

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2018

Number of Service Visits	Total Persons With Utilization	Total Service Visits	Service Visits Per Person With Utilization	Service Visits Per 1,000 Part A Enrollees ¹	Total Program Payments	Program Payments Per Person With Utilization	Program Payments Per Service Visit	Program Payments Per Part A Enrollee ¹
Total	1,563,711	74,541,191	47.67	1,250	\$19,246,849,576	\$12,308	\$258	\$323
0	13,965	0	0.00	0	\$47,121,764	\$3,374	\$0	\$1
1-9	500,546	2,400,887	4.80	40	972,234,003	1,942	405	16
10-19	284,419	3,957,357	13.91	66	1,287,540,322	4,527	325	22
20-29	153,965	3,710,434	24.10	62	1,264,809,926	8,215	341	21
30-39	102,510	3,507,971	34.22	59	1,203,124,707	11,737	343	20
40-49	74,850	3,313,912	44.27	56	1,119,920,959	14,962	338	19
50-99	203,106	14,323,569	70.52	240	4,385,931,293	21,594	306	74
100 or more	230,350	43,327,061	188.09	726	8,966,166,604	38,924	207	150

¹Total Part A enrollees for 2018 was 59,649,951. The calculated 'per Part A Enrollee' rates are based on enrollees in Original Medicare and Medicare Advantage/Other Health Plans combined, because once a beneficiary enrolled in a Medicare Advantage/Other Health Plan elects the hospice benefit, his or her Medicare benefits revert to fee-for-service.

NOTES: Service visits are defined as the following: skilled nursing, home health aide, physical therapy, speech therapy, occupational therapy, or medical social worker; some beneficiaries have hospice utilization other than the service visits noted above. Counts and amounts may not sum to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.