

**Table 7.2**  
**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,**  
**by Demographic Characteristics: Calendar Year 2009**

Demographic Characteristic	Persons Served		Visits			Total Charges	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>	in Thousands	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	3,281	93	130,099	40	3,679	\$18,489,770	\$18,137,946	\$139	\$5,528	\$513	\$18,733,108	\$5,747	\$530
<b>Age</b>													
Under 65 Years	418	65	18,332	44	2,849	2,630,880	2,544,432	139	6,086	395	2,496,383	6,049	388
65-74 Years	768	50	29,073	38	1,896	4,118,558	4,038,674	139	5,257	263	4,110,580	5,394	268
75-84 Years	1,139	122	44,514	39	4,768	6,315,709	6,214,026	140	5,457	666	6,475,332	5,715	694
85 Years or Over	956	225	38,180	40	8,974	5,424,623	5,340,813	140	5,586	1,255	5,650,814	5,936	1,328
<b>Sex</b>													
Male	1,204	75	45,431	38	2,845	6,532,280	6,379,364	140	5,297	400	6,539,310	5,468	410
Female	2,077	107	84,668	41	4,366	11,957,490	11,758,582	139	5,662	606	12,193,798	5,908	629
<b>Type of Entitlement</b>													
Aged	2,863	99	111,767	39	3,864	15,858,890	15,593,514	140	5,446	539	16,236,725	5,703	561
Disabled	418	65	18,332	44	2,849	2,630,880	2,544,432	139	6,086	395	2,496,383	6,049	388
<b>Race</b>													
White	2,642	90	94,374	36	3,201	13,639,551	13,363,292	142	5,057	453	14,071,717	5,358	477
Other <sup>3</sup>	639	109	35,724	56	6,076	4,850,219	4,774,654	134	7,475	812	4,661,390	7,356	793

<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 Standard Analytical Files; data development by the Office of Research, Development, and Information.