

Table 7.2

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2006**

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	3,026	84	104,127	34	2,905	\$13,627,482	\$13,410,519	\$129	\$4,431	\$374	\$13,912,750	\$4,619	\$388
Age													
Under 65 Years	339	54	13,137	39	2,110	1,754,364	1,702,283	130	5,023	273	1,644,648	4,908	264
65-74 Years	709	47	22,920	32	1,510	3,027,033	2,981,005	130	4,206	196	3,040,979	4,316	200
75-84 Years	1,141	111	38,502	34	3,739	5,028,134	4,959,827	129	4,347	482	5,194,744	4,568	504
85 Years or Over	838	202	29,569	35	7,133	3,817,951	3,767,403	127	4,498	909	4,032,379	4,828	973
Sex													
Male	1,100	69	35,713	33	2,238	4,741,412	4,645,825	130	4,222	291	4,748,864	4,337	298
Female	1,926	97	68,414	36	3,440	8,886,069	8,764,694	128	4,551	441	9,163,886	4,780	461
Type of Entitlement													
Aged	2,687	91	90,990	34	3,072	11,873,117	11,708,236	129	4,357	395	12,268,102	4,583	414
Disabled	339	54	13,137	39	2,110	1,754,364	1,702,283	130	5,023	273	1,644,648	4,908	264
Race													
White	2,468	82	78,267	32	2,598	10,271,691	10,086,374	129	4,087	335	10,656,082	4,337	354
Other ³	559	98	25,861	46	4,519	3,355,790	3,324,145	129	5,951	581	3,256,668	5,867	569

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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.