

**Table 7.2**  
**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,**  
**by Demographic Characteristics: Calendar Year 2012**

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	3,460	93	117,669	34	3,162	\$18,498,219	\$18,095,404	\$154	\$5,231	\$486	\$18,025,554	\$5,256	\$484
Age													
Under 65 Years	476	69	16,918	36	2,461	2,689,867	2,584,983	153	5,432	376	2,532,890	5,409	368
65-74 Years	835	50	25,203	30	1,499	4,002,836	3,910,710	155	4,685	233	4,006,867	4,851	238
75-84 Years	1,113	122	37,937	34	4,165	5,936,692	5,825,558	154	5,234	640	5,796,765	5,246	636
85 Years or Over	1,036	234	37,611	36	8,506	5,868,824	5,774,153	154	5,573	1,306	5,689,032	5,524	1,287
Sex													
Male	1,293	76	41,925	32	2,457	6,676,808	6,498,796	155	5,026	381	6,480,376	5,058	380
Female	2,166	107	75,744	35	3,758	11,821,410	11,596,608	153	5,353	575	11,545,178	5,375	573
Type of Entitlement													
Aged	2,984	98	100,751	34	3,321	15,808,351	15,510,421	154	5,198	511	15,492,663	5,232	511
Disabled	476	69	16,918	36	2,461	2,689,867	2,584,983	153	5,432	376	2,532,890	5,409	368
Race													
White	2,755	90	88,694	32	2,894	14,120,897	13,805,437	156	5,011	450	13,704,746	5,012	447
Other <sup>3</sup>	704	107	28,975	41	4,414	4,377,322	4,289,967	148	6,091	653	4,320,807	6,217	658

<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 Information Products & Data Analytics.