

**Table 47**

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services, by Demographic Characteristics: Calendar Year 2003**

Demographic Characteristic	Persons Served		Visits			Total Charges in Thousands	Visit Charges			Program Payments			
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>		Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Person Served <sup>2</sup>	Per Enrollee <sup>1</sup>
Total	2,681	75	82,851	31	2,313	\$9,966,568	\$9,744,912	\$118	\$3,635	\$272	\$10,069,628	\$3,770	\$281
<b>Age</b>													
Under 65 Years	266	46	9,439	36	1,647	1,154,450	1,104,863	117	4,161	193	1,046,944	3,980	183
65-74 Years	732	48	20,858	29	1,355	2,556,914	2,498,854	120	3,412	162	2,544,852	3,491	165
75-84 Years	1,071	100	32,714	31	3,057	3,920,307	3,850,734	118	3,595	360	4,023,392	3,766	376
85 Years or Over	612	153	19,840	32	4,971	2,334,897	2,290,461	115	3,743	574	2,454,441	4,022	615
<b>Sex</b>													
Male	964	61	28,183	29	1,791	3,438,631	3,345,593	119	3,470	213	3,400,604	3,542	216
Female	1,717	86	54,668	32	2,723	6,527,937	6,399,319	117	3,727	319	6,669,024	3,899	332
<b>Medicare Status</b>													
Aged	2,416	80	73,412	30	2,440	8,812,118	8,640,049	118	3,577	287	9,022,684	3,748	300
Disabled	266	46	9,439	36	1,647	1,154,450	1,104,863	117	4,161	193	1,046,944	3,980	183
<b>Race</b>													
White	2,215	73	64,857	29	2,144	7,774,929	7,603,769	117	3,432	251	7,964,799	3,609	263
Other <sup>3</sup>	466	84	17,994	39	3,230	2,191,639	2,141,143	119	4,596	384	2,104,829	4,540	378

<sup>1</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

<sup>3</sup>Includes 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.