

Table 50

**Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services,
by Type of Agency: Calendar Year 2002**

Type of Agency	Providers		Persons Served ¹		Visits			Visit Charges			Program Payments		
	Number	Percent	Number in Thousands	Per-cent	Number in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person ²
Total	6,924	100.0	2,544	100.0	78,192	100.0	31	\$8,865,475	100.0	\$3,484	\$9,550,683	100.0	\$3,765
Visiting Nurse Association	425	6.1	416	16.4	11,664	14.9	28	1,235,774	13.9	2,969	1,418,414	14.9	3,425
Combined Government and Voluntary	26	0.4	8	0.3	235	0.3	30	21,448	0.2	2,749	26,812	0.3	3,473
Official Health	837	12.1	207	8.1	6,426	8.2	31	687,939	7.8	3,323	744,113	7.8	3,663
Hospital-Based	1,899	27.4	842	33.1	20,095	25.7	24	2,364,322	26.7	2,808	2,554,656	26.7	3,109
Skilled Nursing Facility-Based	119	1.7	18	0.7	556	0.7	31	61,541	0.7	3,417	66,246	0.7	4,004
Other ³	3,618	52.3	1,147	45.1	39,216	50.2	34	4,494,451	50.7	3,918	4,740,442	49.6	4,414

¹Numbers do not add to total since persons may use more than one type of agency.

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

³Includes freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, and unknown agencies.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Visit charges are shown for trend purposes only.

With the implementation of the home health agency prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not individual visits.

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.