

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2014

Number of Service Visits	Total Persons With Utilization	Total Service Visits	Service Visits Per Person With Utilization	Service Visits Per 1,000 Part A Enrollees ¹	Total Program Payments	Program Payments Per Person With Utilization	Program Payments Per Service Visit	Program Payments Per Part A Enrollee ¹
Total	1,333,082	61,047,141	45.79	1,137	\$15,071,189,263	\$11,306	\$247	\$281
0	20,661	0	0.00	0	\$79,010,073	\$3,824	\$0	\$1
1-9	453,448	2,113,808	4.66	39	835,615,628	1,843	395	16
10-19	232,714	3,232,833	13.89	60	958,560,931	4,119	297	18
20-29	126,995	3,060,296	24.10	57	933,403,955	7,350	305	17
30-39	84,357	2,886,039	34.21	54	891,052,356	10,563	309	17
40-49	61,621	2,728,537	44.28	51	836,316,312	13,572	307	16
50-99	166,482	11,736,601	70.50	219	3,356,956,918	20,164	286	63
100 or more	186,804	35,289,027	188.91	657	7,180,273,090	38,437	203	134

¹Total Part A enrollees for 2014 was 53,674,802. The calculated 'per Part A Enrollee' rates are based on enrollees in Original Medicare and Medicare Advantage/Other Health Plans combined, because once a beneficiary enrolled in a Medicare Advantage/Other Health Plan elects the hospice benefit, his or her Medicare benefits revert to fee-for-service.

NOTES: Service visits are defined as the following: skilled nursing, home health aide, physical therapy, speech therapy, occupational therapy, or medical social worker; some beneficiaries have hospice utilization other than the service visits noted above. Counts and amounts may not sum to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.