

MDCR HOSPICE 6
Medicare Hospices: Utilization and Program Payments For Medicare Beneficiaries,
by Number of Service Visits, Calendar Year 2016

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	1,440,515	66,346,006	46.06	1,171	\$16,846,340,986	\$11,695	\$254	\$297
0	17,996	0	0.00	0	\$64,089,806	\$3,561	\$0	\$1
1-9	477,543	2,268,614	4.75	40	941,753,344	1,972	415	17
10-19	258,796	3,592,387	13.88	63	1,181,939,231	4,567	329	21
20-29	140,258	3,380,391	24.10	60	1,143,898,135	8,156	338	20
30-39	92,359	3,159,106	34.20	56	1,063,045,241	11,510	337	19
40-49	67,911	3,005,862	44.26	53	989,054,404	14,564	329	17
50-99	182,611	12,857,207	70.41	227	3,807,166,301	20,849	296	67
100 or more	203,041	38,082,439	187.56	672	7,655,394,524	37,704	201	135

¹Total Part A enrollees for 2016 was 56,639,078. 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.