

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2015

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	1,395,448	63,208,020	45.30	1,146	\$15,892,388,827	\$11,389	\$251	\$288
0	20,555	0	0.00	0	\$74,016,369	\$3,601	\$0	\$1
1-9	473,624	2,233,431	4.72	40	869,844,483	1,837	389	16
10-19	247,689	3,438,729	13.88	62	1,022,371,844	4,128	297	19
20-29	133,943	3,229,245	24.11	59	1,000,329,562	7,468	310	18
30-39	88,522	3,028,334	34.21	55	951,680,441	10,751	314	17
40-49	64,683	2,863,215	44.27	52	895,570,398	13,846	313	16
50-99	174,016	12,258,827	70.45	222	3,582,629,729	20,588	292	65
100 or more	192,416	36,156,239	187.91	656	7,495,946,000	38,957	207	136

¹Total Part A enrollees for 2015 was 55,153,316. 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.