RESEARCH INSTITUTE for HOME CARE

ADVANCING HOME CARE THROUGH RESEARCH.

Home Health Care Chartbook 2025

Prepared by KNG Health Consulting, LLC

Sponsored by National Alliance for Care at Home

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The **Research Institute for Home Care** is a non-profit, national consortium of home care providers and organizations. The Institute invests in research and education about home health care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system.

Previously known as the Alliance for Home Health Quality & Innovation, the Institute has been providing critical research and data on home care for over a decade.

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About the 2025 Home Health Care Chartbook

The Home Health Care Chartbook, published annually by the Institute, provides a broad overview of home health patients, the home health workforce, organizational trends, and the economic contribution of home health agencies. The Chartbook also provides data on 30-day rehospitalization rates among traditional Medicare beneficiaries.

It summarizes and analyzes statistics on home health from a range of government sources, including the Medicare Current Beneficiary Survey, Bureau of Labor Statistics, Medicare Cost Reports, and Medicare fee-for-service claims.

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Demographics of Home Health Users

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These analyses are subject to the limitations inherent in survey data, including sampling error, nonresponse, and the use of self-reported information

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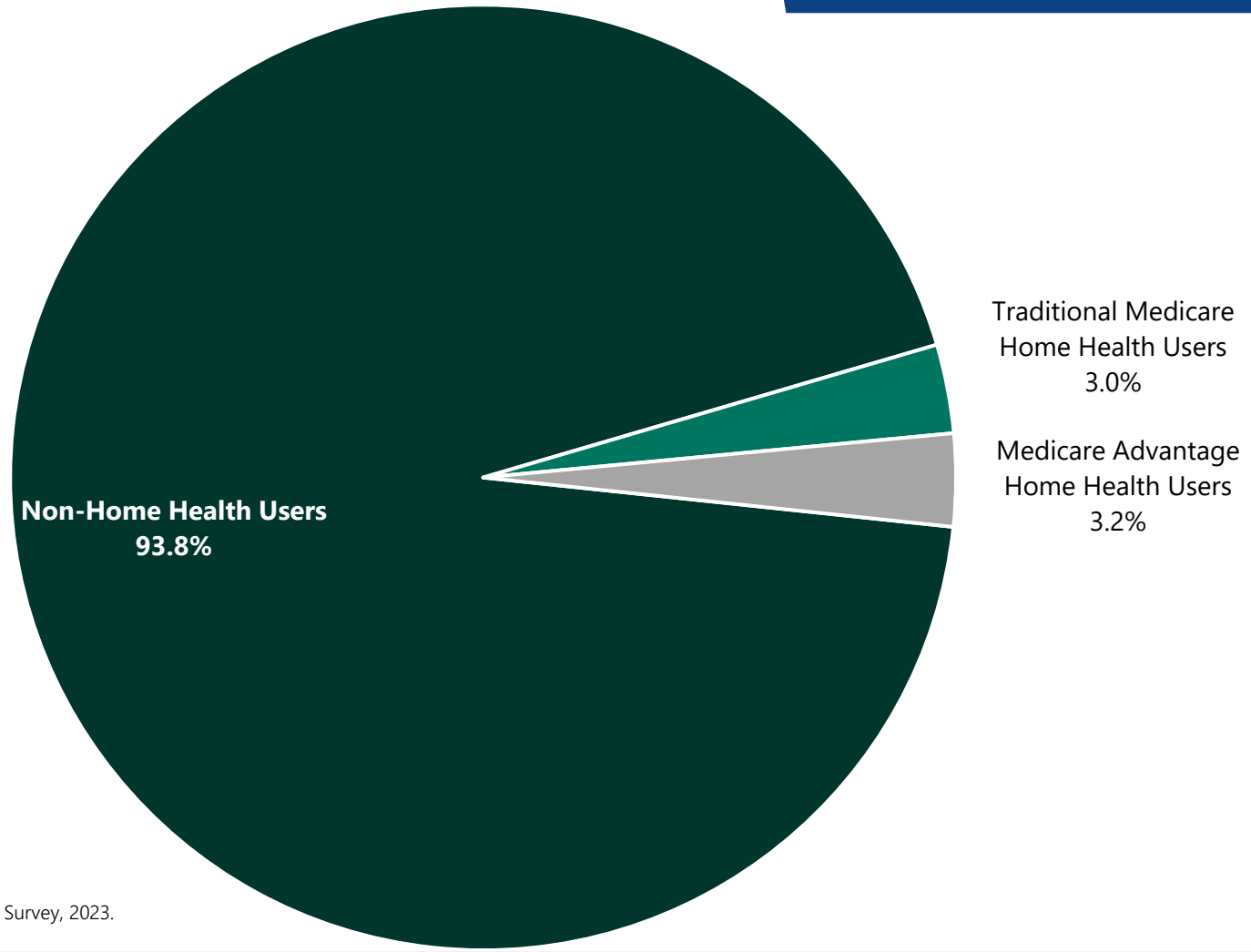
Exhibit 1.1: Distribution of Home Health Users in Traditional Medicare and Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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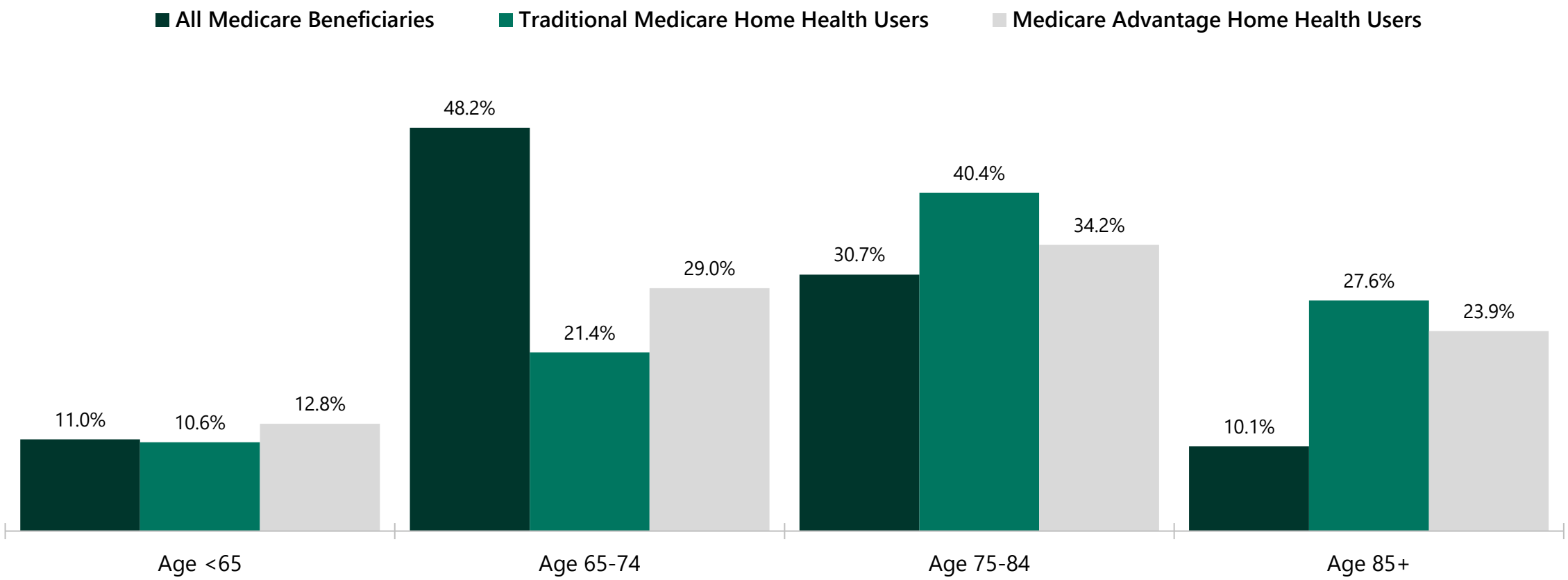
Exhibit 1.2: Age Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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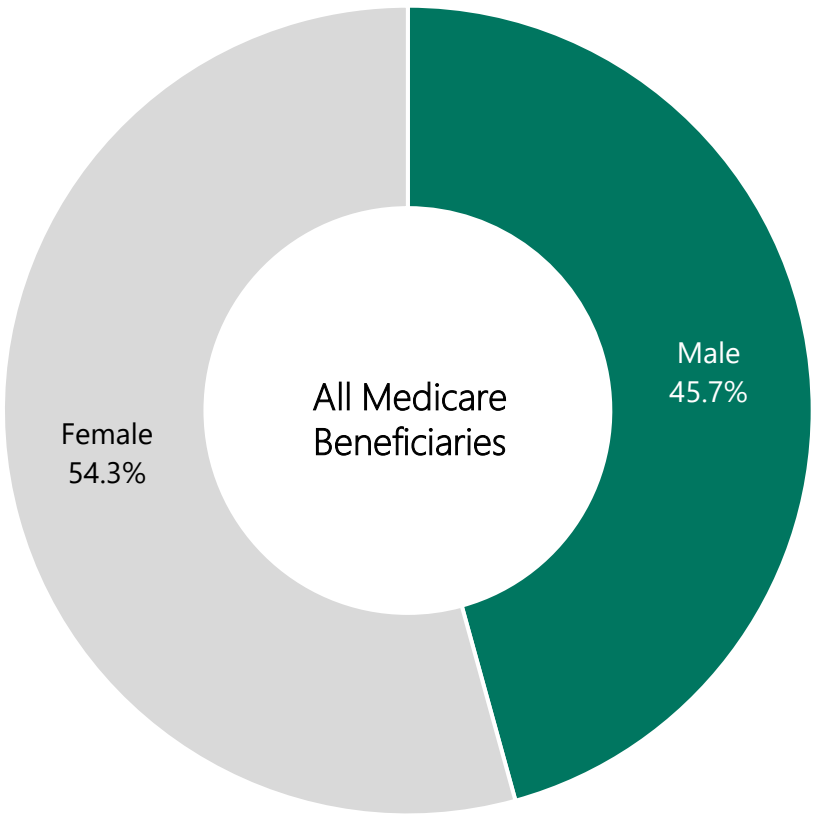
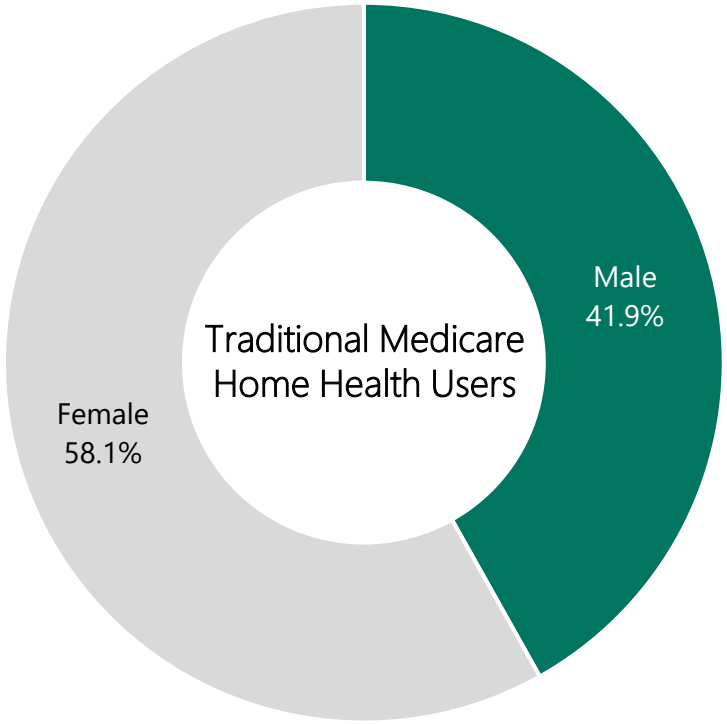
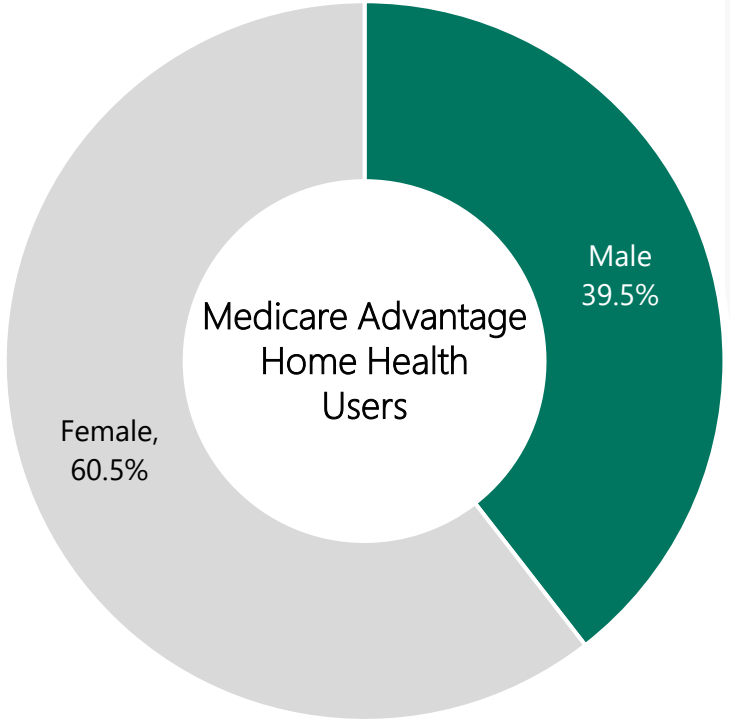
Exhibit 1.3: Gender Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023







Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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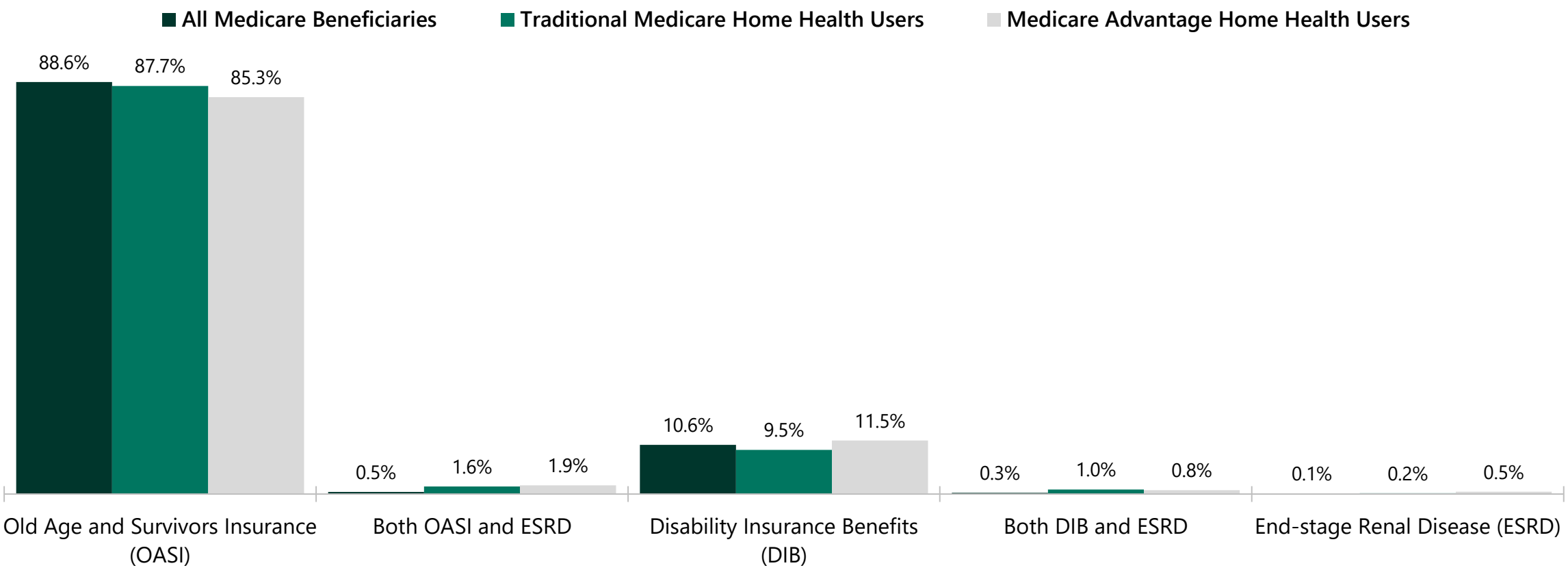
Exhibit 1.4: Reason for Medicare Enrollment of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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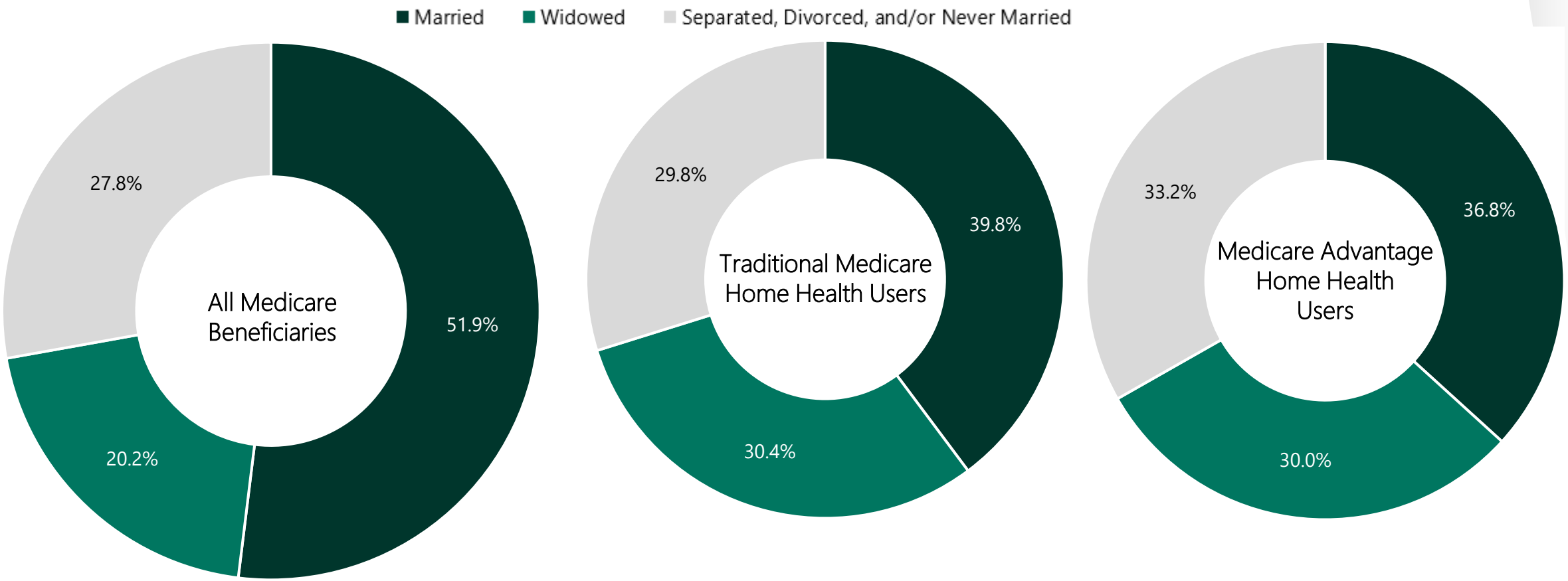
Exhibit 1.5: Marital Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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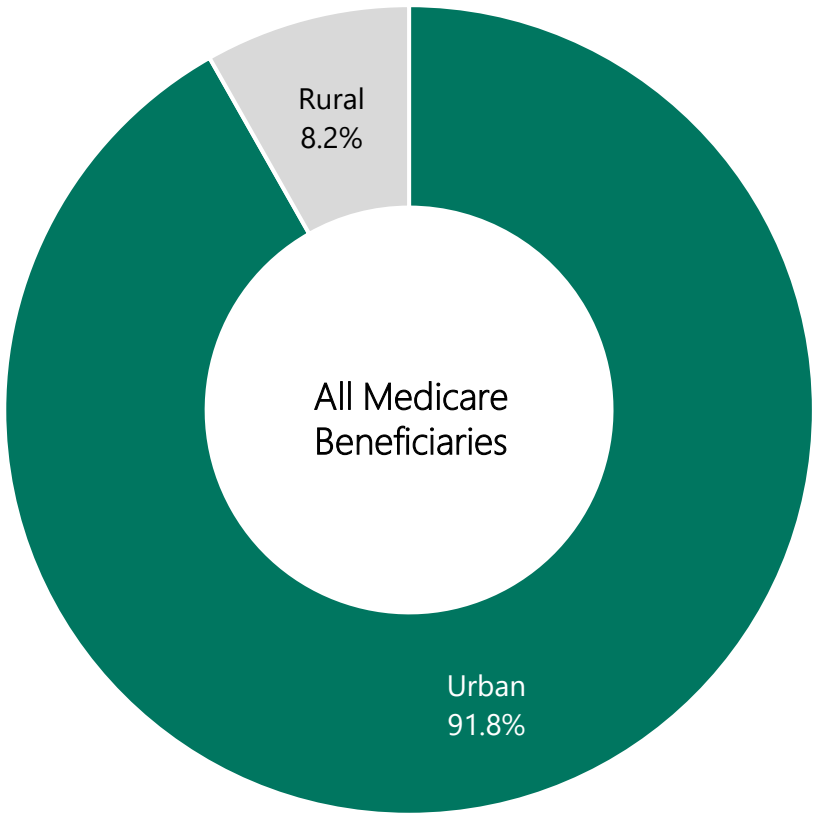
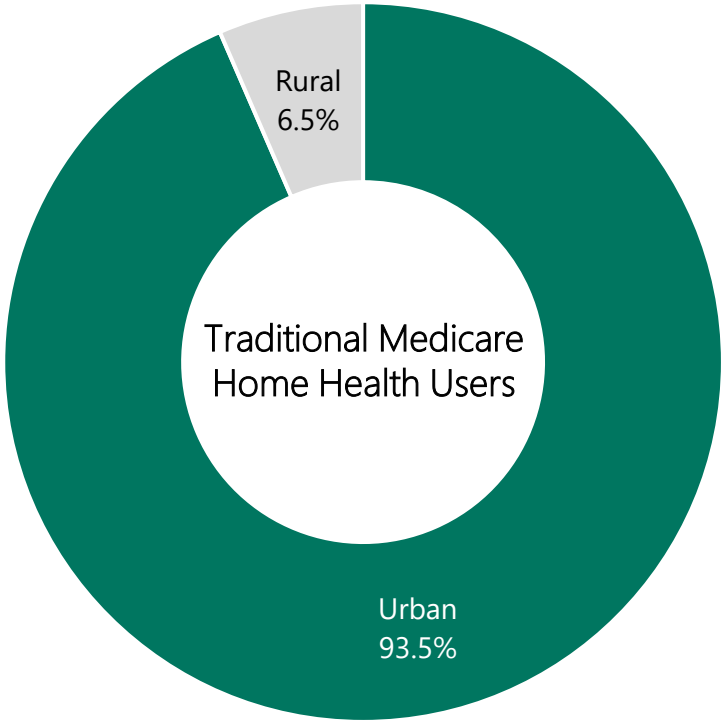
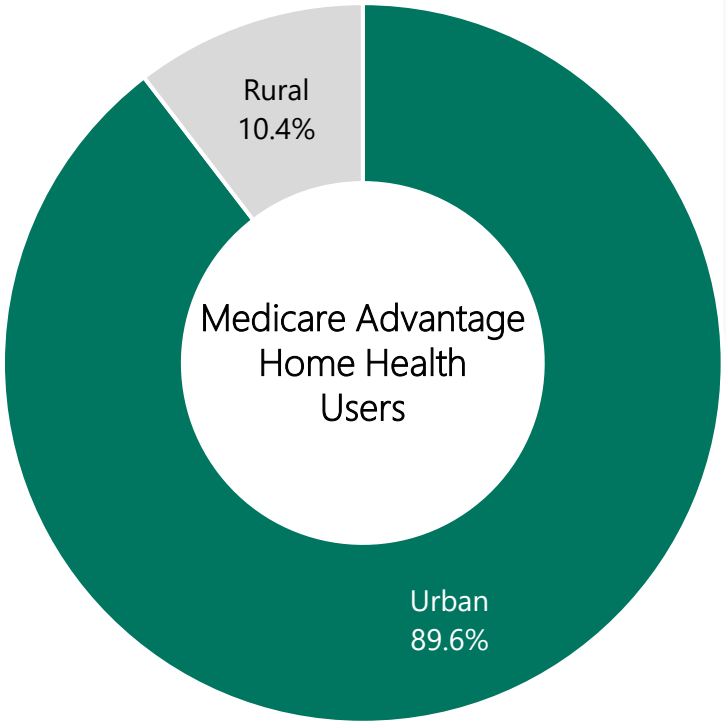
Exhibit 1.6: Rural Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023







Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.
Rural is defined as a "small town" or "rural" area.

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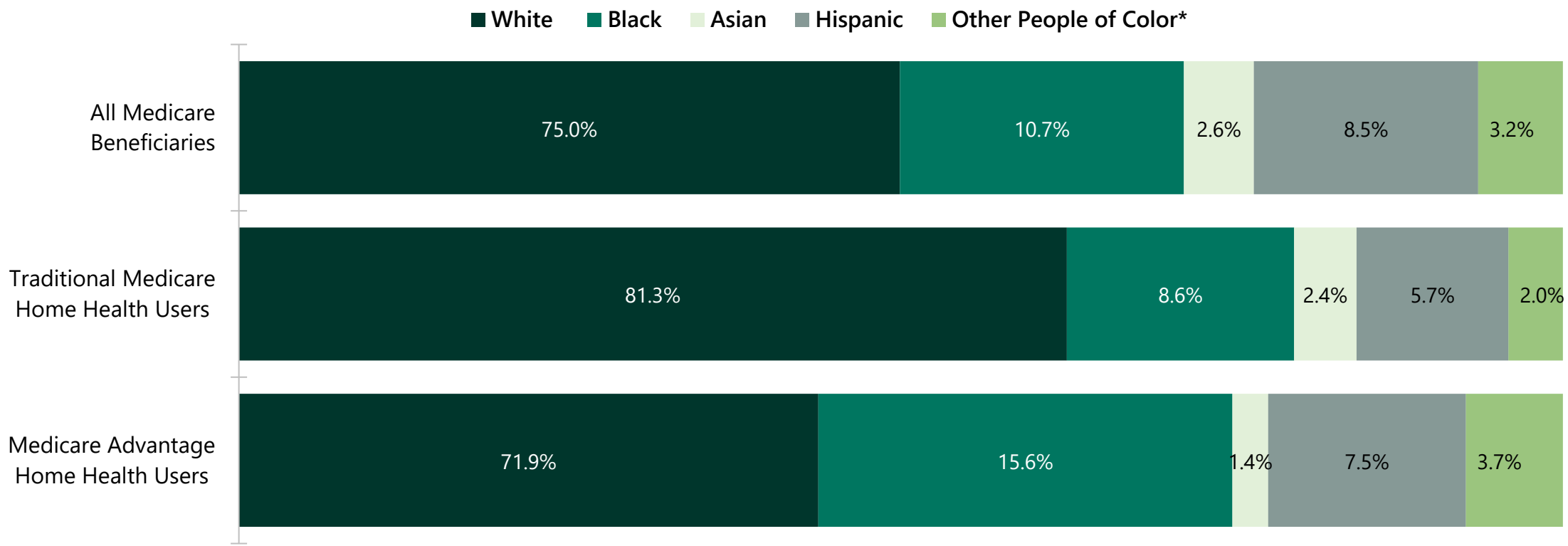
Exhibit 1.7: Race of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
*Other People of Color includes American Indian, Alaska Native, Pacific Islander, Other, and More than one race.
Totals may not sum to 100 percent due to rounding.

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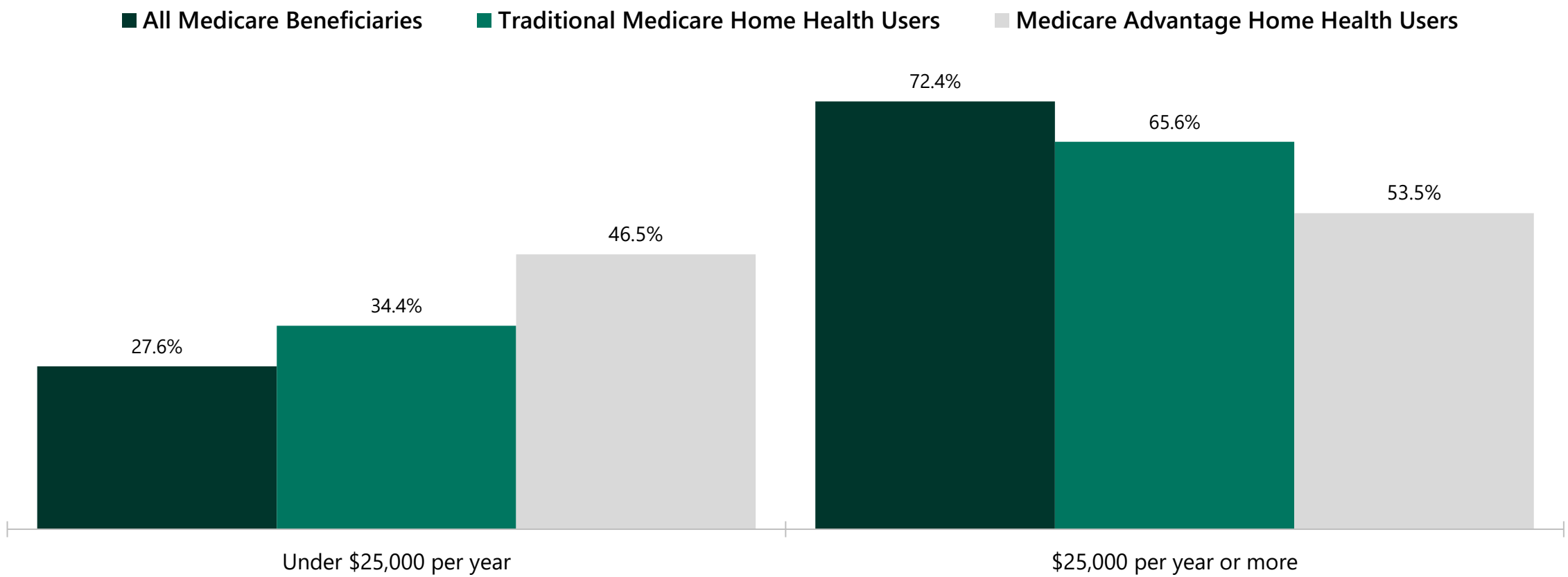
Exhibit 1.8: Income Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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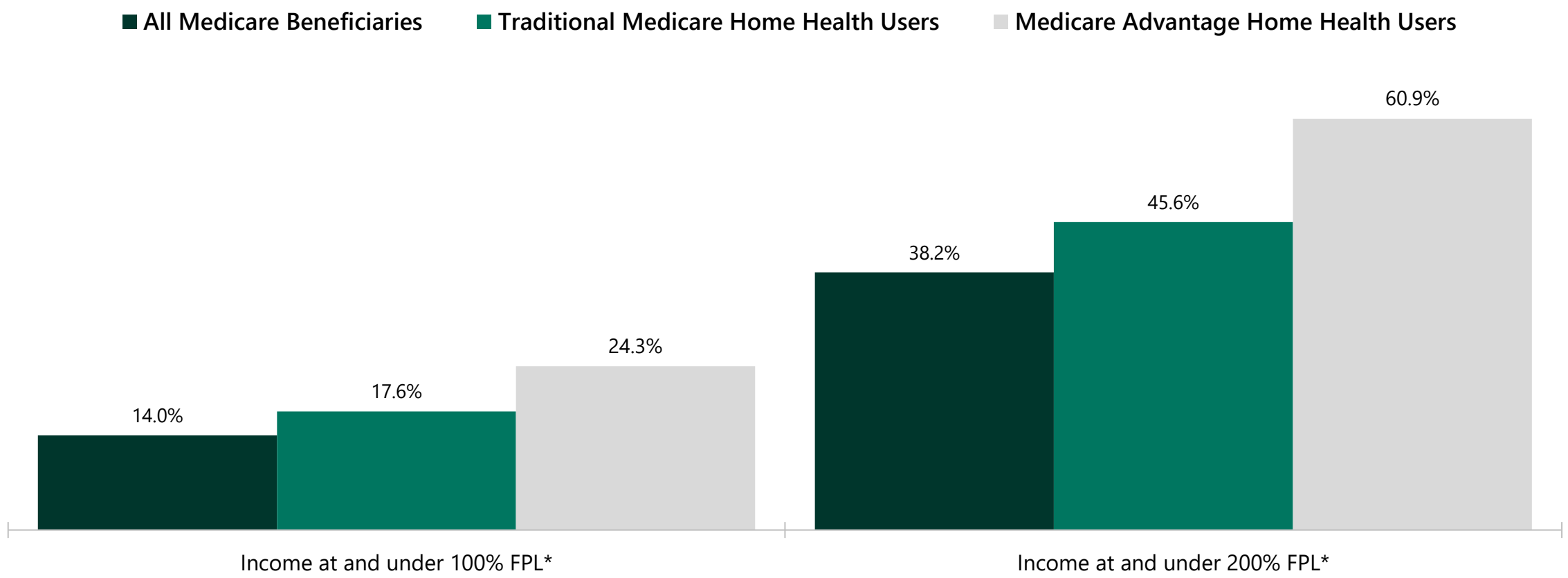
Exhibit 1.9: Income Distribution by Federal Poverty Level (FPL) of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
*In 2023, 100% of FPL for a household of 1 was $14,580, a household of 2 was $19,720, a household of 3 was $24,860, and a household of 4 was $30,000. As a result, 200% of FPL was double each amount.

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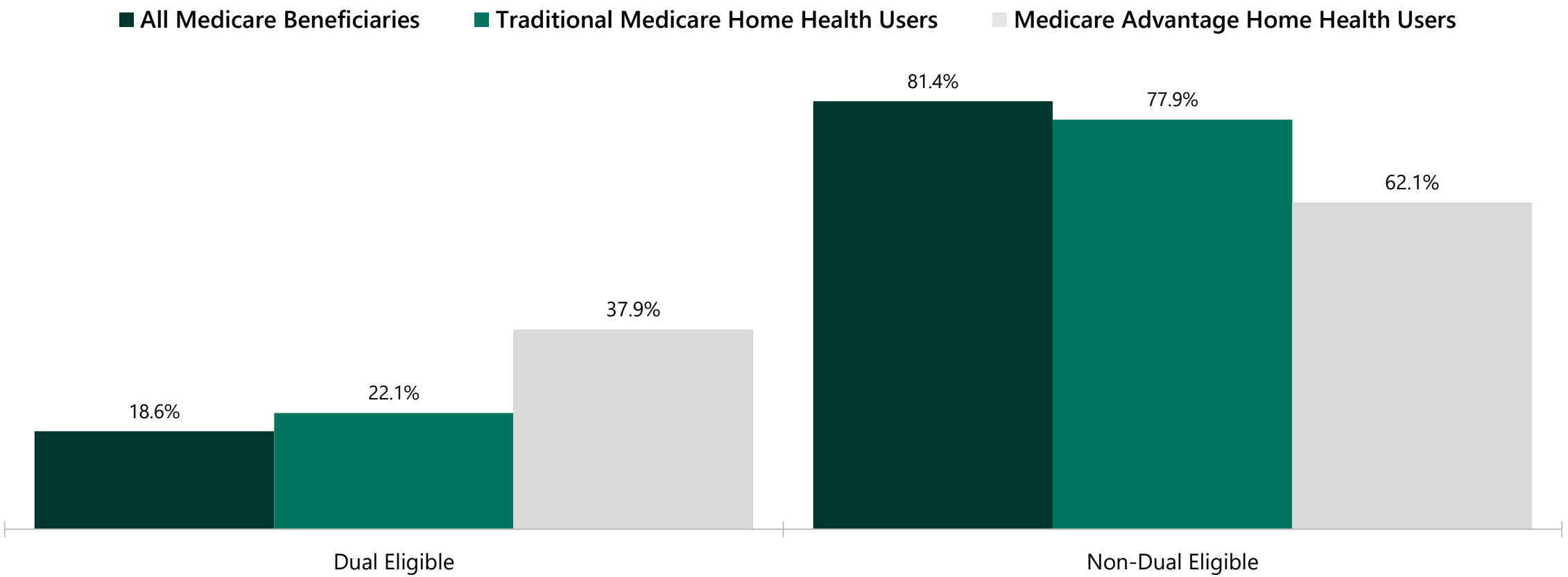
Exhibit 1.10: Dual Eligibility Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.
Dual Eligibles are defined as individuals with any state buy-in at any point during the year.

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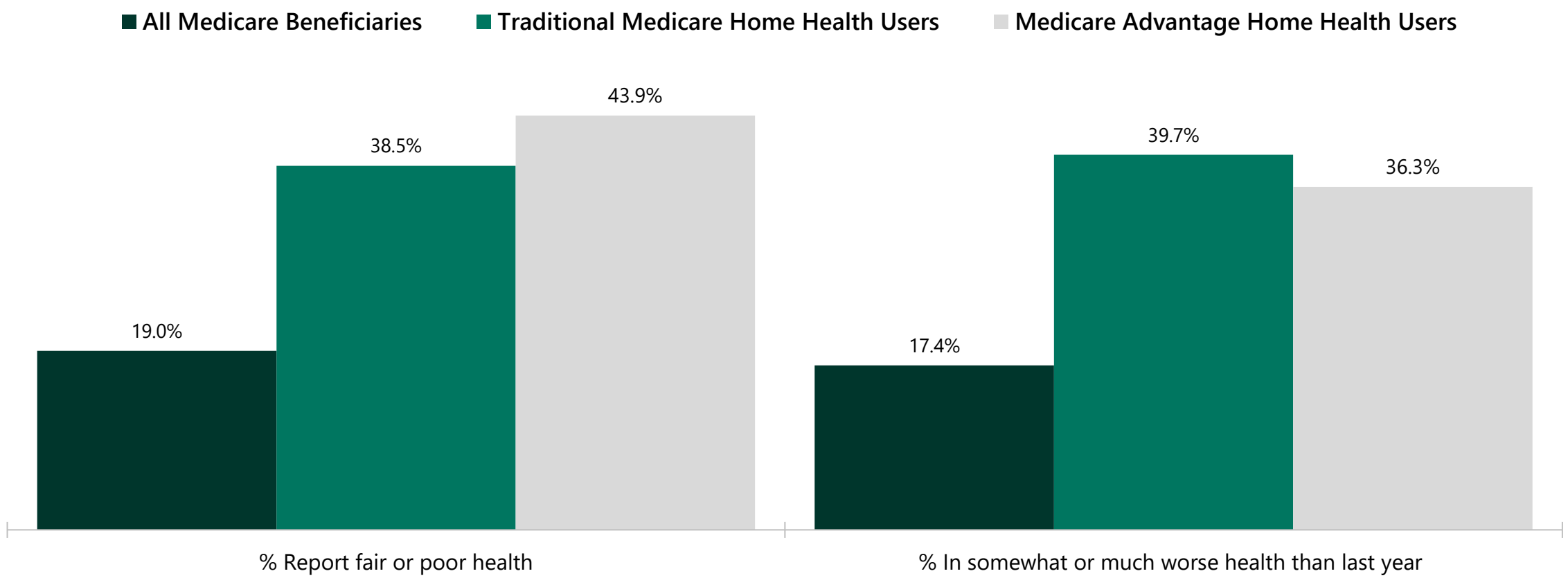
Exhibit 1.11: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Measures of General Health Status, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.

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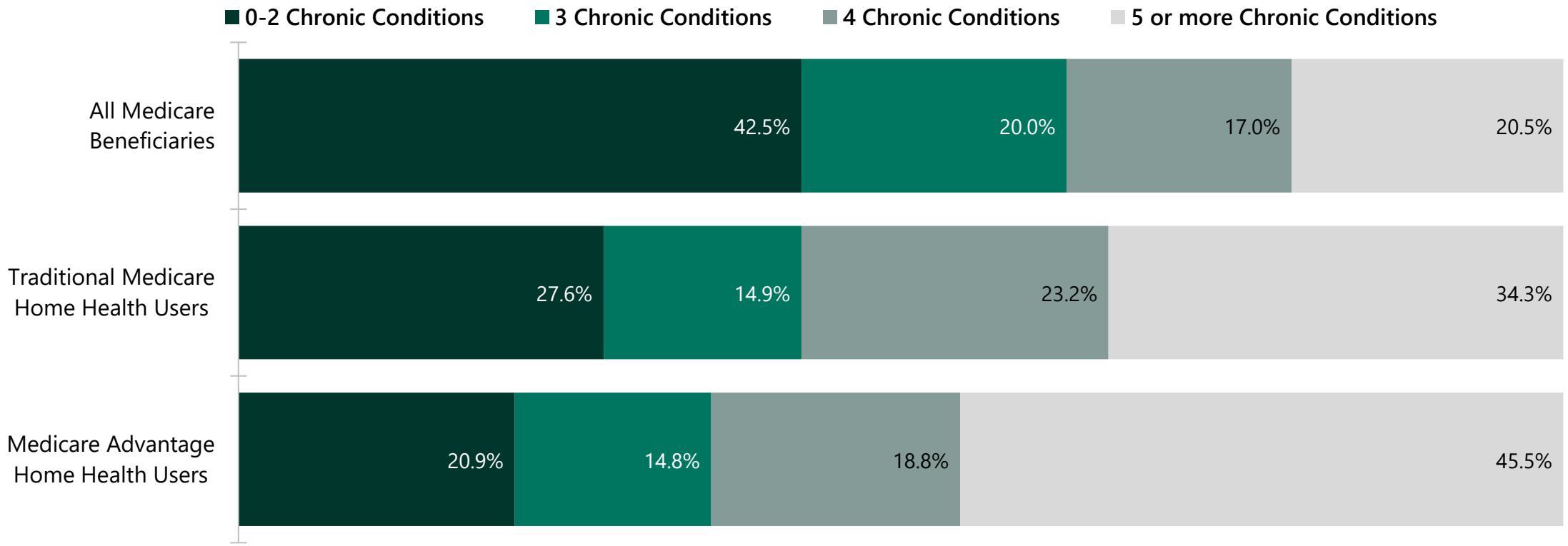
Exhibit 1.12: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Number of Chronic Conditions, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.

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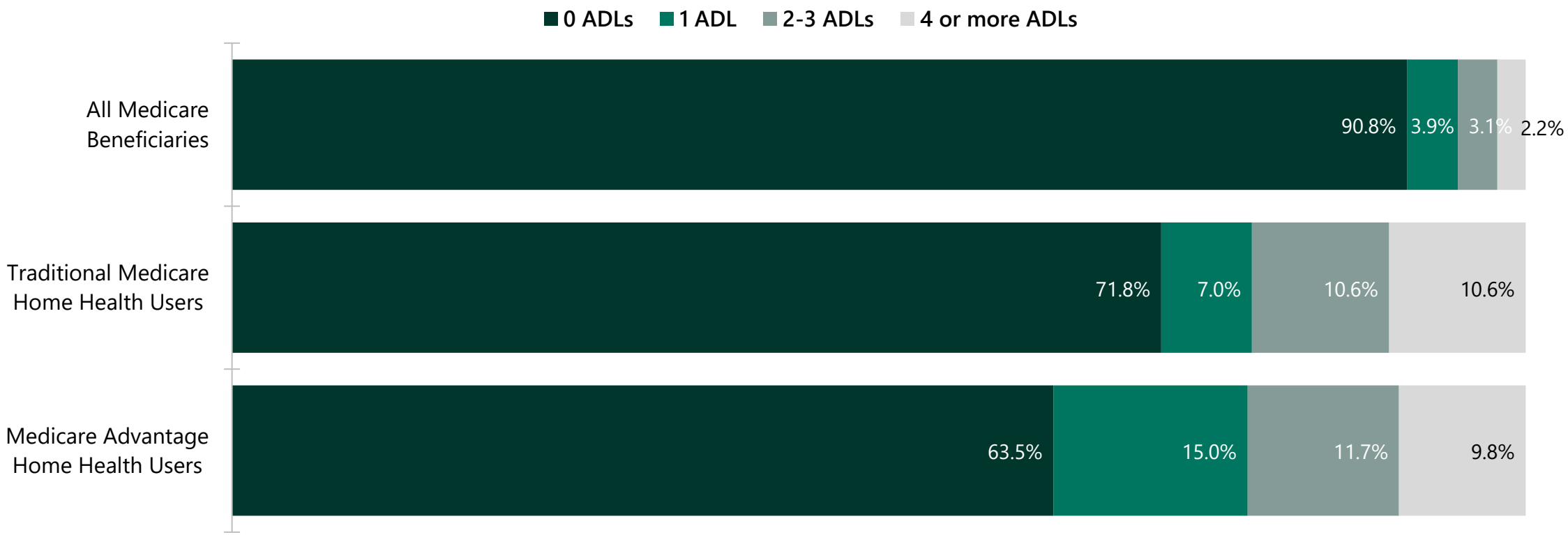
Exhibit 1.13: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Number of Activities of Daily Living (ADLs) Deficiencies, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.
ADL = Activities of daily living, such as eating, dressing, and bathing. Limitations with at least 2 ADLs is considered a measure of moderate to severe disability and is often the eligibility threshold for a nursing home level of care.

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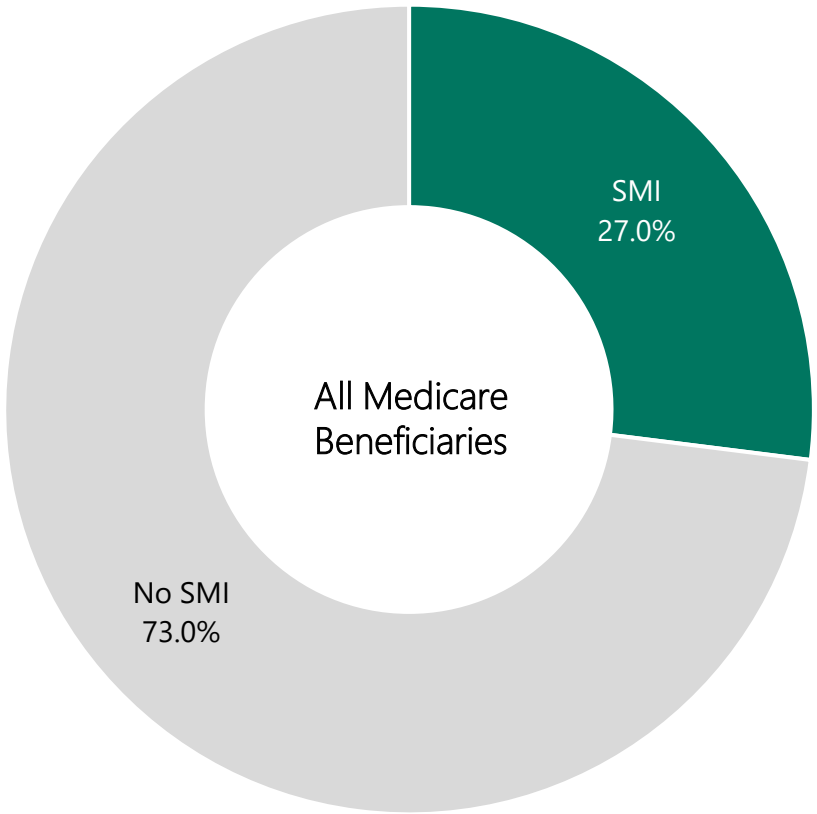
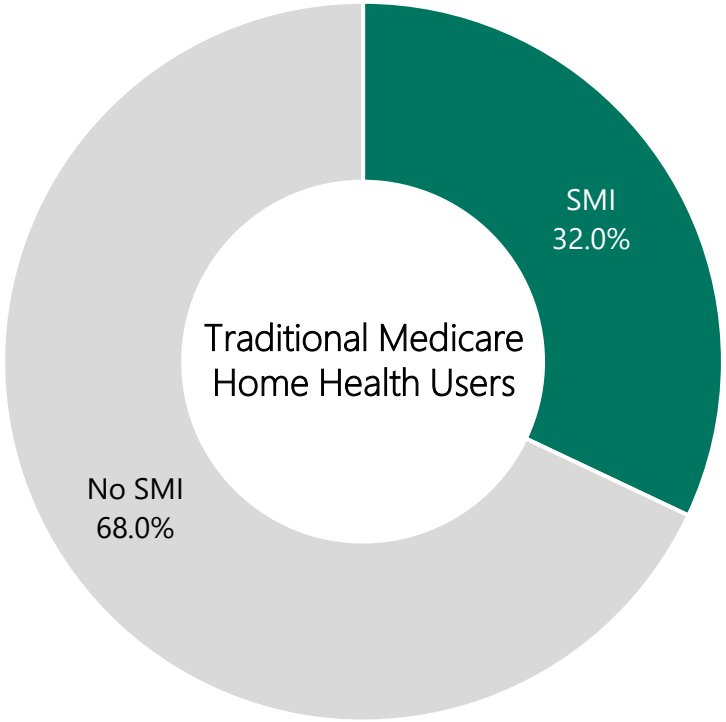
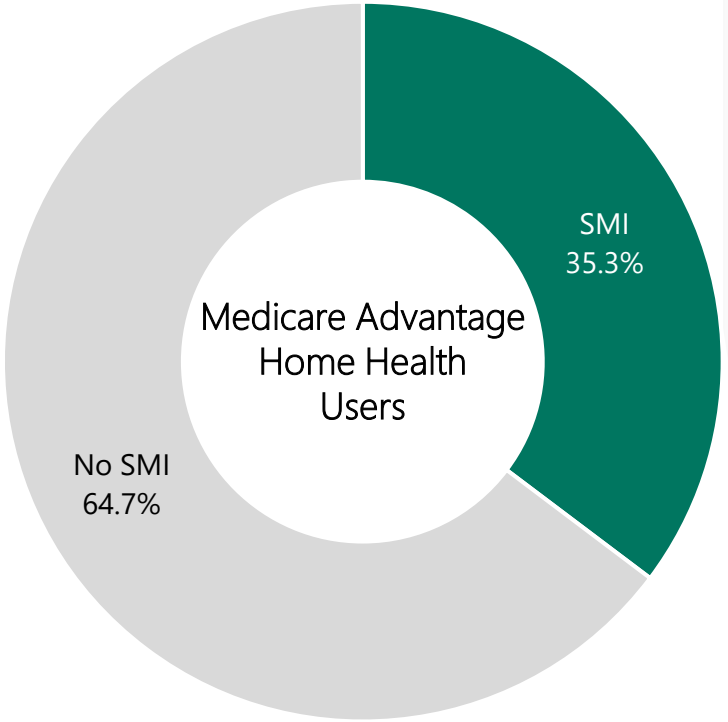
Exhibit 1.14: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, with Severe Mental Illness (SMI), 2023







Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Totals may not sum to 100 percent due to rounding.
Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

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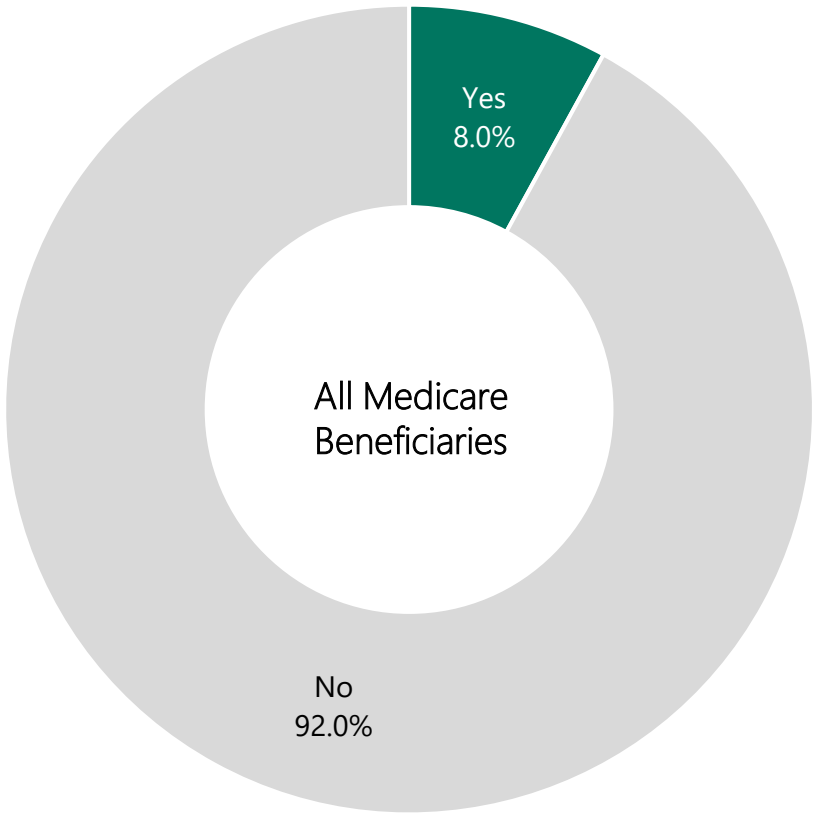
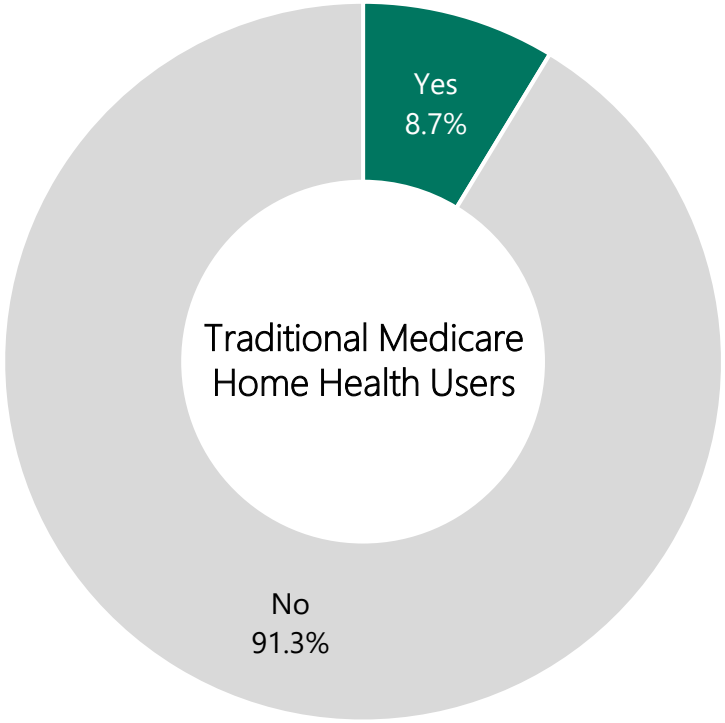
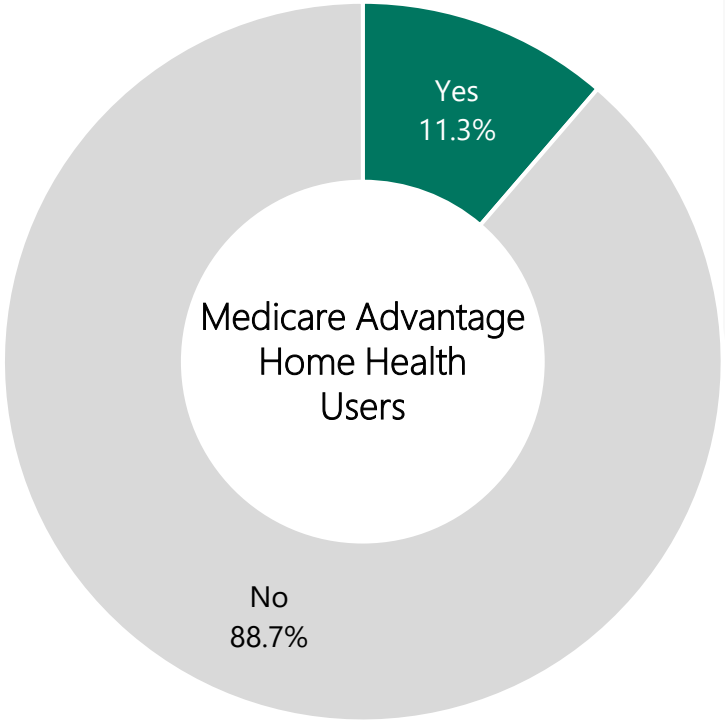
Exhibit 1.15: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage who had Trouble Accessing Needed Care, 2023







Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Access to care includes information about the respondents' use of all types of medical services.

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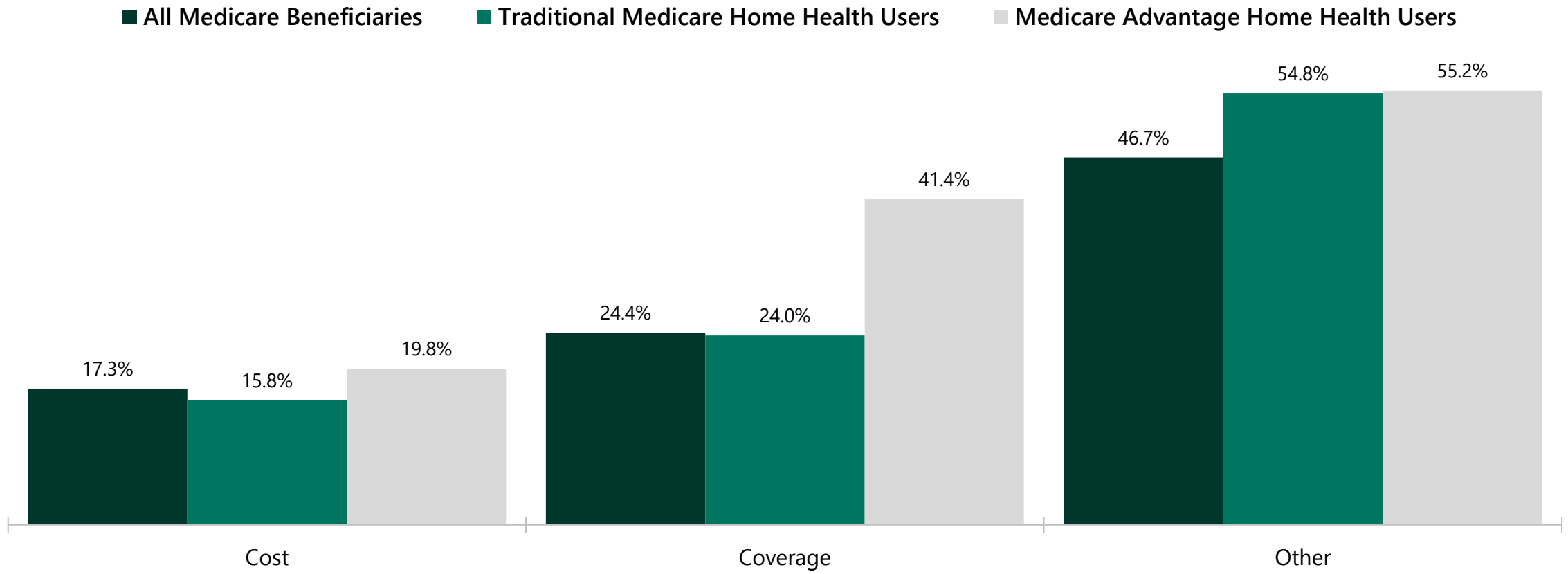
Exhibit 1.16: Top Reasons Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage had Trouble Accessing Needed Care, 2023



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2023.
Access to care includes information about the respondents' use of all types of medical services.
Respondent can select multiple reasons; the percentages are calculated as the number of respondents who selected the reason over all respondents that indicated having trouble getting needed care.

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Exhibit 2.1: Comparison of Top 10 Medicare Severity Diagnosis Related Groups (MS-DRGs) for Beneficiaries Discharged from Hospital to Home Health, 2021-2024

MS-DRGs	2021		2022		2023		2024	
	Count	Share	Count	Share	Count	Share	Count	Share
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	**85,438**	6.3%	**79,172**	6.6%	**81,111**	7.0%	**82,338**	7.2%
HEART FAILURE AND SHOCK WITH MCC	**63,469**	4.6%	**62,749**	5.2%	**60,239**	5.2%	**55,796**	4.9%
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	**68,844**	5.0%	**52,837**	4.4%	**45,986**	3.9%	**37,286**	3.3%
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	**80,391**	5.9%	**54,779**	4.5%	**32,030**	2.8%	**27,495**	2.4%
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	**15,994**	1.2%	**21,420**	1.8%	**25,066**	2.2%	**24,861**	2.2%
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	**20,644**	1.5%	**18,352**	1.5%	**18,159**	1.6%	**17,873**	1.6%
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	**16,939**	1.2%	**15,528**	1.3%	**16,131**	1.4%	**16,669**	1.5%
PULMONARY EDEMA AND RESPIRATORY FAILURE	**14,454**	1.1%	**13,993**	1.2%	**14,904**	1.3%	**14,591**	1.3%
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	**16,571**	1.2%	**14,175**	1.2%	**14,263**	1.2%	**14,108**	1.2%
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	**14,613**	1.1%	**13,950**	1.2%	**14,159**	1.2%	**13,862**	1.2%
Total across Top 10 MS-DRGs	**397,357**	29.1%	**346,955**	28.7%	**322,048**	27.7%	**304,879**	26.8%

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2021-2024.
Note: Data is limited to beneficiaries with a home health episode and a short-term acute care hospital stay within 14 days of home health admission discharged in each year. Prior short term-acute care stays are limited to the year of interest and the prior year.

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Exhibit 2.2: Comparison of Top 10 Major Diagnostic Categories by Volume for Beneficiaries Discharged from Hospital to Home Health, 2021-2024

Major Diagnostic Category	2021		2022		2023		2024	
	Count	Share	Count	Share	Count	Share	Count	Share
CIRCULATORY SYSTEM	**266,712**	19.5%	**234,575**	19.4%	**227,272**	19.5%	**219,402**	19.3%
MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	**244,306**	17.9%	**215,035**	17.8%	**207,760**	17.8%	**195,225**	17.1%
RESPIRATORY SYSTEM	**194,070**	14.2%	**169,007**	14.0%	**148,107**	12.7%	**139,951**	12.3%
INFECTIOUS & PARASITIC DISEASES	**142,837**	10.5%	**128,631**	10.7%	**130,441**	11.2%	**130,918**	11.5%
NERVOUS SYSTEM	**108,935**	8.0%	**95,732**	7.9%	**93,089**	8.0%	**92,875**	8.2%
DIGESTIVE SYSTEM	**111,214**	8.1%	**97,959**	8.1%	**94,973**	8.2%	**92,736**	8.1%
KIDNEY & URINARY TRACT	**94,740**	6.9%	**87,563**	7.3%	**87,853**	7.5%	**89,053**	7.8%
ENDOCRINE, NUTRITIONAL & METABOLIC	**51,392**	3.8%	**45,848**	3.8%	**44,369**	3.8%	**44,614**	3.9%
SKIN, SUBCUTANEOUS TISSUE & BREAST	**32,745**	2.4%	**28,328**	2.3%	**29,027**	2.5%	**28,732**	2.5%
HEPATOBILIARY SYSTEM & PANCREAS	**28,645**	2.1%	**24,855**	2.1%	**23,932**	2.1%	**23,198**	2.0%
Total across Top 10 Major Diagnostic Categories	**1,275,596**	93.3%	**1,127,533**	93.4%	**1,086,823**	93.3%	**1,056,704**	92.8%

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2021-2024.
Note: Data is limited to beneficiaries with a home health episode and a short-term acute care hospital stay within 14 days of home health admission discharged in each year. Prior short term-acute care stays are limited to the year of interest and the prior year.

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Exhibit 2.3: Comparison of Top 10 Primary International Classification of Diseases, Version 10 (ICD-10) Diagnoses for All Traditional Medicare Home Health Claims, 2021-2024

Primary ICD-10 Diagnoses	2021		2022		2023		2024	
	Count	Share	Count	Share	Count	Share	Count	Share
TYPE 2 DIABETES MELLITUS	**808,136**	7.6%	**670,887**	7.7%	**655,899**	7.8%	**658,067**	7.8%
ORTHOPEDIC AFTERCARE	**518,714**	4.9%	**458,140**	5.2%	**463,379**	5.5%	**452,266**	5.4%
ENCOUNTER FOR OTHER POSTPROCEDURAL AFTERCARE	**573,960**	5.4%	**471,207**	5.4%	**450,817**	5.3%	**440,910**	5.3%
HYPERTENSIVE HEART DISEASE	**377,920**	3.6%	**356,828**	4.1%	**345,620**	4.1%	**340,988**	4.1%
PRESSURE ULCER	**394,103**	3.7%	**333,845**	3.8%	**316,454**	3.7%	**314,679**	3.7%
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE	**281,164**	2.6%	**281,163**	3.2%	**277,360**	3.3%	**273,742**	3.3%
ESSENTIAL (PRIMARY) HYPERTENSION	**456,370**	4.3%	**317,164**	3.6%	**287,575**	3.4%	**268,391**	3.2%
SEQUELAE OF CEREBROVASCULAR DISEASE	**354,874**	3.3%	**292,674**	3.3%	**272,392**	3.2%	**263,440**	3.1%
OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE	**306,735**	2.9%	**242,986**	2.8%	**225,643**	2.7%	**228,487**	2.7%
FRACTURE OF FEMUR	**218,499**	2.1%	**188,570**	2.2%	**181,510**	2.1%	**180,607**	2.2%
Total across Top 10 Primary ICD-10 Diagnoses	**4,290,475**	40.4%	**3,613,464**	41.3%	**3,476,649**	41.1%	**3,421,577**	40.8%

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2021-2024.
Note: Cohorts include all Home Health claims in 2021-2024 Standard Analytic Files.

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Role of Home Health in Post-Acute Care Market

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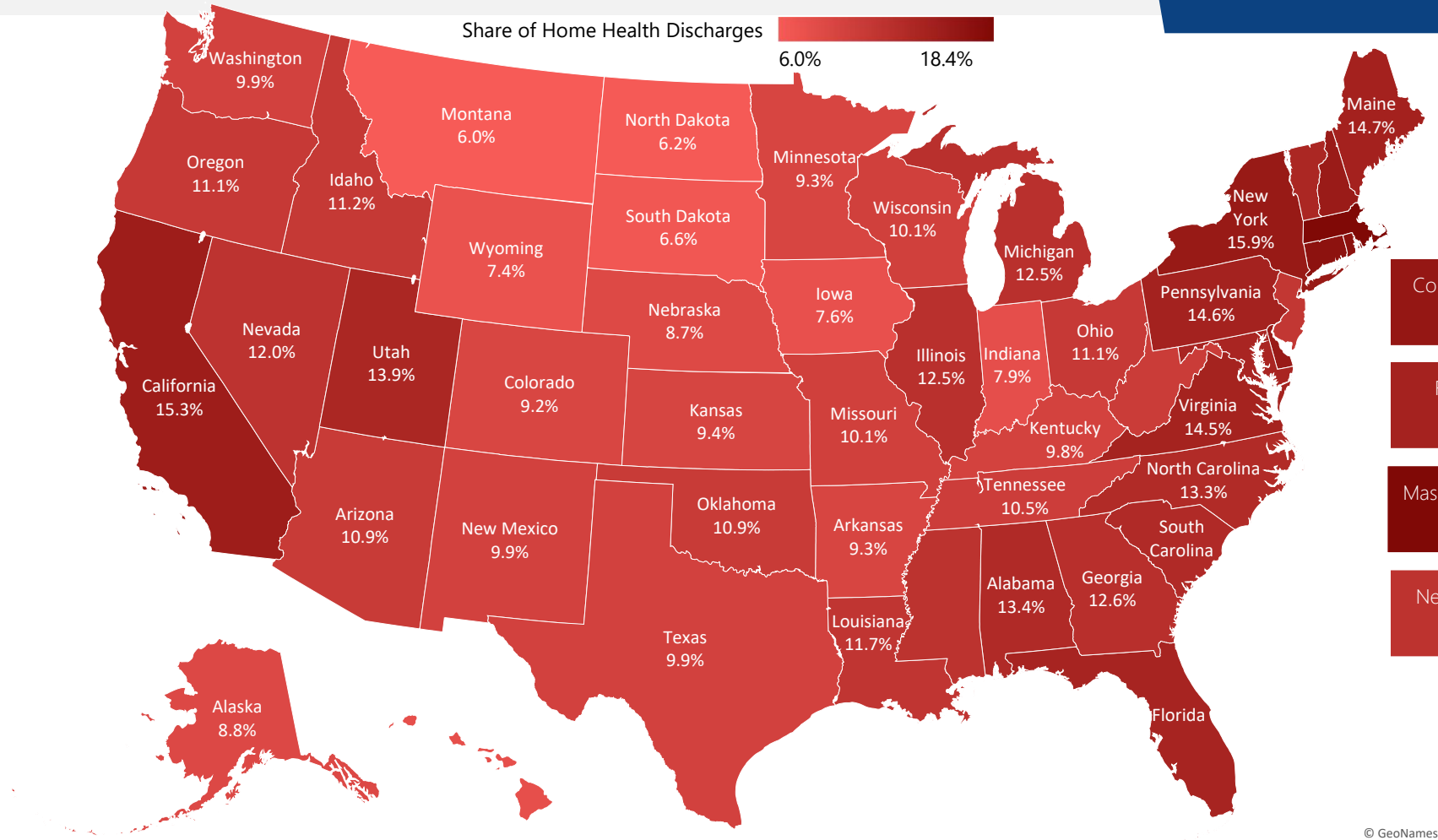
Exhibit 3.1: Share of Home Health Discharges following an Inpatient Stay by State, 2024

Role of Home Health in Post-Acute Care Market



National
12.7%

Connecticut 17.0%	Delaware 15.8%	DC 13.3%
Florida 14.3%	Hawaii 7.8%	Maryland 14.1%
Massachusetts 18.4%	Mississippi 12.1%	New Hampshire 15.7%
New Jersey 11.5%	Rhode Island 17.1%	South Carolina 13.4%
Vermont 13.9%	West Virginia 10.7%	

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024.
Note: Home health discharges are defined as a home health admission within 14 days of discharge from a short-term acute care hospital.

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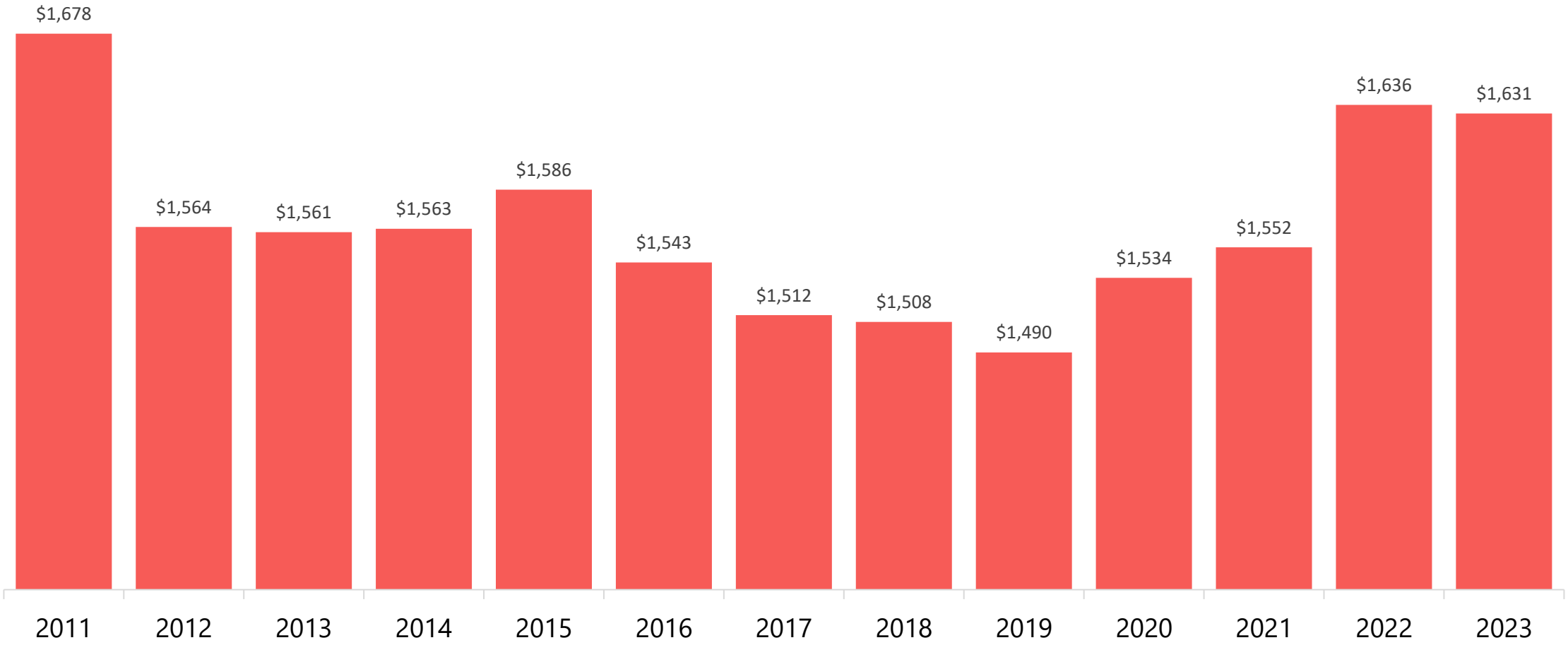
Exhibit 3.2: Traditional Medicare Spending Per Capita for Post-acute Care, 2011-2023



Source: Medicare Payment Advisory Commission. A Data Book: Health Care Spending and the Medicare Program, July 2025.
Note: Dollar amounts have not been adjusted for inflation.

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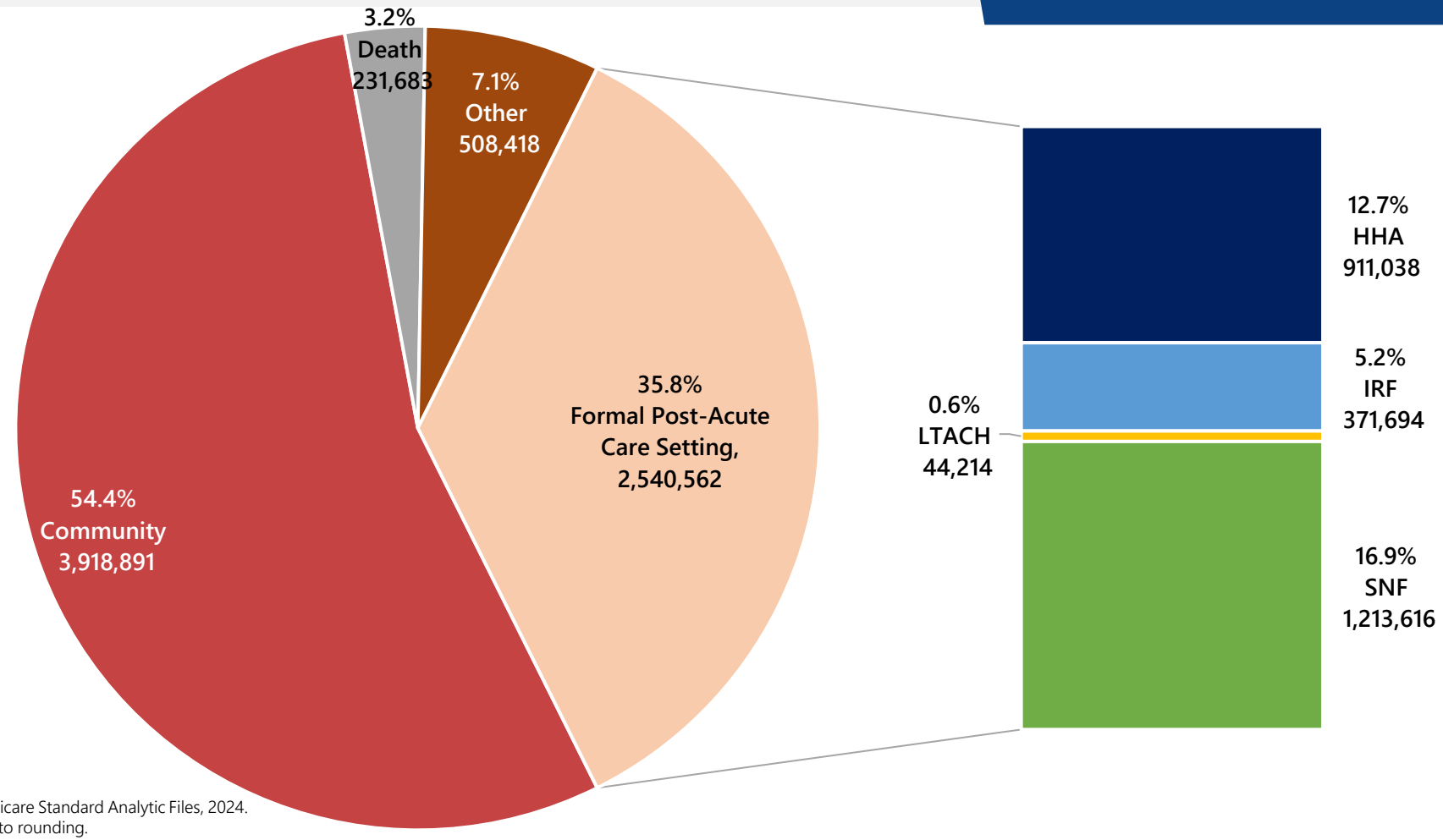
Exhibit 3.3: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries, 2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024.
Totals may not sum to 100 percent due to rounding.
Community: Discharges to the community without skilled home health care; includes individuals living at home, assisted living facilities, and retirement communities.
Formal Post-Acute Care Settings: Settings designated as post-acute care by Medicare. Includes skilled nursing facilities (SNF), home health agencies (HHA), inpatient rehabilitation facilities (IRF), and long-term acute care hospitals (LTACH).
Other: Hospice or other inpatient hospitals such as inpatient psychiatric facilities.

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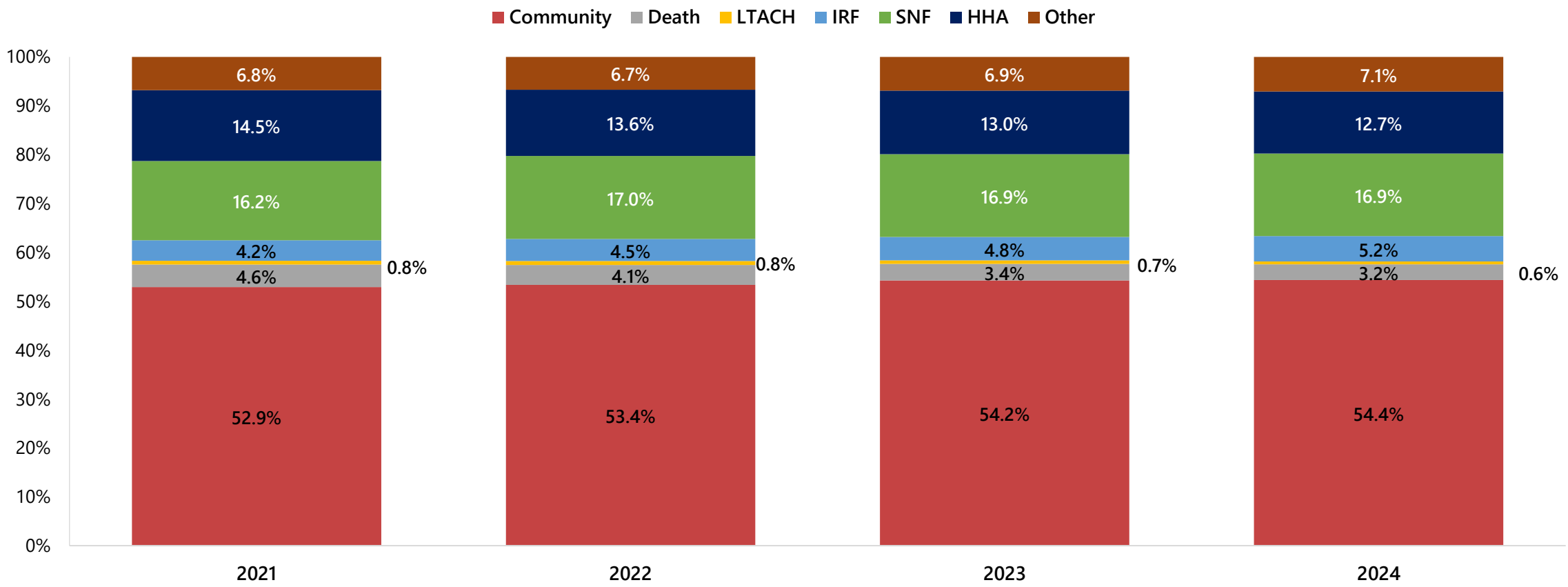
Exhibit 3.4: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries, 2021-2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2019-2023.
Totals may not sum to 100 percent due to rounding.
Community: Discharges to the community without skilled home health care; includes individuals living at home, assisted living facilities, and retirement communities.
SNF = skilled nursing facility, HHA = home health agency, IRF = inpatient rehabilitation facility, and LTACH = long-term acute care hospital.
Other: Hospice or other inpatient hospitals such as inpatient psychiatric facilities.

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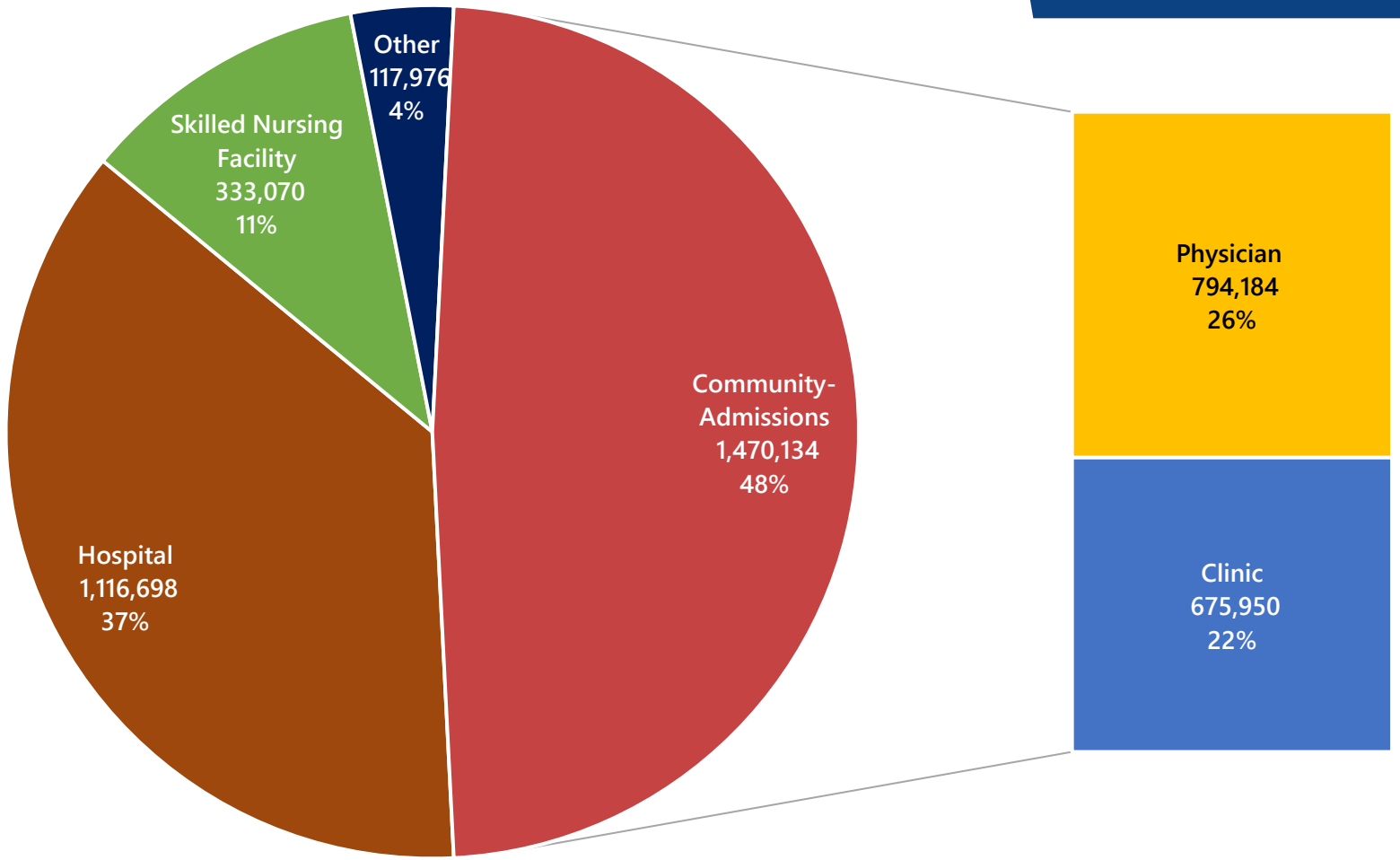
Exhibit 3.5: Share of Home Health Stays by Home Health Agency Referral Sources, 2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024.
Totals may not sum to 100 percent due to rounding.
Home health stays are limited to those initiated in 2024, and home health agency referral source is based the earliest claim available for that home health stay.
Other: Includes all other referral sources such as "another health care facility," "court/law enforcement," and unknown.

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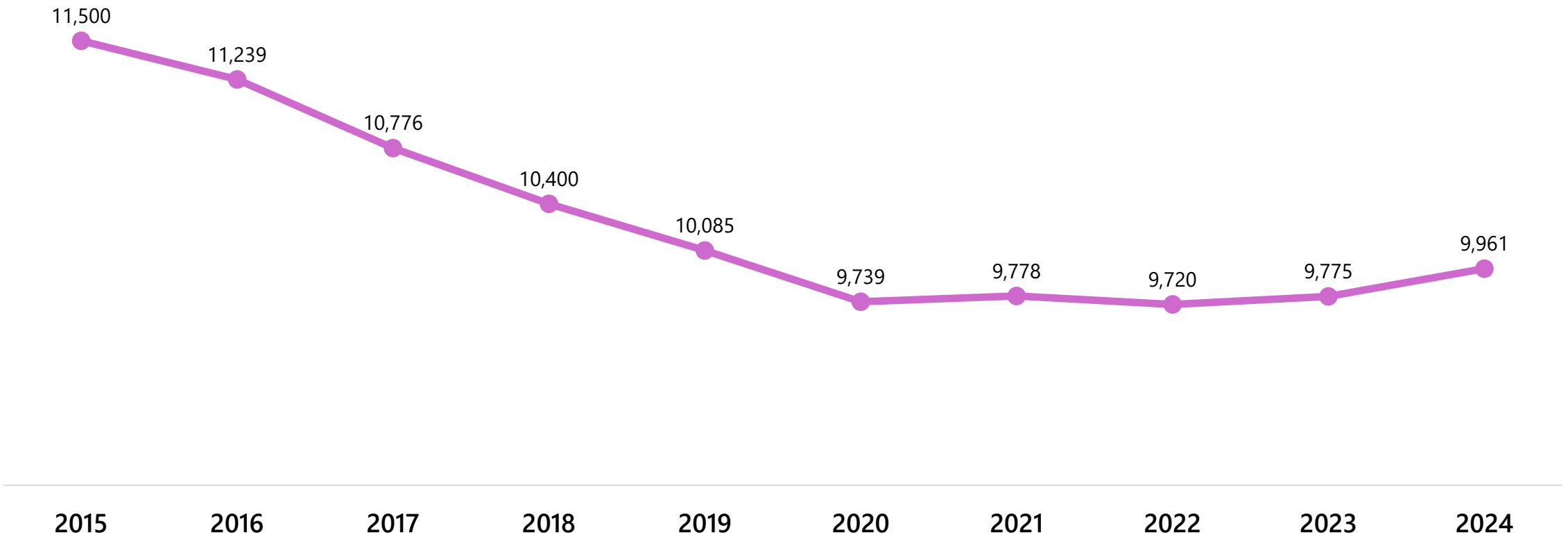
Exhibit 4.1: Number of Home Health Agencies Treating Traditional Medicare Beneficiaries, 2015-2024



Source: KNG Health analysis of 2025Q2 POS iQIES and 2019–2024 100% Home Health Agency Standard Analytic Limited Dataset Files.
The providers included in this analysis submitted at least one home health claim paid by Traditional Medicare in a given year. Providers are limited to those in the 50 states and Washington, D.C..

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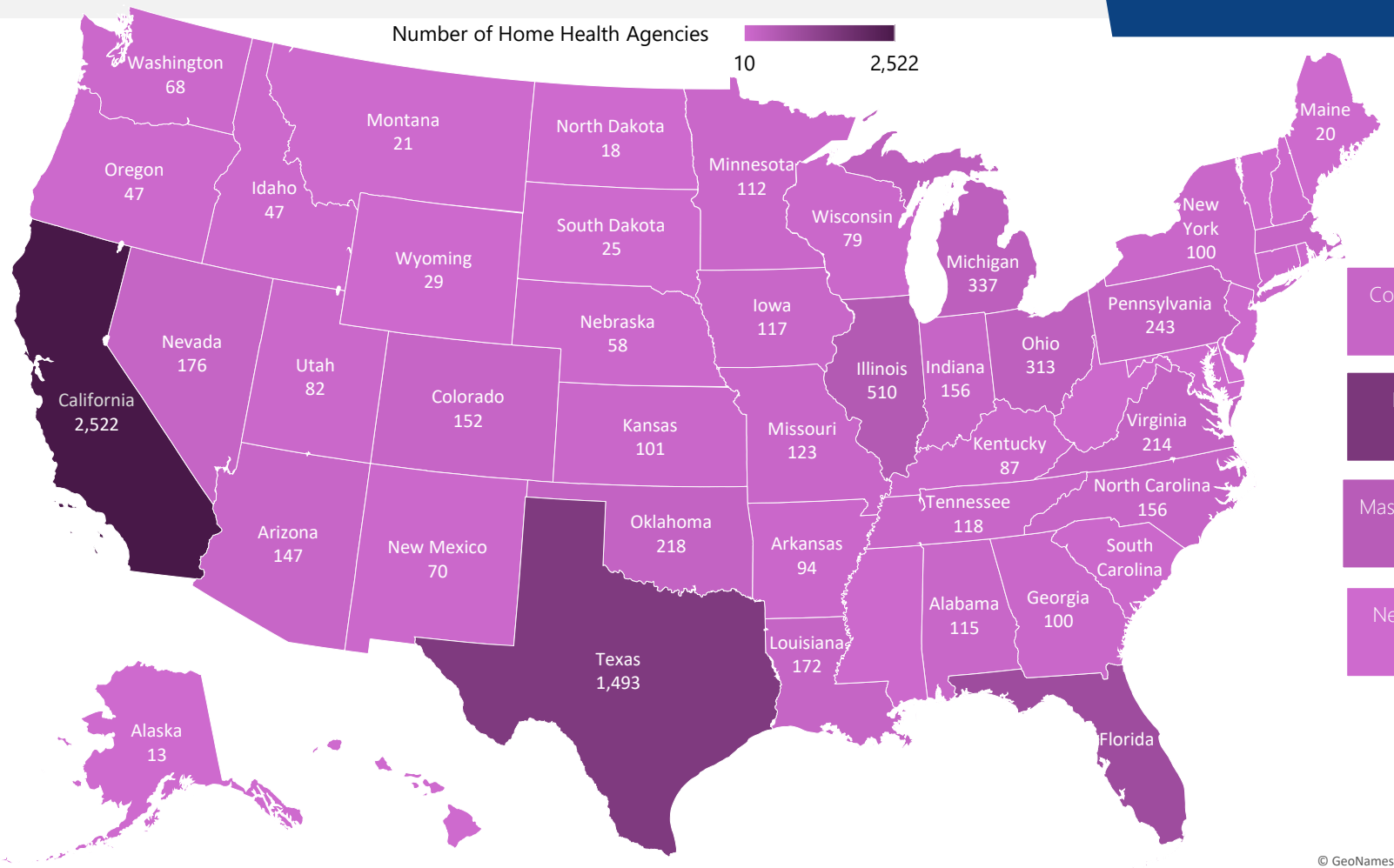
Exhibit 4.2: Number of Home Health Agencies Treating Traditional Medicare Beneficiaries, by State



National
9,961

Connecticut 69	Delaware 18	DC 18
Florida 919	Hawaii 13	Maryland 51
Massachusetts 167	Mississippi 42	New Hampshire 26
New Jersey 39	Rhode Island 20	South Carolina 68
Vermont 10	West Virginia 48	

Source: KNG Health analysis of 2025Q2 POS iQIES and 2024 100% Home Health Agency Standard Analytic Limited Dataset Files.
The providers included in this analysis submitted at least one home health claim paid by Traditional Medicare in a given year. Providers are limited to those in the 50 states and Washington, D.C..

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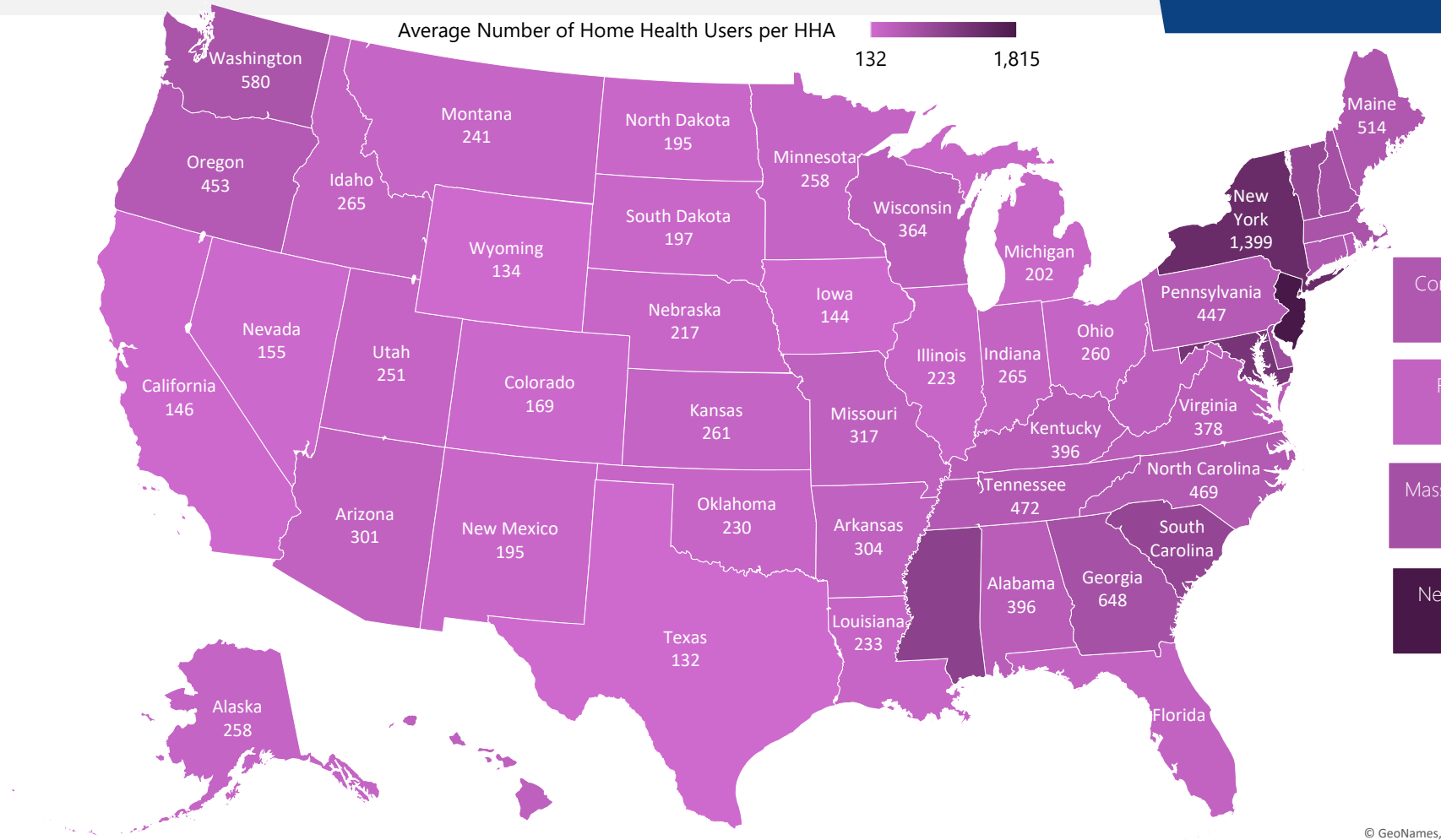
Exhibit 4.3: Average Number of Traditional Medicare Home Health Users per Home Health Agencies*, by State



National
269

Connecticut 503	Delaware 735	DC 186
Florida 281	Hawaii 328	Maryland 1,227
Massachusetts 594	Mississippi 978	New Hampshire 657
New Jersey 1,815	Rhode Island 452	South Carolina 862
Vermont 848	West Virginia 350	

Source: KNG Health analysis of 2025Q2 POS iQIES and 2024 100% Home Health Agency Standard Analytic Limited Dataset Files.
*The providers included in this analysis submitted at least one home health claim paid by Traditional Medicare in a given year. Providers are limited to those in the 50 states and Washington, D.C..
The count of home health users is limited to Traditional Medicare beneficiaries going to home health agencies included in our sample.

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Under the Patient-Driven Groupings Model, Medicare pays home health agencies in 30-day periods.

In 2024, about **2.7 million** Traditional Medicare beneficiaries generated roughly **8.4 million** 30-day home health payment periods.

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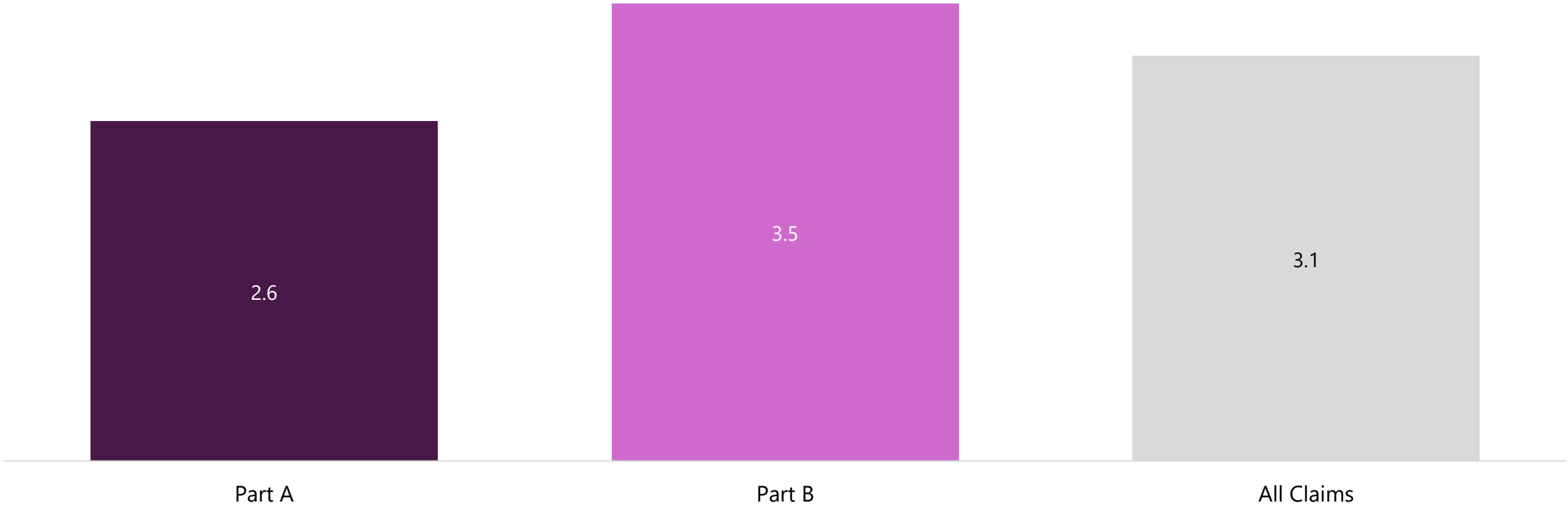
Exhibit 4.4: Average Number of Home Health 30-Day Pay Periods per Medicare Home Health User by Part A, Part B, and all Claims, 2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024.
Note: Part A home health claims are defined as a home health claim with a claim value code of "62." Part B home health episodes are defined as a home health claim without a claim value code of "62."

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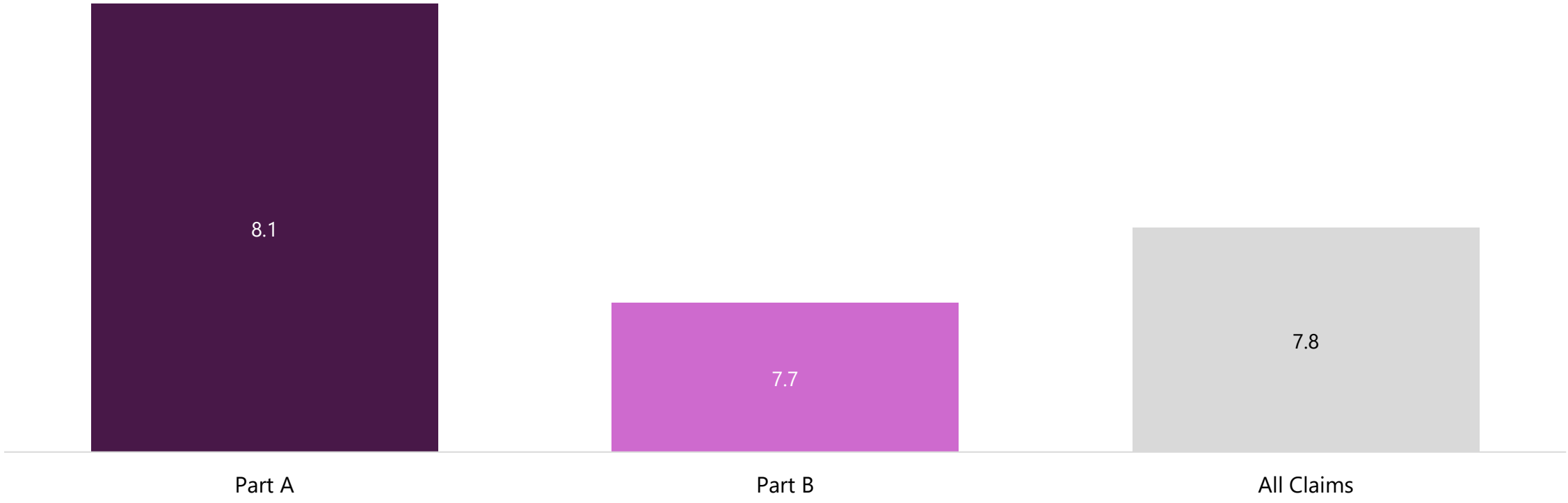
Exhibit 4.5: Average Number of Home Health Visits per 30-Day Pay Period by Part A, Part B, and all Claims, 2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024.
Note: Part A home health claims are defined as a home health claim with a claim value code of "62." Part B home health episodes are defined as a home health claim without a claim value code of "62."

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These analyses are not limited to the Medicare population.

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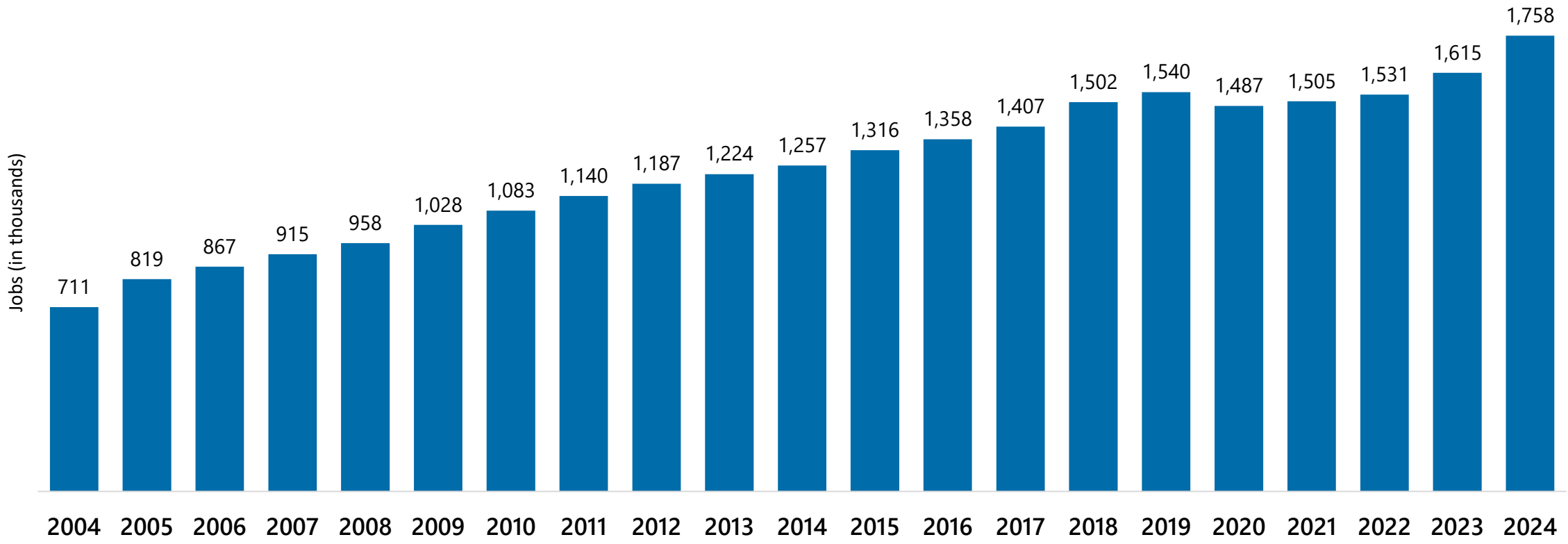
Exhibit 5.1: Impact of Home Health on Jobs, Nationally, 2004 - 2024



Source: Quarterly Census of Employment and Wages (QCEW) collected by the U.S. Bureau of Labor Statistics. Private, NAICS 6216 Home health care services. Annual Averages, All establishment sizes.
Note: This chart reports employment data for privately-owned facilities only, including for-profit and non-profit organizations, and does not include employment from government-owned facilities. Output is not adjusted by U.S. Bureau of Economic Analysis multipliers.

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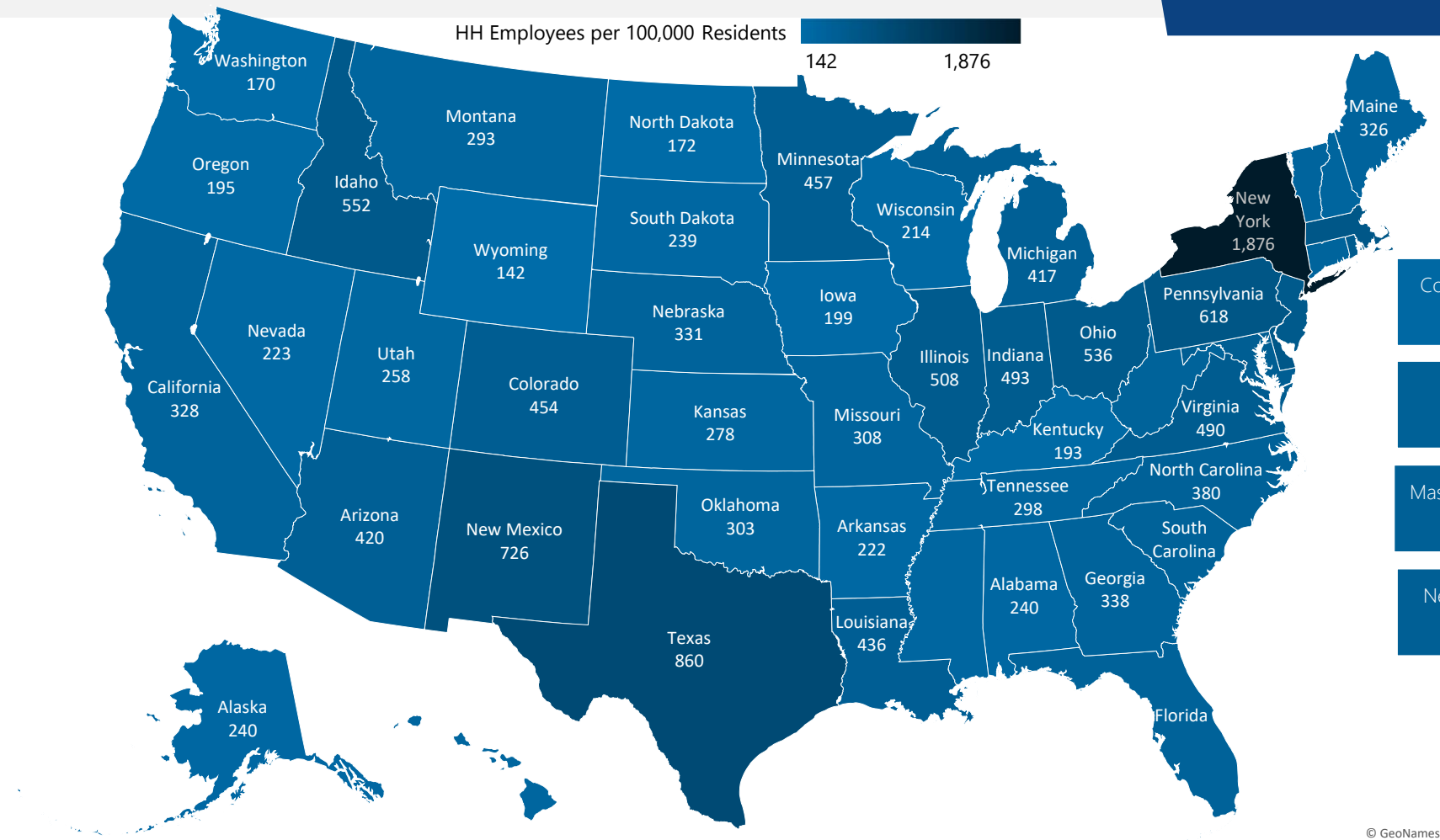
Exhibit 5.2: Estimated Number of Home Health (HH) Employees by State per 100,000 Residents, 2024



National
517

Connecticut 324	Delaware 595	DC 807
Florida 362	Hawaii 279	Maryland 444
Massachusetts 591	Mississippi 265	New Hampshire 297
New Jersey 535	Rhode Island 506	South Carolina 365
Vermont 310	West Virginia 344	

Source: Quarterly Census of Employment and Wages (QCEW) collected by the U.S. Bureau of Labor Statistics. Private, NAICS 6216 Home health care services. Annual Averages, All establishment sizes.
Note: This chart reports employment data for privately-owned facilities only, including for-profit and non-profit organizations, and does not include employment from government-owned facilities. Output is not adjusted by U.S. Bureau of Economic Analysis multipliers.

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Exhibit 5.3: Impact of Home Health (HH) on Employment by State, 2024

State	Estimated Number of HH Employees[1]	Multiplier for Employment[2]	Estimated Jobs Created by HH Industry[3]
Alabama	12,370	1.5543	19,227
Alaska	1,777	1.2595	2,238
Arizona	31,880	1.4495	46,210
Arkansas	6,868	1.3679	9,395
California	129,531	1.4742	190,955
Colorado	27,074	1.5098	40,876
Connecticut	11,911	1.4420	17,176
Delaware	6,258	1.3782	8,625
District of Columbia	5,668	1.1217	6,358
Florida	84,562	1.5564	131,612
Georgia	37,845	1.5261	57,755
Hawaii	4,031	1.3923	5,612
Idaho	11,052	1.3901	15,363
Illinois	64,568	1.4894	96,168
Indiana	34,166	1.4941	51,047
Iowa	6,463	1.4338	9,267
Kansas	8,250	1.4242	11,750
Kentucky	8,872	1.5074	13,374
Louisiana	20,032	1.4213	28,471
Maine	4,586	1.4511	6,655
Maryland	27,828	1.4053	39,107
Massachusetts	42,144	1.4603	61,543
Michigan	42,274	1.4496	61,280
Minnesota	26,471	1.4046	37,181
Mississippi	7,810	1.4799	11,558
Missouri	19,237	1.4644	28,171
Montana	3,336	1.3819	4,610
Nebraska	6,634	1.3948	9,253
Nevada	7,287	1.4849	10,820
New Hampshire	4,180	1.4212	5,941
New Jersey	50,783	1.5429	78,353
New Mexico	15,469	1.3306	20,583
New York	372,733	1.3398	499,388
North Carolina	41,930	1.4605	61,239
North Dakota	1,373	1.3501	1,854
Ohio	63,684	1.4664	93,386
Oklahoma	12,391	1.4592	18,081
Oregon	8,346	1.4296	11,931
Pennsylvania	80,870	1.4941	120,828
Rhode Island	5,625	1.3879	7,807
South Carolina	20,002	1.4854	29,711
South Dakota	2,207	1.3440	2,966
Tennessee	21,537	1.6199	34,888
Texas	269,112	1.5651	421,187
Utah	9,053	1.6131	14,603
Vermont	2,012	1.4052	2,827
Virginia	43,147	1.4335	61,851
Washington	13,543	1.4307	19,376
West Virginia	6,084	1.3427	8,169
Wisconsin	12,758	1.4920	19,035
Wyoming	836	1.2944	1,082
Total U.S.	**1,758,460**		**2,566,743**

1. QCEW collected by the U.S. Bureau of Labor Statistics, 2024.
2. U.S. Bureau of Economic Analysis multipliers, 2023.
3. KNG Health Analysis.

Note: The QCEW collects wage data quarterly. All states report employment figures on privately owned home health agencies, including for-profit and non-profit organizations.

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Exhibit 5.4: Impact of Home Health (HH) on Labor Income by State, 2024

State	Estimated Home Health Total Wages[1]	Multiplier for Earnings[2]	Estimated Impact of HH Payroll on Labor Income[3]
Alabama	755,643,847	1.5017	1,134,750,336
Alaska	54,788,767	1.3551	74,244,264
Arizona	1,352,954,762	1.6092	2,177,174,784
Arkansas	303,038,125	1.4266	432,314,176
California	6,369,965,281	1.5948	10,158,820,352
Colorado	1,375,462,418	1.6319	2,244,616,960
Connecticut	697,556,849	1.4898	1,039,220,160
Delaware	297,330,439	1.3830	411,208,000
District of Columbia	233,897,415	1.1544	270,011,168
Florida	4,327,667,974	1.6019	6,932,491,264
Georgia	1,560,856,793	1.6502	2,575,725,824
Hawaii	191,256,900	1.4743	281,970,048
Idaho	343,469,540	1.4579	500,744,256
Illinois	2,333,011,984	1.6582	3,868,600,576
Indiana	1,497,802,023	1.5466	2,316,500,480
Iowa	337,790,897	1.4158	478,244,352
Kansas	359,901,570	1.4750	530,854,816
Kentucky	533,800,981	1.4937	797,338,560
Louisiana	817,183,558	1.4614	1,194,232,064
Maine	233,414,729	1.5023	350,658,944
Maryland	1,220,381,407	1.5005	1,831,182,208
Massachusetts	2,187,759,276	1.5328	3,353,397,248
Michigan	1,768,970,195	1.5948	2,821,153,536
Minnesota	1,058,133,181	1.5515	1,641,693,568
Mississippi	407,168,298	1.4326	583,309,312
Missouri	831,401,679	1.5488	1,287,674,880
Montana	129,531,663	1.4175	183,611,136
Nebraska	274,623,023	1.4704	403,805,696
Nevada	409,532,482	1.4746	603,896,576
New Hampshire	243,111,967	1.4931	362,990,496
New Jersey	2,260,209,701	1.6103	3,639,615,488
New Mexico	443,116,281	1.3996	620,185,536
New York	12,830,364,383	1.4628	18,768,257,024
North Carolina	1,696,960,060	1.6235	2,755,014,656
North Dakota	67,347,180	1.3612	91,672,976
Ohio	2,566,469,009	1.5911	4,083,508,736
Oklahoma	510,346,730	1.5322	781,953,280
Oregon	389,698,660	1.5072	587,353,792
Pennsylvania	3,995,772,424	1.5784	6,306,927,104
Rhode Island	265,974,804	1.4637	389,307,328
South Carolina	789,193,558	1.5682	1,237,613,312
South Dakota	96,281,078	1.3942	134,235,072
Tennessee	1,182,719,963	1.6583	1,961,304,576
Texas	7,808,594,521	1.7211	13,439,372,288
Utah	439,947,270	1.5712	691,245,184
Vermont	114,759,225	1.4142	162,292,496
Virginia	1,739,862,269	1.5292	2,660,597,248
Washington	736,008,345	1.5006	1,104,454,144
West Virginia	273,642,442	1.3754	376,367,808
Wisconsin	675,629,263	1.5202	1,027,091,584
Wyoming	34,468,150	1.2966	44,691,404
Total U.S.	**71,424,773,339**		**111,705,497,076**

1. QCEW collected by the U.S. Bureau of Labor Statistics, 2024.
2. U.S. Bureau of Economic Analysis multipliers, 2023.
3. KNG Health Analysis.

Note: The QCEW collects wage data quarterly. All states report employment figures on privately owned home health agencies, including for-profit and non-profit organizations

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Exhibit 5.5: Impact of Home Health (HH) on Output by State, 2023

State	Estimated Home Health Expenditures[1]	Multiplier for Output[2]	Estimated Impact of HH Spending on Output[3]
Alabama	$503,183,552	2.02070	$1,016,782,992
Alaska	$46,312,828	1.69180	$78,352,042
Arizona	$530,202,688	2.22490	$1,179,647,964
Arkansas	$326,557,184	1.85290	$605,077,815
California	$5,207,272,448	2.20740	$11,494,533,637
Colorado	$490,801,440	2.26490	$1,111,616,166
Connecticut	$624,928,576	1.98740	$1,241,983,086
Delaware	$141,600,912	1.77580	$251,454,898
District of Columbia	$85,413,200	1.28400	$109,670,552
Florida	$2,703,335,168	2.20430	$5,958,961,513
Georgia	$646,150,848	2.31140	$1,493,513,029
Hawaii	$58,958,312	1.95960	$115,534,707
Idaho	$176,479,344	1.91460	$337,887,355
Illinois	$4,098,009,088	2.36150	$9,677,448,563
Indiana	$637,231,168	2.11260	$1,346,214,622
Iowa	$300,461,984	1.83540	$551,467,921
Kansas	$379,724,704	1.98770	$754,778,789
Kentucky	$379,734,944	2.01770	$766,191,180
Louisiana	$454,513,472	1.90240	$864,666,437
Maine	$229,651,216	1.98620	$456,133,239
Maryland	$441,908,992	2.02280	$893,893,495
Massachusetts	$1,209,545,984	2.06870	$2,502,187,868
Michigan	$1,721,475,072	2.20660	$3,798,606,809
Minnesota	$511,881,952	2.10470	$1,077,357,990
Mississippi	$348,053,760	1.86210	$648,110,908
Missouri	$642,750,720	2.12450	$1,365,523,928
Montana	$80,527,808	1.82180	$146,705,560
Nebraska	$137,927,840	1.92410	$265,386,963
Nevada	$282,890,048	1.96370	$555,511,203
New Hampshire	$235,997,376	1.94060	$457,976,517
New Jersey	$762,879,040	2.26710	$1,729,523,145
New Mexico	$4,193,964,800	1.77670	$7,451,417,343
New York	$2,162,245,632	1.98130	$4,284,057,263
North Carolina	$933,812,096	2.28060	$2,129,651,932
North Dakota	$41,111,164	1.72980	$71,114,091
Ohio	$1,189,960,576	2.19580	$2,612,915,511
Oklahoma	$512,625,632	2.04170	$1,046,627,695
Oregon	$348,420,064	2.01530	$702,170,967
Pennsylvania	$1,629,510,528	2.16480	$3,527,564,275
Rhode Island	$146,935,680	1.93210	$283,894,436
South Carolina	$473,834,144	2.19370	$1,039,449,997
South Dakota	$78,091,016	1.78620	$139,486,176
Tennessee	$1,684,519,040	2.34710	$3,953,734,672
Texas	$3,120,138,240	2.47710	$7,728,894,108
Utah	$338,273,600	2.17810	$736,793,765
Vermont	$168,479,936	1.79250	$302,000,288
Virginia	$801,592,256	2.08020	$1,667,472,176
Washington	$554,853,568	2.00540	$1,112,703,313
West Virginia	$231,742,112	1.71900	$398,364,686
Wisconsin	$482,778,400	2.03490	$982,405,742
Wyoming	$42,098,888	1.59900	$67,316,121
Total U.S.	**$43,531,349,040**		**$93,090,735,453**

1. CMS Medicare Cost Reports for Home Health Agencies, 2023.
2. U.S. Bureau of Economic Analysis multipliers, 2023.
3. KNG Health Analysis.

Note: All Medicare-certified home health agencies are required to submit an annual cost report, which includes costs and charges by cost center in total and for Medicare. Cost report data do not include expenditures from HHA contractors, but the multiplier is intended to account for their impact.

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Readmissions of Home Health Users

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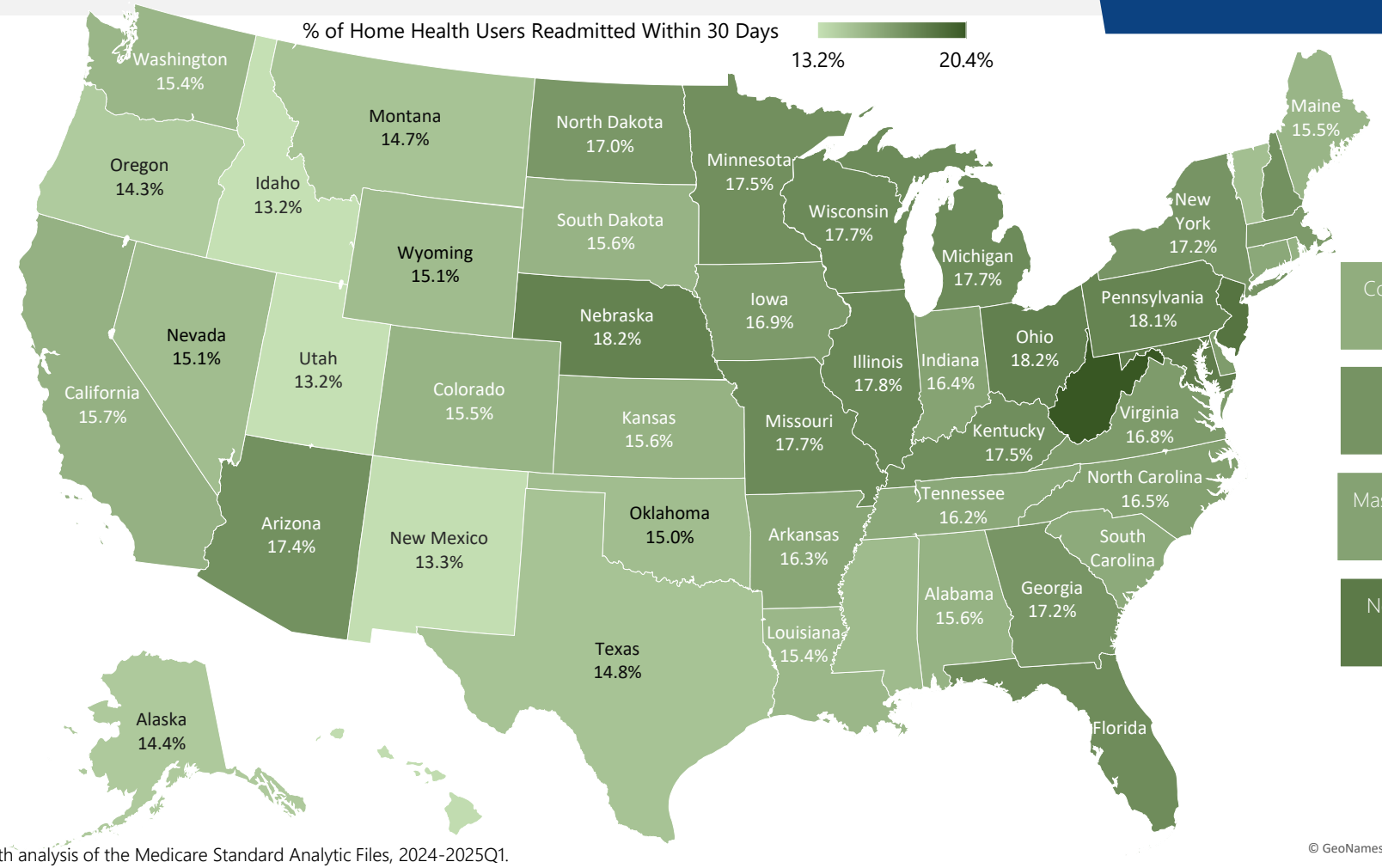
Exhibit 6.1: 30-day Readmission Rates for Home Health Users, by State, 2024

Readmissions of Home Health Users



National
16.8%

Connecticut 16.2%	Delaware 16.8%	DC 16.0%
Florida 17.6%	Hawaii 13.4%	Maryland 18.4%
Massachusetts 16.9%	Mississippi 15.1%	New Hampshire 17.4%
New Jersey 18.9%	Rhode Island 15.7%	South Carolina 16.1%
Vermont 14.9%	West Virginia 20.4%	

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2024-2025Q1.
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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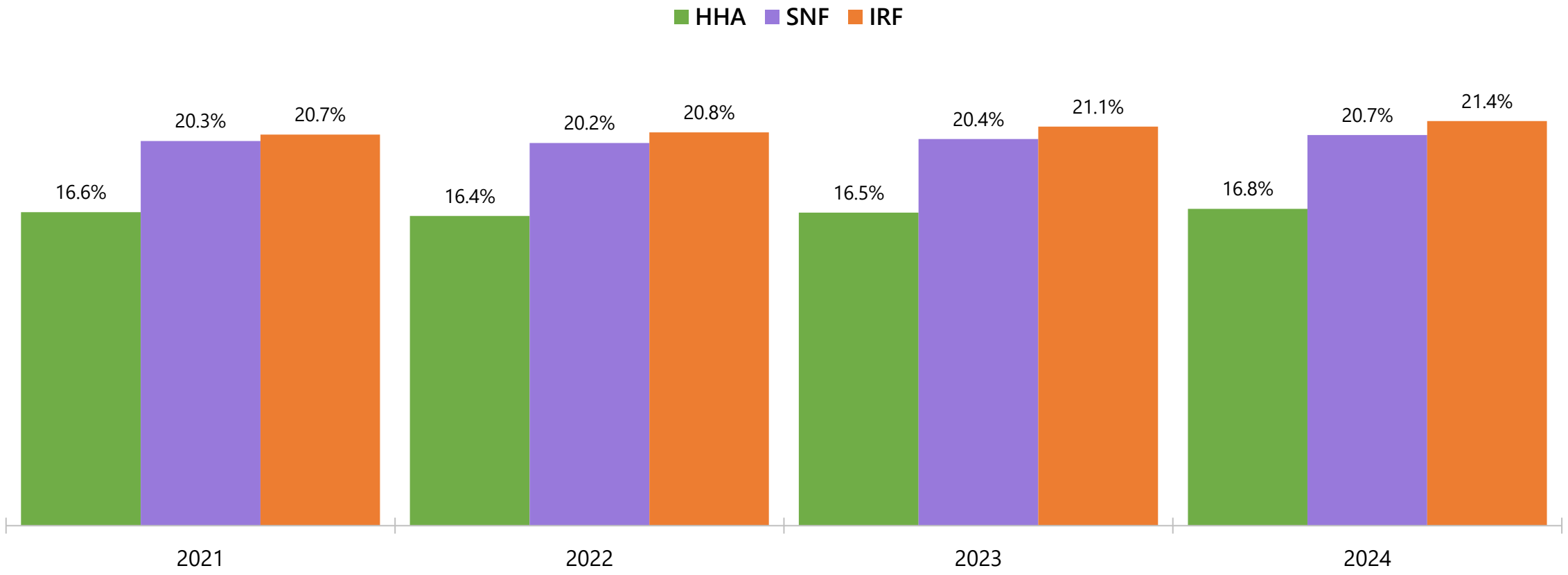
Exhibit 6.2: 30-day Readmission Rates by Selected PAC Settings, 2021-2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2021-2025Q1.
Skilled nursing facilities (SNF), home health agencies (HHA), inpatient rehabilitation facilities (IRF).
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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Exhibit 6.3: 30-day Readmission Rates for Top 10 MS-DRGs Discharged from Hospital to Selected Post-Acute Care Settings, by Setting, 2024

MS-DRGs	% of Home Health Users Readmitted Within 30 Days	% of Skilled Nursing Facility Users Readmitted Within 30 Days
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	19.2%	24.1%
HEART FAILURE AND SHOCK WITH MCC	20.5%	26.2%
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	4.5%	8.5%
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	16.7%	21.0%
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	16.5%	21.5%
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	16.4%	19.7%
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	15.5%	16.4%
PULMONARY EDEMA AND RESPIRATORY FAILURE	19.4%	25.1%
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	19.9%	27.5%
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	26.5%	29.7%
Average for Top 10 MS-DRGs	**17.5%**	**22.0%**

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2023-2024Q1.
CC = Complication or Comorbidity; MCC = Major Complication or Comorbidity All Medicare
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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Exhibit 6.4: 30-day Readmission Rates for Top 10 Major Diagnostic Categories Discharged from Hospital to Selected Post-Acute Care Settings, by Setting, 2024

Major Diagnostic Categories	% of Home Health Users Readmitted Within 30 Days	% of Skilled Nursing Facility Users Readmitted Within 30 Days
CIRCULATORY SYSTEM	19.6%	26.0%
MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	8.7%	14.2%
RESPIRATORY SYSTEM	16.9%	21.4%
INFECTIOUS & PARASITIC DISEASES	18.5%	24.2%
NERVOUS SYSTEM	14.6%	19.5%
DIGESTIVE SYSTEM	19.0%	24.5%
KIDNEY & URINARY TRACT	19.5%	21.3%
ENDOCRINE, NUTRITIONAL & METABOLIC	17.0%	20.5%
SKIN, SUBCUTANEOUS TISSUE & BREAST	14.9%	18.7%
HEPATOBILIARY SYSTEM & PANCREAS	25.6%	30.9%
Average for Top 10 MDC	**17.4%**	**22.1%**

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2023-2024Q1.
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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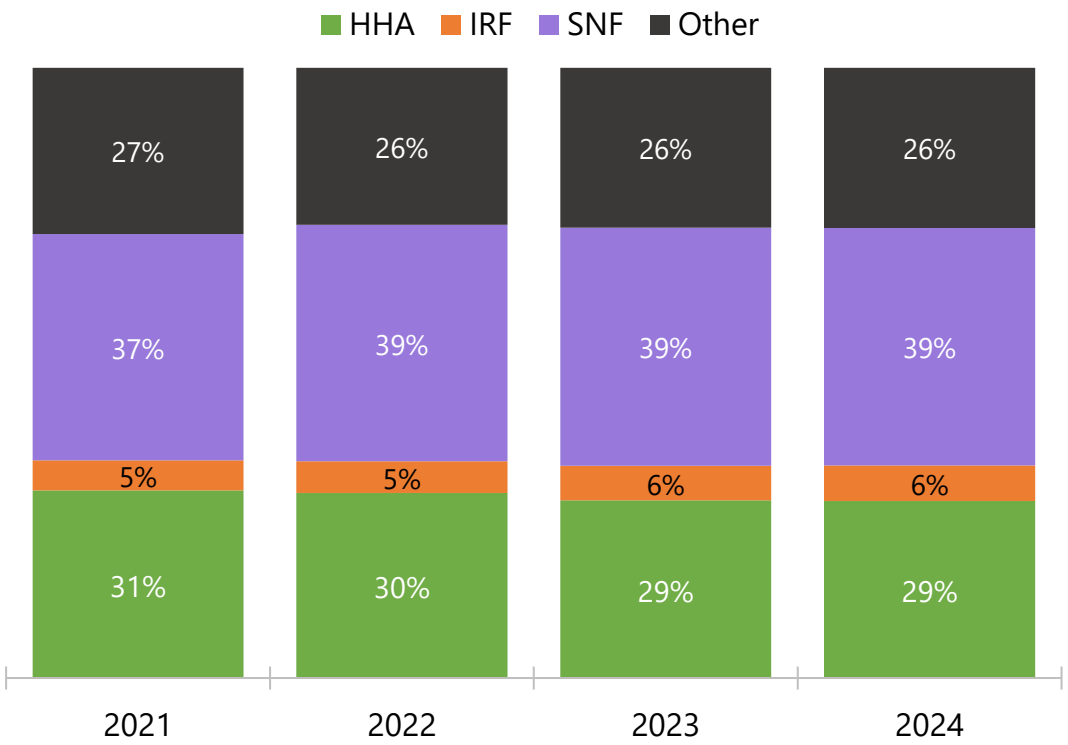
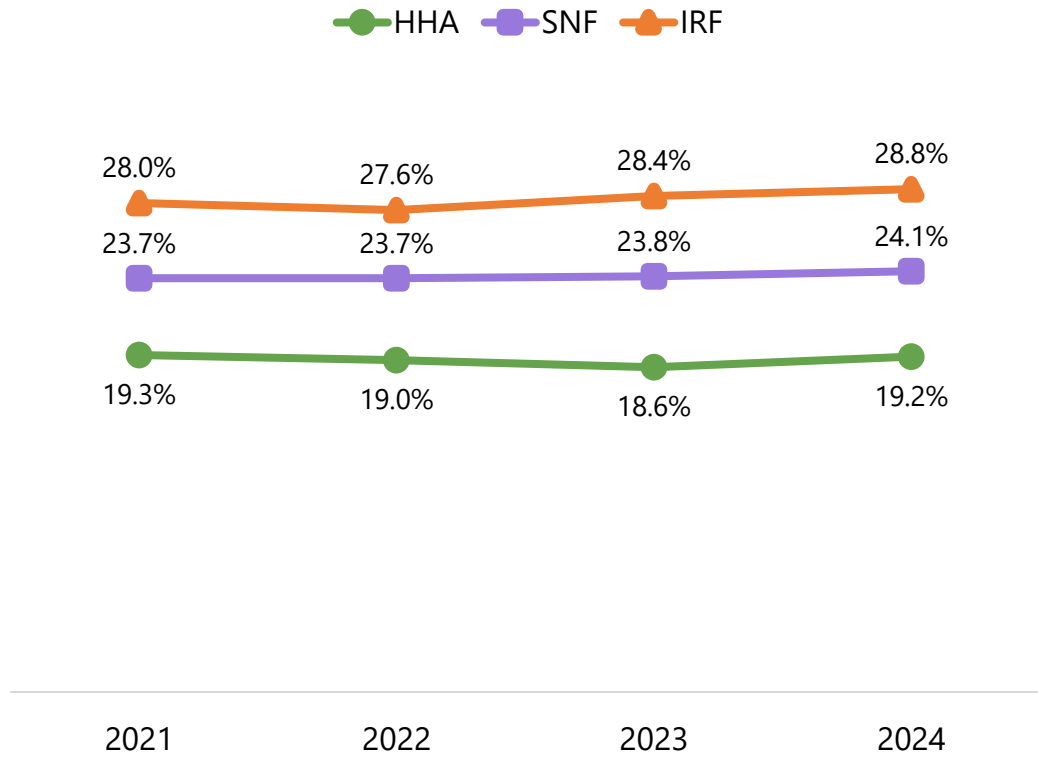
Exhibit 6.4a: Discharge Disposition and 30-day Readmission Rates for MS-DRG 871

Discharge Disposition for MS-DRG 871 Hospitalizations, 2021-2024



30-day Readmission Rates for MS-DRG 871 Discharged from Hospital to Selected Post-Acute Care Settings, 2021-2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2019-2024Q1.
MS-DRG 871 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
Skilled nursing facilities (SNF), home health agencies (HHA), inpatient rehabilitation facilities (IRF).
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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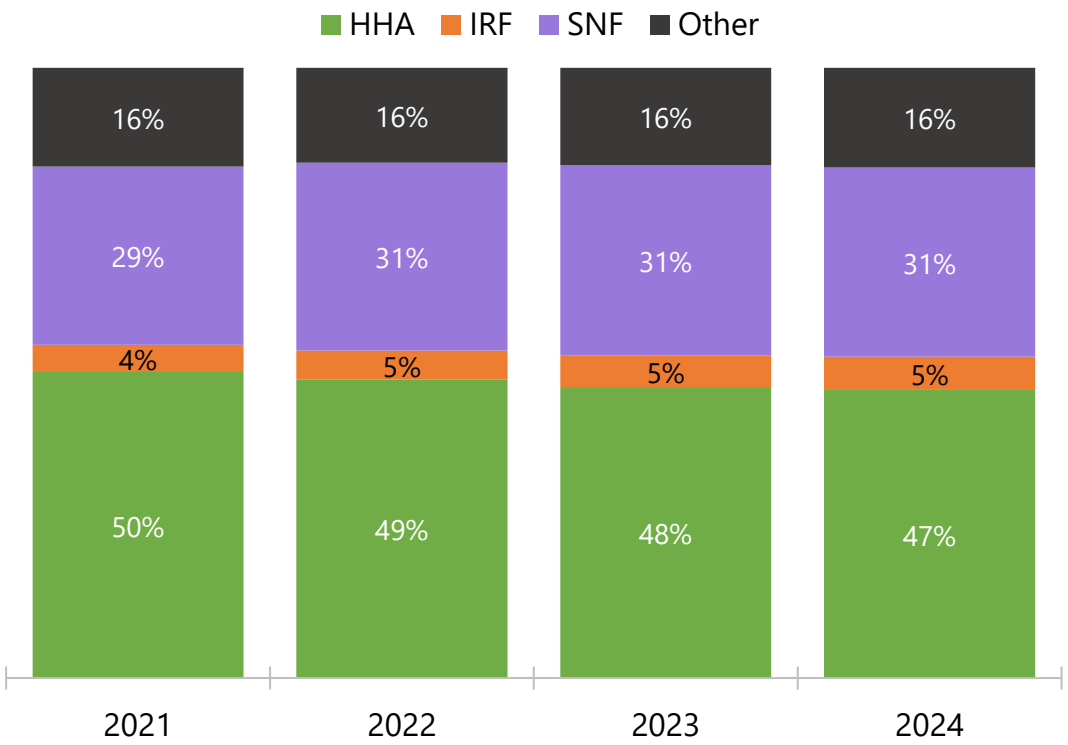
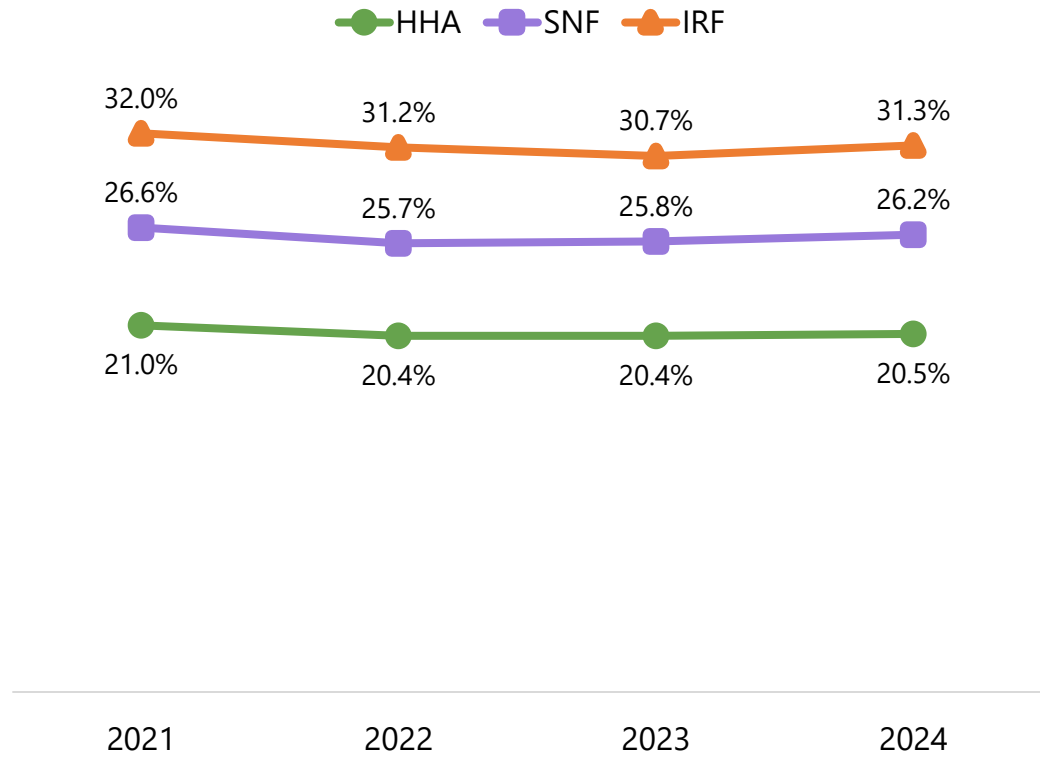
Exhibit 6.4b: Discharge Disposition and 30-day Readmission Rates for MS-DRG 291

Discharge Disposition for MS-DRG 291 Hospitalizations, 2021-2024



30-day Readmission Rates for MS-DRG 291 Discharged from Hospital to Selected Post-Acute Care Settings, 2021-2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2019-2024Q1.
MS-DRG 291 - HEART FAILURE AND SHOCK WITH MCC
Skilled nursing facilities (SNF), home health agencies (HHA), inpatient rehabilitation facilities (IRF).
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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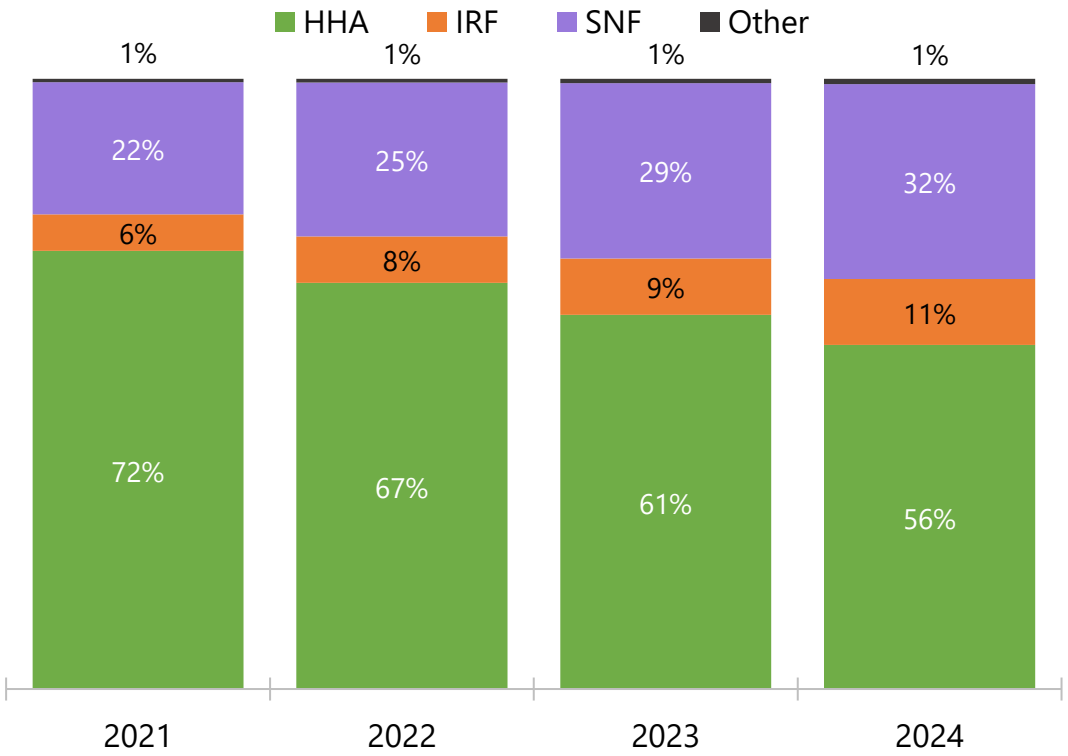
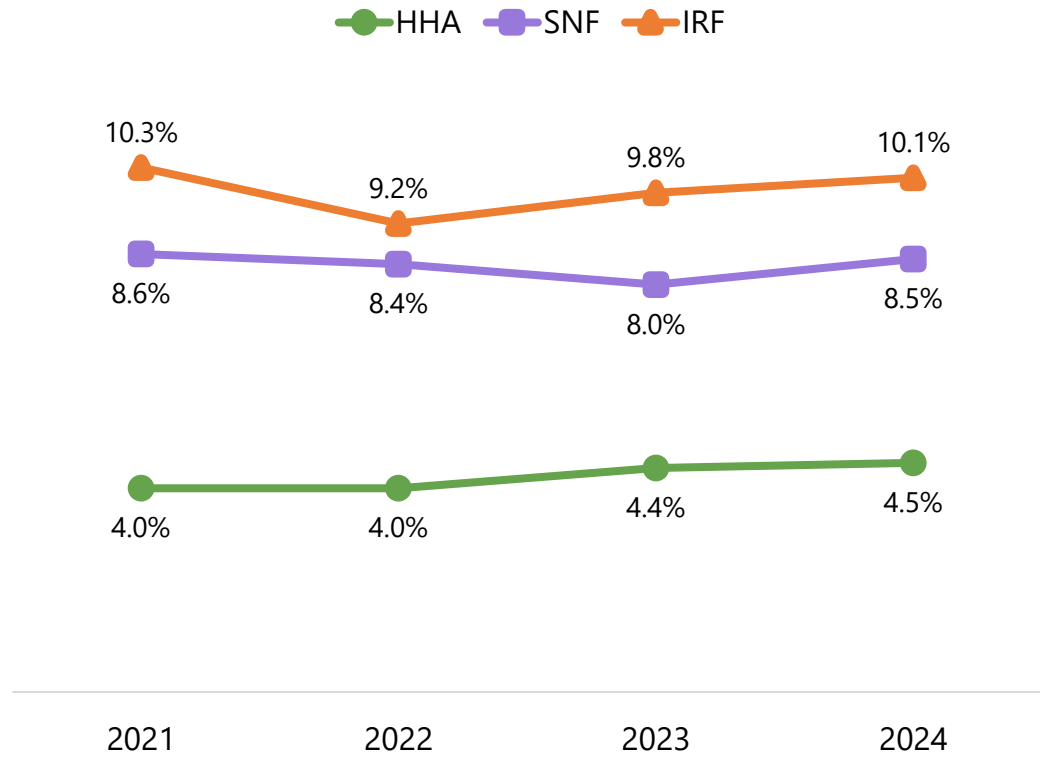
Exhibit 6.4b: Discharge Disposition and 30-day Readmission Rates for MS-DRG 470

Discharge Disposition for MS-DRG 470 Hospitalizations, 2021-2024



30-day Readmission Rates for MS-DRG 470 Discharged from Hospital to Selected Post-Acute Care Settings, 2021-2024



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2019-2024Q1.
MS-DRG 470 - MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
Skilled nursing facilities (SNF), home health agencies (HHA), inpatient rehabilitation facilities (IRF).
Note: We define readmissions as hospital discharges followed by another hospital admission within 30 days. Readmissions are attributed to the first post-acute care (PAC) provider to which the beneficiary was transferred. The readmission rate equals the number of attributed 30-day readmissions divided by the total number of hospital discharges to that PAC setting.

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Appendix

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Methodology: Medicare Current Beneficiary Survey

Appendix

Data and Study Population

- The Medicare Current Beneficiary Survey is a nationally representative sample that contains information on beneficiary demographics, health status, household characteristics, access, satisfaction, and usual source of care, as well as insurance coverage. These data include statistics on both Traditional Medicare beneficiaries and Medicare Advantage beneficiaries.
- To examine the demographic, socioeconomic, and clinical characteristics of Medicare Beneficiaries and Medicare Home Health users, we conducted analyses using data from the 2023 Medicare Current Beneficiary Survey.
- The patient population included in our analysis consists of Medicare beneficiaries who fulfill the following criteria:
  - Both Traditional and Medicare Advantage Beneficiaries must be continuously enrolled in their respective Medicare plan for either a full year or be only enrolled in traditional or Medicare Advantage during the year. Beneficiaries that switch between Traditional Medicare and Medicare Advantage are excluded from the analysis.
  - Medicare Home Health Users must receive home health services at least one time during the year.

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Methodology: Medicare Current Beneficiary Survey (continued)

Identification of Study Cohorts

- All Medicare Beneficiaries are identified as survey respondents living both in the community and facilities.
- Traditional Medicare Home Health Users are identified as traditional Medicare beneficiaries who receive home health services that were captured in the Outcome and Assessment Information segment of the Medicare Current Beneficiary Survey.
- Medicare Advantage Home Health Users are identified as survey respondents who were coded as Medicare Advantage beneficiaries in the Health Insurance Summary segment in Medicare Current Beneficiary Survey every month of the year.

Descriptive Analysis

- Demographic characteristics: Obtained from the following Medicare Current Beneficiary Survey segments:
  - Demographics
- Socioeconomic characteristics: Obtained from the following Medicare Current Beneficiary Survey segments:
  - Demographics
  - Health Insurance Summary
  - Household Characteristics
- Clinical characteristics: Obtained from the following Medicare Current Beneficiary Survey segments:
  - General Health
  - Chronic Conditions
  - Nagi Disability
  - Access to Care
  - Outcome and Assessment Information
  - Satisfaction with Care

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Methodology: U.S. Bureau of Labor Statistics and Bureau of Economic Analysis Data

Appendix

U.S. Bureau of Labor Statistics and Bureau of Economic Analysis Data

- To examine the economic contributions of home health agencies to the U.S. economy, we conducted analyses using 2024 data from the U.S. Bureau of Labor Statistics and 2023 multipliers from the Bureau of Economic Analysis, which are "estimates of regional input-output multipliers for any state, county, or combination of states or counties," limited to the industry of home health care services (NAICS 6216).

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Methodology: Medicare Cost Report Data

- Medicare Cost Report data are a collection of facility characteristics, utilization, costs and charges, Medicare settlement, and financial statement data reported to the Healthcare Cost Report Information System. Cost Report data are reported annually by all Medicare-certified institutional providers, including home health agencies.

- Medicare Cost Reports were used to calculate the total home health agency expenditures for economic impact analysis.
  - The total expenditures for individual home health agencies correspond to the total operating expenditures listed on the home health agency's statement of Revenues and Expenses (Worksheet F-1) accounting for additions and subtractions in the FY 2020 HHA NMRC File and then aggregated up to a state level. Hospital-based home health agency costs (Worksheet H) are aggregated up to a state level and then added to the freestanding home health agency expenses.

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Methodology: Medicare Claims Data

- The 2021-2025 Q1 100% Home Health Agency Standard Analytic LDS, 2021-2025 Q1 100% Inpatient Standard Analytic File, and 2021-2025 Q1 100% Skilled Nursing Standard Analytic LDS (SNF SAF) were used to examine:
  - the clinical profile of traditional Medicare home health users.
  - the role of Home Health Agencies (HHAs) in the post-acute care industry;
  - the organizational trends of home health agencies; and
  - the health outcomes of traditional Medicare home health users.
- Note: Research Identifiable Medicare Files were used for this year's analyses. Accordingly, figures based on Medicare claims data may show minor differences from those presented in previous years.
- When assessing home health episodes with a preceding hospitalization, we required the home health claims to have a short-term acute care hospital stay within 14 days of admission.
- When assessing Part A home health episodes, we required the home health claims to have a claim value code of "62," which indicated Medicare Part A was the source of payment.[1]

1. Morefield, B., & Tomai, L. (2021). Distinguishing frontloading: an Examination of Medicare Home Health Claims. *Health Services and Outcomes Research Methodology*, *21*(4), 477-485.

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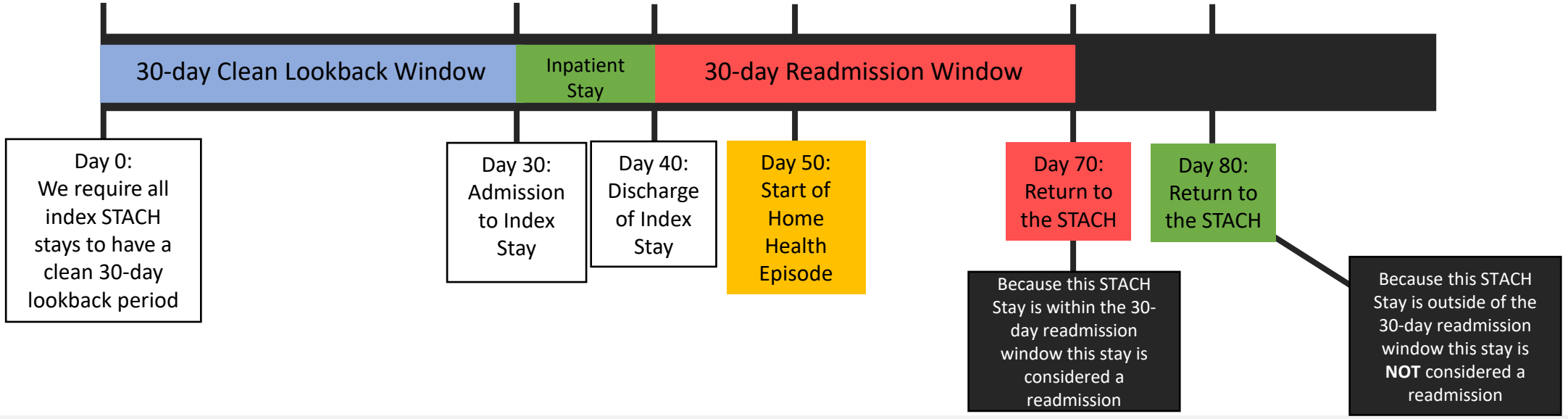
Methodology: Calculating Readmission Rates for Traditional Medicare Beneficiaries

- In this analysis, we define a readmission as an admission to a short-term acute care hospital (STACH) within 30 days of an initial, or 'index', admission to a STACH. To be considered an index admission, there must be no other STACH admission in the prior 30 days.
- Using the Medicare claims data, we identified readmission rates based on the following methodology.



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