Table 7.2

Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services, by Demographic Characteristics: Calendar Year 2007

	Persons Served		Visits			Total	Visit Charges				Program Payments		
Demographic Characteristic	Number in Thousands	Per 1,000 Enrollees[1]	Number in Thousands	Per Person Served	Per 1,000 Enrollees[1]	Charges in Thousands	Amount in Thousands	Per Visit	Per Person Served	Per Enrollee[1]	Amount in Thousands	Per Person Served[2]	Per Enrollee[1]
Total	3,100	87	114,654	37	3,231	$15,156,114	$14,912,303	$130	$4,811	$420	$15,565,441	$5,046	$439
Age													
Under 65 Years	364	58	15,196	42	2,405	2,038,393	1,977,667	130	5,433	313	1,934,900	5,375	306
65-74 Years	724	48	25,766	36	1,713	3,404,571	3,350,691	130	4,629	223	3,424,963	4,760	228
75-84 Years	1,138	114	41,335	36	4,156	5,455,683	5,383,307	130	4,729	541	5,661,380	4,990	569
85 Years or Over	873	209	32,357	37	7,333	4,257,468	4,200,638	130	4,811	1,004	4,544,198	5,220	1,086
Sex													
Male	1,129	71	39,551	35	2,491	5,296,958	5,190,468	131	4,599	327	5,334,614	4,751	336
Female	1,971	101	75,103	38	3,830	9,859,157	9,721,834	129	4,932	496	10,230,827	5,215	522
Type of Entitlement													
Aged	2,736	94	99,458	36	3,409	13,117,721	12,934,636	130	4,728	443	13,630,541	5,003	467
Disabled	364	58	15,196	42	2,405	2,038,393	1,977,667	130	5,433	313	1,934,900	5,375	306
Race													
White	2,519	85	83,945	33	2,820	11,236,318	11,042,713	132	4,384	371	11,743,832	4,683	395
Other[3]	581	102	30,709	53	5,367	3,919,796	3,869,590	126	6,665	676	3,821,609	6,623	668

[1]Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2]Does not reflect beneficiaries who received covered services, but for whom no program payments were reported during the reporting year.

[3]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.