Table 50

Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services, by Type of Agency: Calendar Year 2003

Type of Agency	Providers		Persons Served		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[1]
Total	7,134	100.0	2,681,095	100.0	82,851	100.0	31	$9,744,912	100.0	$3,635	$10,069,628	100.0	$3,770
Visiting Nurse Association	435	6.1	439,835	16.4	11,806	14.2	27	1,313,184	13.5	2,986	1,474,612	14.6	3,372
Combined Government and Voluntary	27	0.4	6,823	0.3	199	0.2	29	19,079	0.2	2,796	21,234	0.2	3,179
Official Health	859	12.0	218,185	8.1	7,064	8.5	32	796,711	8.2	3,652	803,625	8.0	3,758
Hospital-Based	1,779	24.9	789,413	29.4	18,693	22.6	24	2,310,277	23.7	2,927	2,326,132	23.1	3,028
Skilled Nursing Facility-Based	114	1.6	19,760	0.7	645	0.8	33	71,786	0.7	3,633	73,038	0.7	4,057
Other[2]	3,920	54.9	1,310,273	48.9	44,443	53.6	34	5,233,875	53.7	3,994	5,370,986	53.3	4,378

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

[2]Represents 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 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.