Person Served ²			
Total All Diagnoses	---	3,558	16,718,263	100.0	4,702	3,464	18,362,264	100.0	5,357	-3	10	14
Diabetes Mellitus	250	324	2,260,343	13.5	6,995	341	1,818,814	9.9	5,454	5	-20	-22
Essential Hypertension	401	244	839,278	5.0	3,447	300	1,047,905	5.7	3,570	23	25	4
Other Forms of Chronic Ischemic												
Heart Disease	414	124	252,328	1.5	2,037	69	200,910	1.1	2,991	-44	-20	47
Cardiac Dysrhythmias	427	115	298,792	1.8	2,611	92	285,452	1.6	3,127	-20	-4	20
Heart Failure	428	339	1,139,447	6.8	3,364	260	932,972	5.1	3,618	-23	-18	8
Pneumonia, Organism Unspecified	486	108	208,135	1.2	1,925	67	174,138	0.9	2,611	-38	-16	36
Other Disorders of the Urethra and Urinary Track	599	78	247,528	1.5	3,177	69	191,093	1.0	2,768	-12	-23	-13
Other Cellulitis and Abscess	682	59	177,454	1.1	3,034	67	204,986	1.1	3,078	14	16	1
Chronic Ulcer of Skin	707	149	913,679	5.5	6,171	154	757,428	4.1	4,959	3	-17	-20
Osteoarthritis and Allied Disorders	715	206	433,641	2.6	2,115	138	549,849	3.0	4,046	-33	27	91
General Symptoms	780	99	271,892	1.6	2,762	58	171,607	0.9	3,023	-41	-37	9

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.

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 Standard Analytical Files; data development by the Office of Information Products and Data Analytics.