

**Table 7.2**  
**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,**  
**by Demographic Characteristics: Calendar Year 2008**

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	3,172	90	121,005	38	3,426	\$16,570,487	\$16,262,053	\$134	\$5,127	\$460	\$16,872,735	\$5,361	\$478
Age													
Under 65 Years	385	61	16,494	43	2,594	2,288,475	2,213,057	134	5,748	348	2,161,928	5,693	340
65-74 Years	741	49	27,505	37	1,812	3,750,985	3,678,623	134	4,961	242	3,738,495	5,090	246
75-84 Years	1,134	118	42,473	38	4,428	5,803,225	5,713,167	135	5,038	596	5,988,297	5,315	624
85 Years or Over	911	218	34,532	38	8,247	4,727,802	4,657,206	135	5,112	1,112	4,984,016	5,500	1,190
Sex													
Male	1,159	73	42,095	36	2,649	5,833,893	5,698,829	135	4,916	359	5,867,931	5,103	369
Female	2,012	104	78,910	39	4,061	10,736,594	10,563,224	134	5,249	544	11,004,804	5,510	566
Type of Entitlement													
Aged	2,787	96	104,510	38	3,609	14,282,012	14,048,996	134	5,042	485	14,710,807	5,316	508
Disabled	385	61	16,494	43	2,594	2,288,475	2,213,057	134	5,748	348	2,161,928	5,693	340
Race													
White	2,571	87	87,799	34	2,971	12,218,157	11,976,266	136	4,659	405	12,738,595	4,992	431
Other <sup>3</sup>	601	104	33,206	55	5,760	4,352,330	4,285,788	129	7,133	743	4,134,141	6,948	717

<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.