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ADVANCING HOME CARE  
THROUGH RESEARCH.

# Home Care Chartbook 2023

Prepared by KNG Health Consulting, LLC

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

The Home 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, Home Health Compare, and Medicare fee-for-service claims.

1. [Demographics of Home Health Users](#)
2. [Clinical Profile of Home Health Users](#)
3. [Role of Home Health in Post-Acute Care Market](#)
4. [Organizational Trends in Home Health](#)
5. [Quality of Home Health Care](#)
6. [Economic Contributions of Home Health Agencies](#)
7. [Health Outcomes of Home Health Users](#)
8. [Appendix](#)



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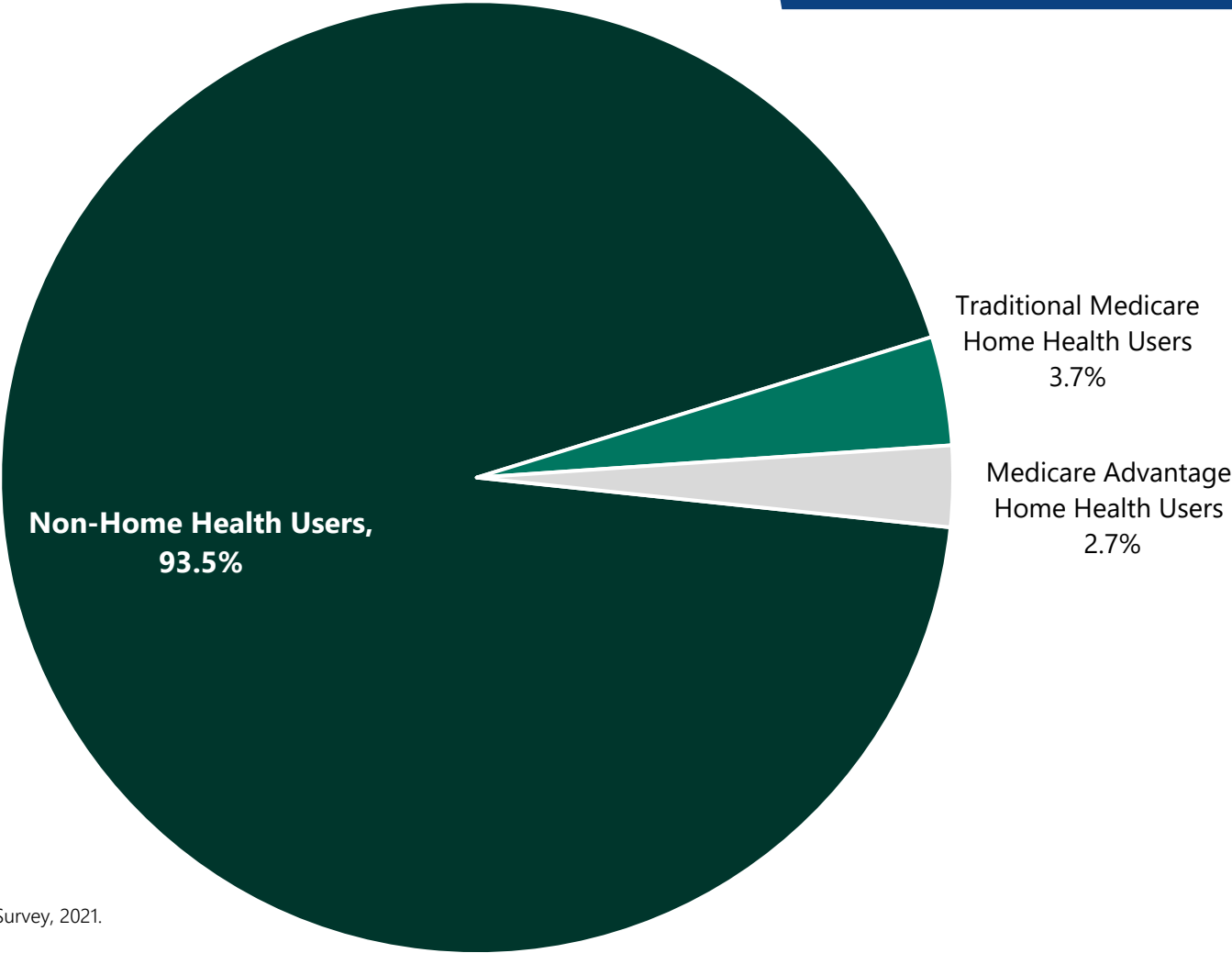
# Demographics of Home Health Users

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Chart 1.1: Distribution of Home Health Users in Traditional Medicare and Medicare Advantage, 2021

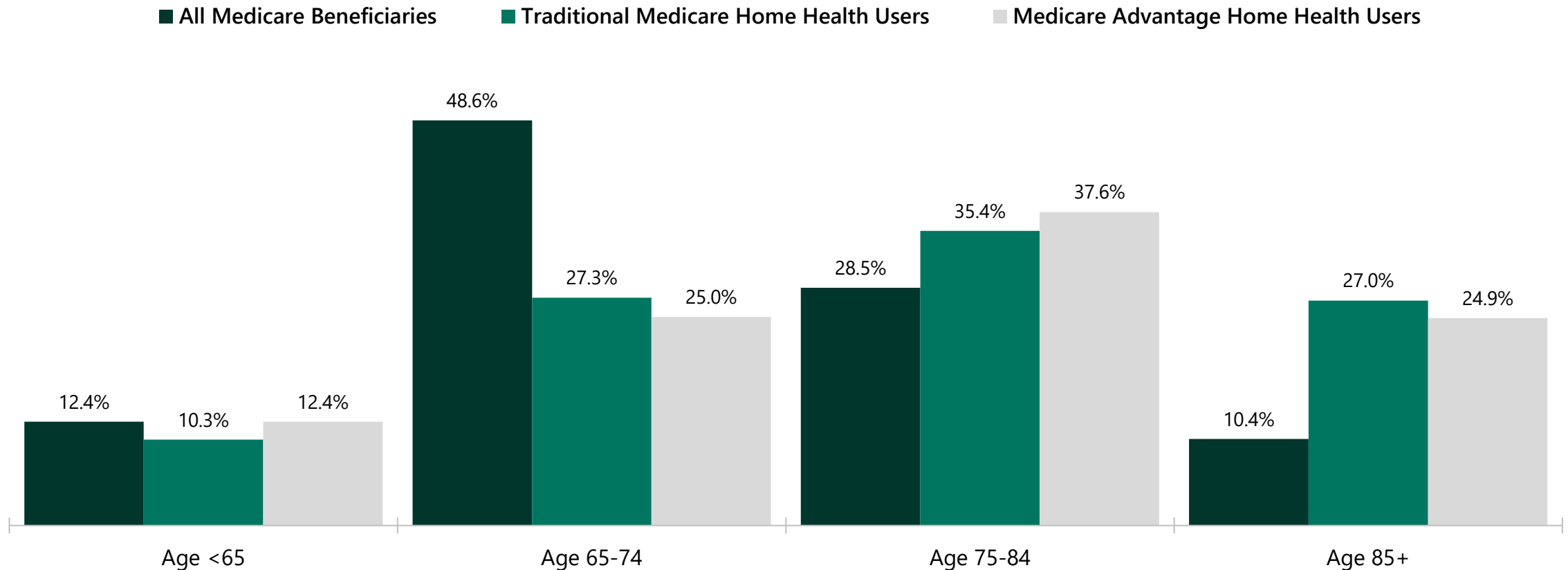
Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

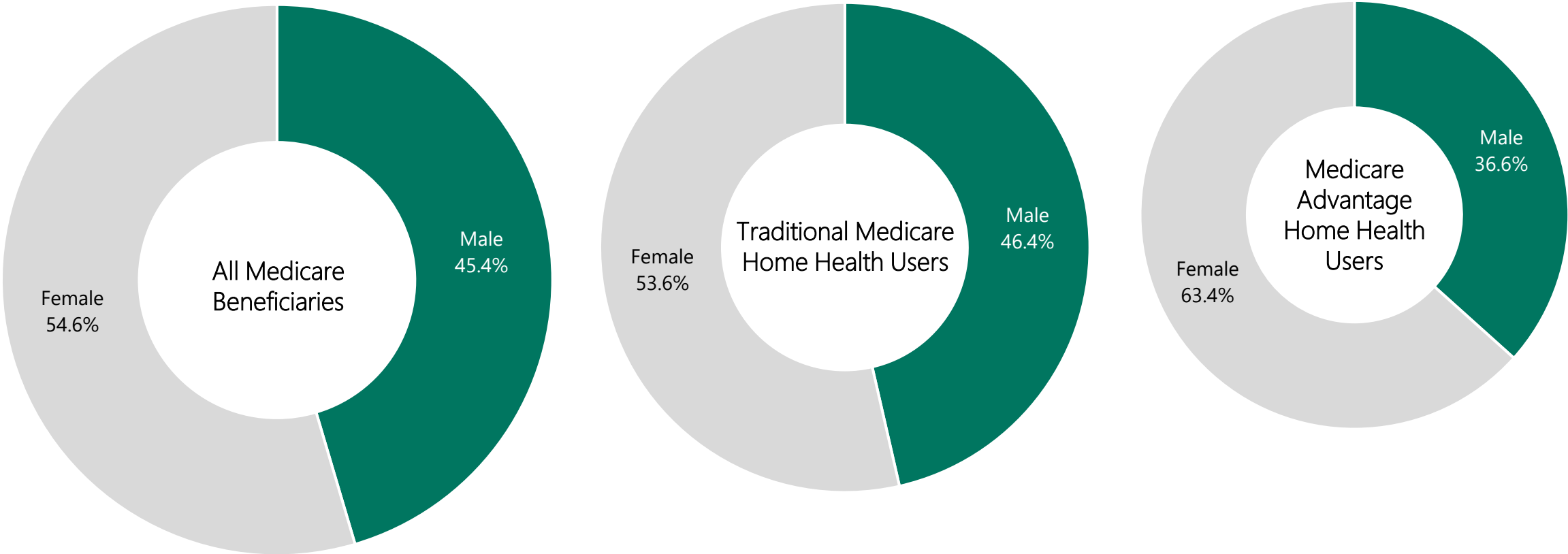
Chart 1.2: Age Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021

## Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

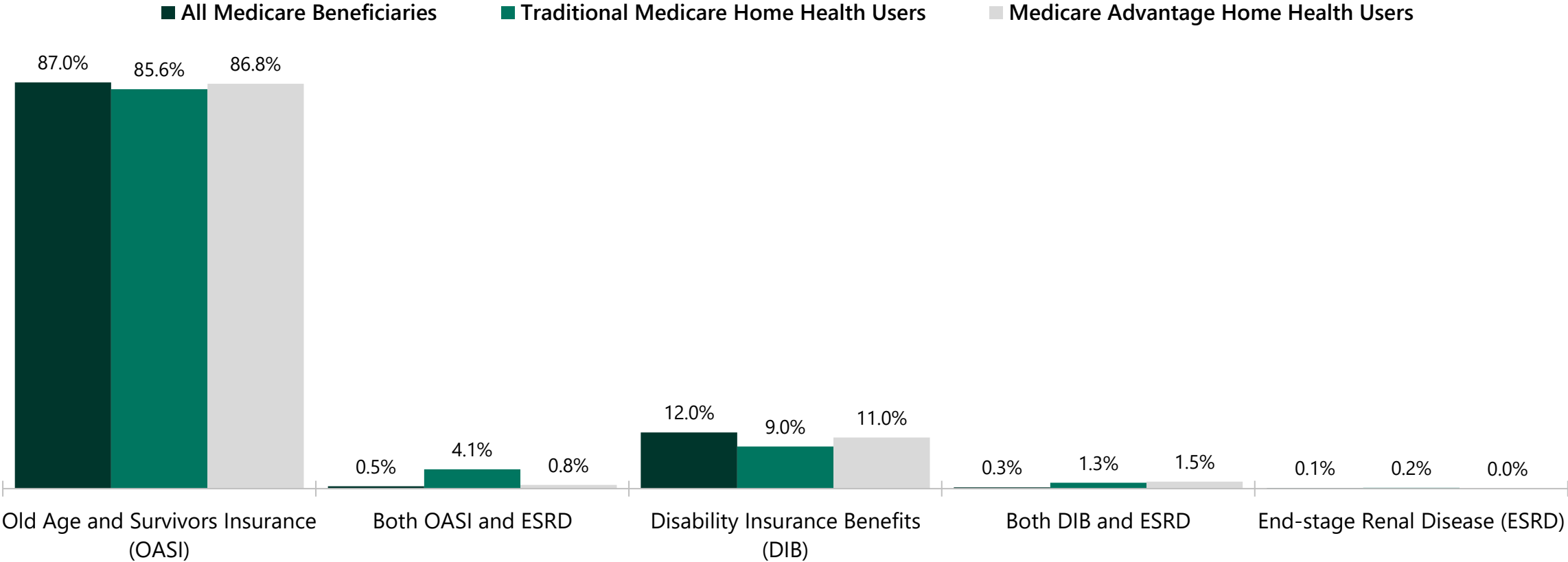
Chart 1.3: Gender Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

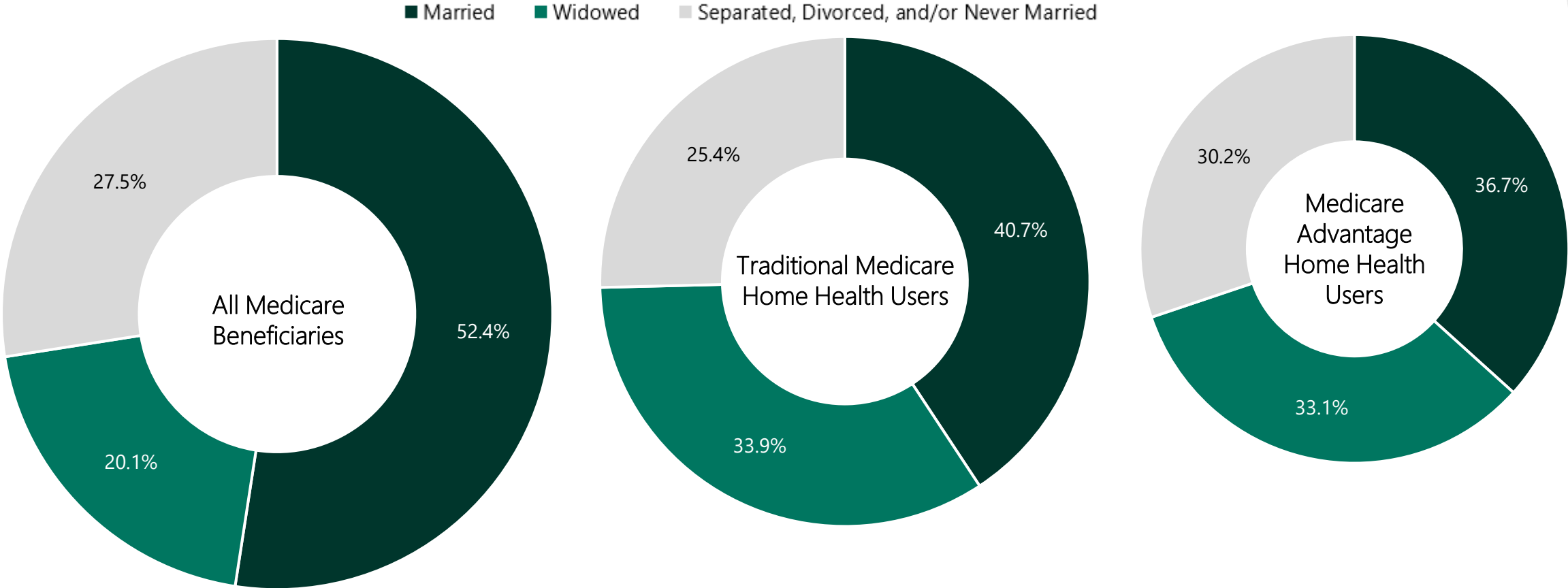


Chart 1.4: Reason for Medicare Enrollment of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



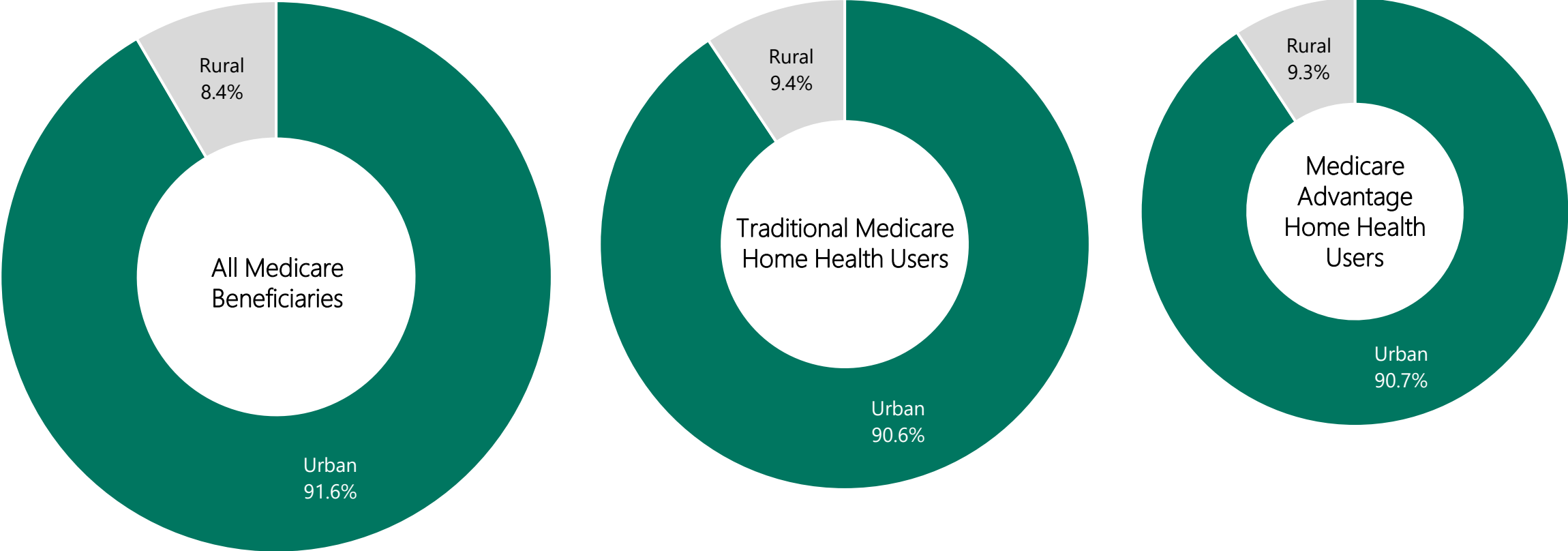
Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

Chart 1.5: Marital Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



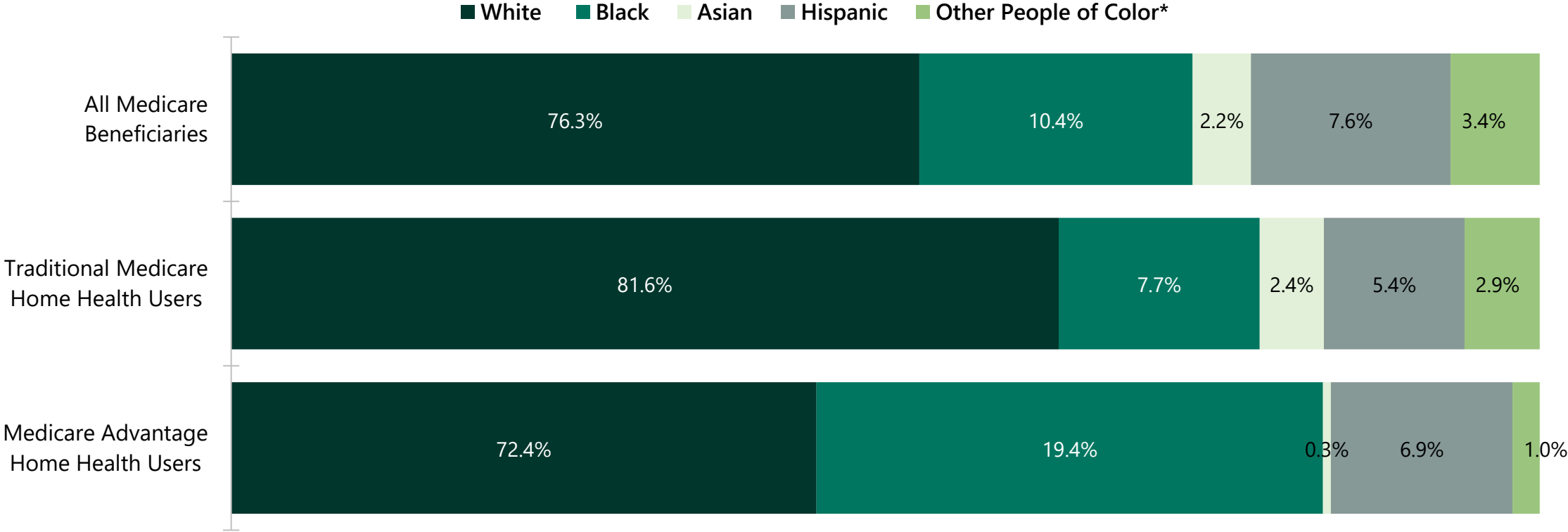
Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

Chart 1.6: Rural Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.  
Rural is defined as a "small town" or "rural" area.

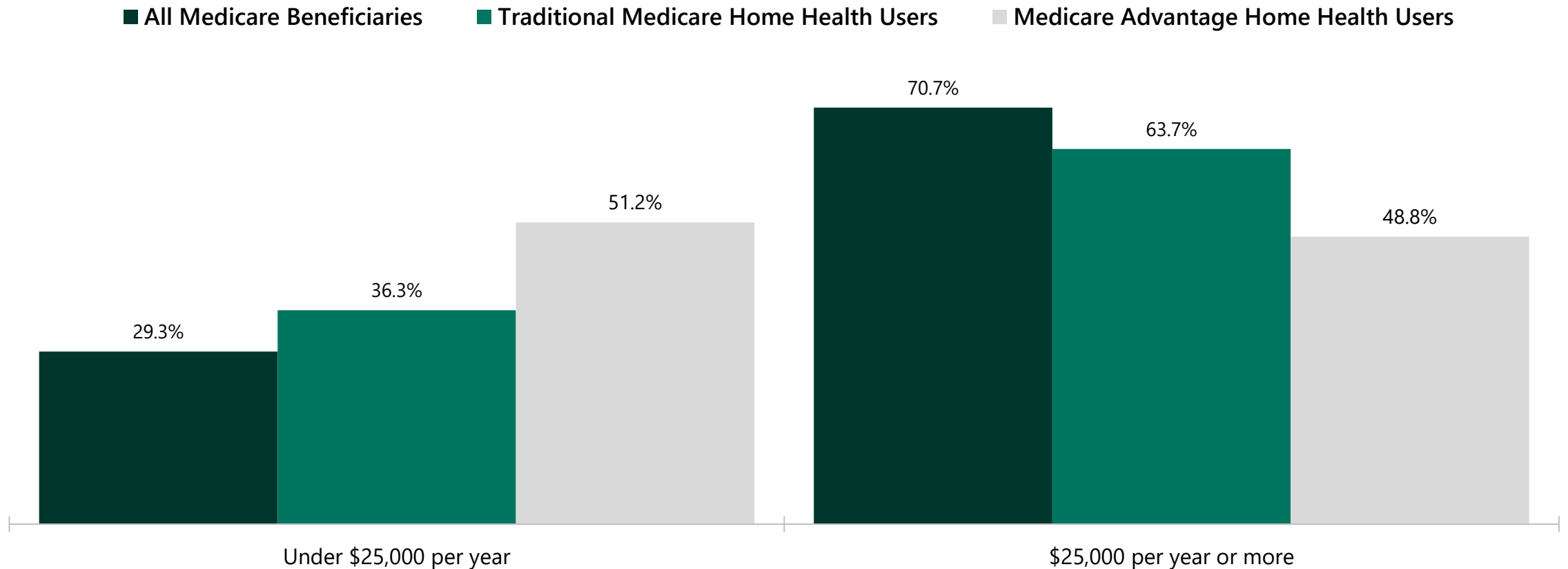
Chart 1.7: Race of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
\*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.

Chart 1.8: Income Distribution of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021

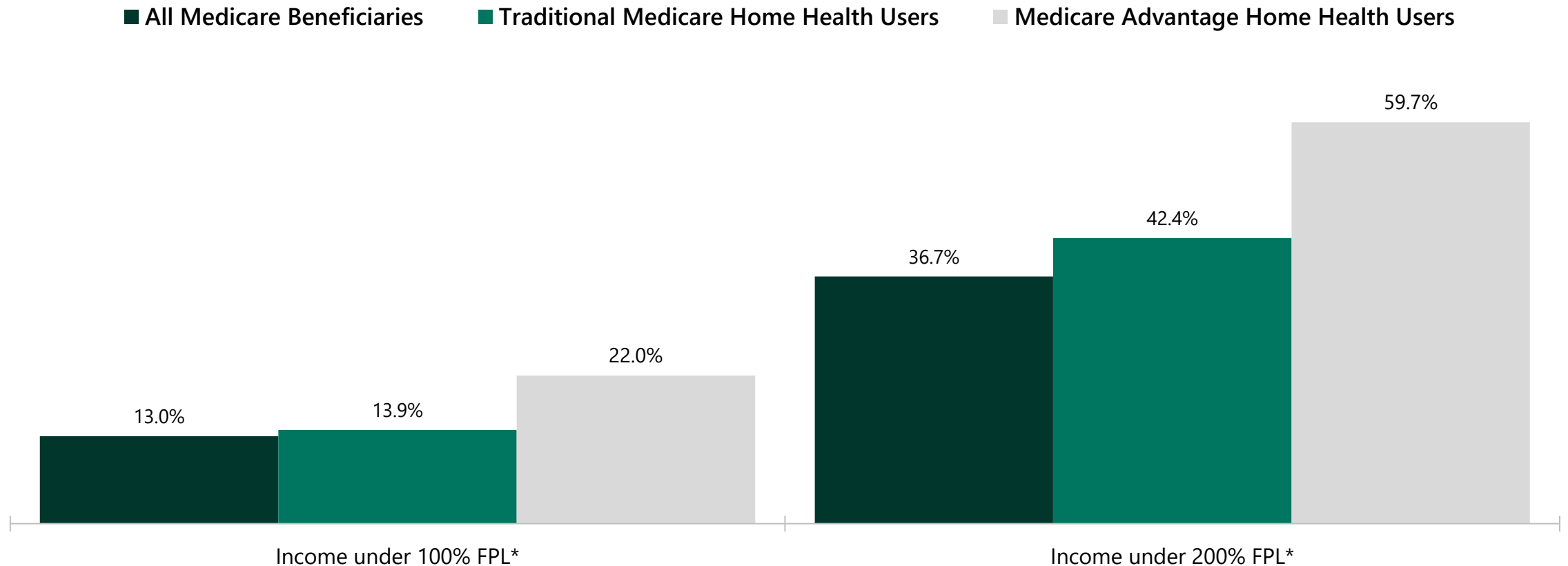
## Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

Chart 1.9: Income Distribution by Federal Poverty Level (FPL) of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021

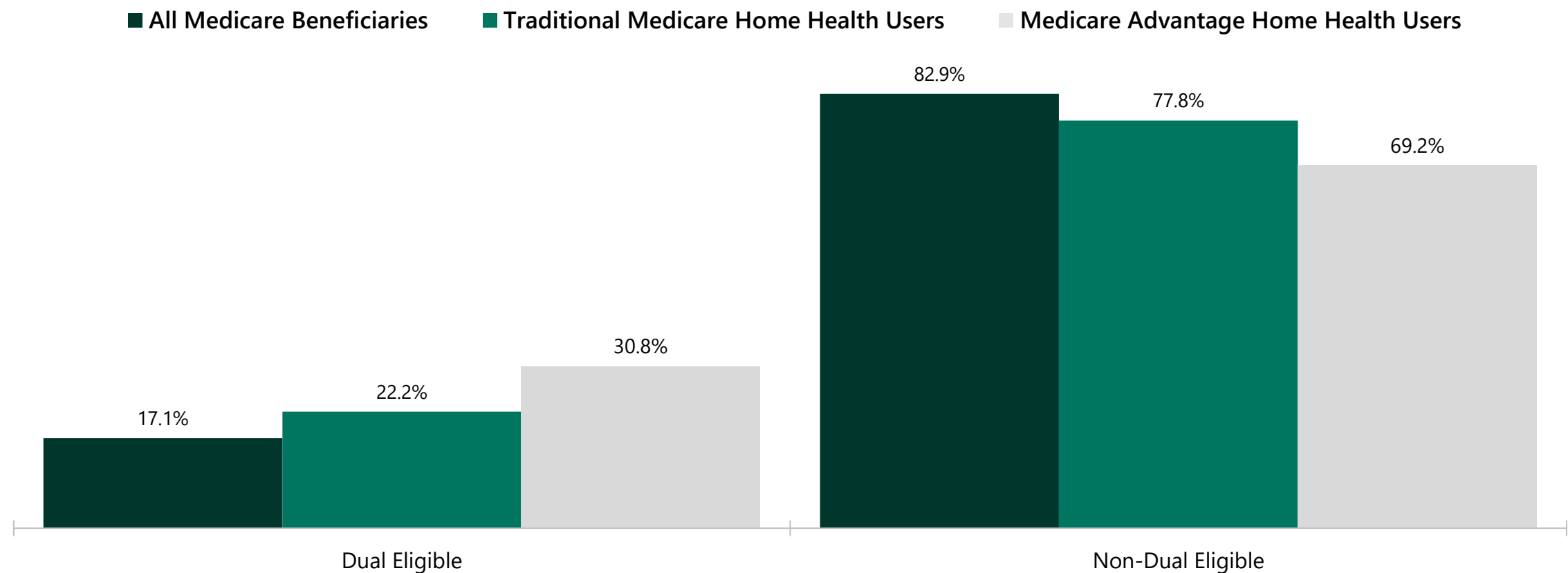
## Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

\*In 2021, 100% of FPL for a household of 1 was \$12,880, a household of 2 was \$17,420, a household of 3 was \$21,960, and a household of 4 was \$26,500. As a result, 200% of FPL was double each amount.

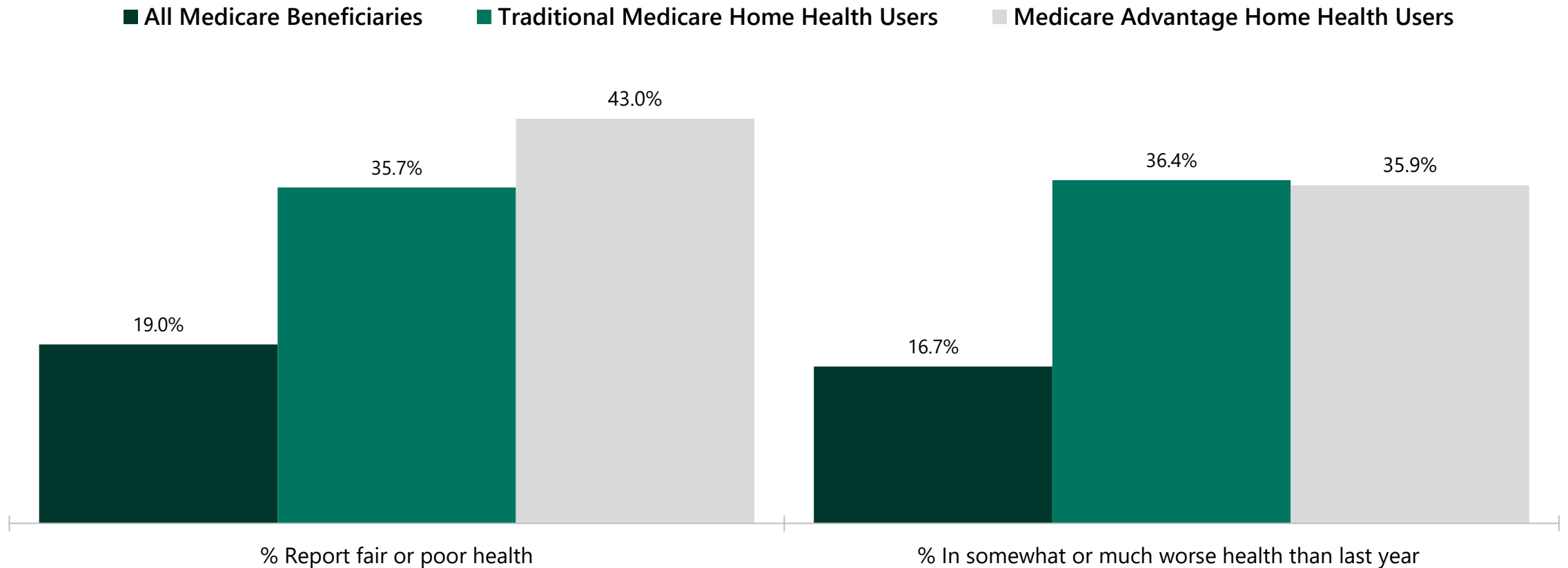
Chart 1.10: Dual Eligibility Status of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
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.

Chart 1.11: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Measures of General Health Status, 2021

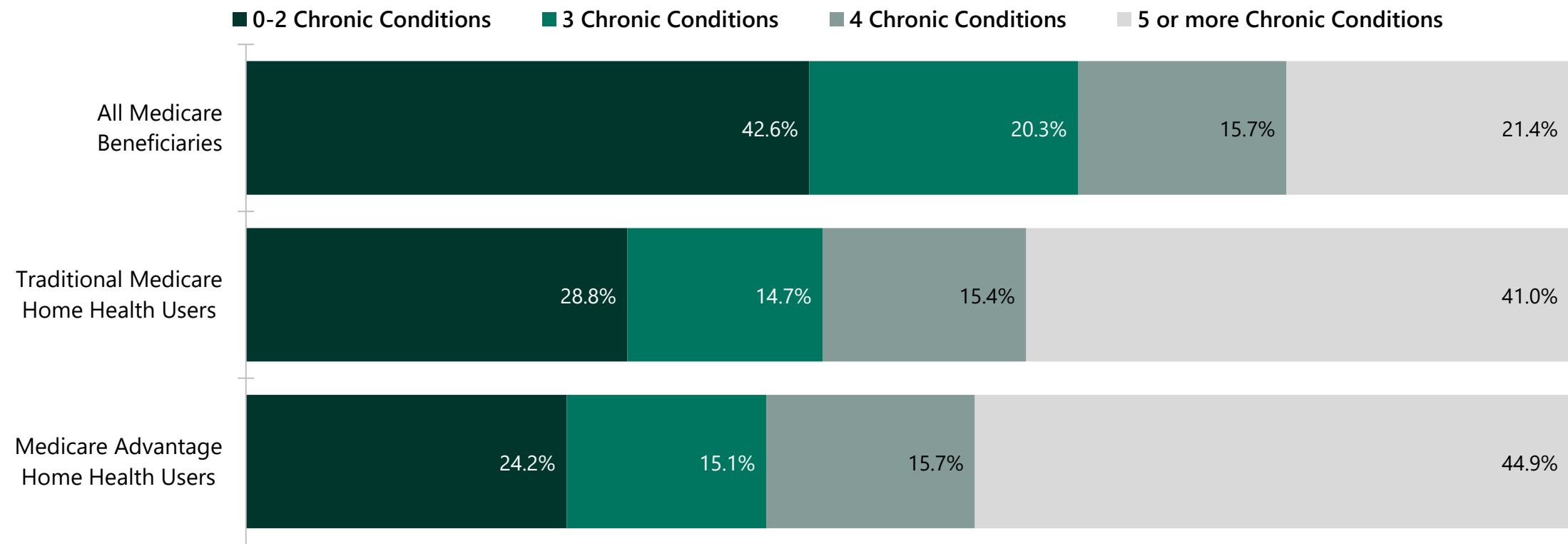
## Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

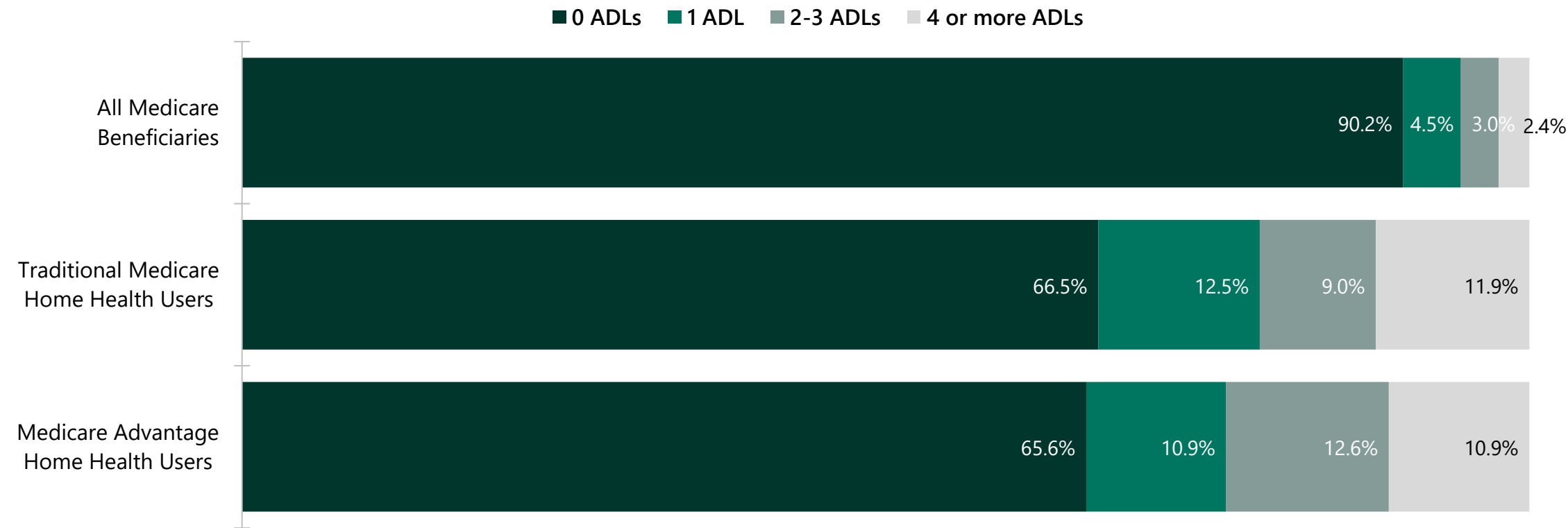


Chart 1.12: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Number of Chronic Conditions, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.

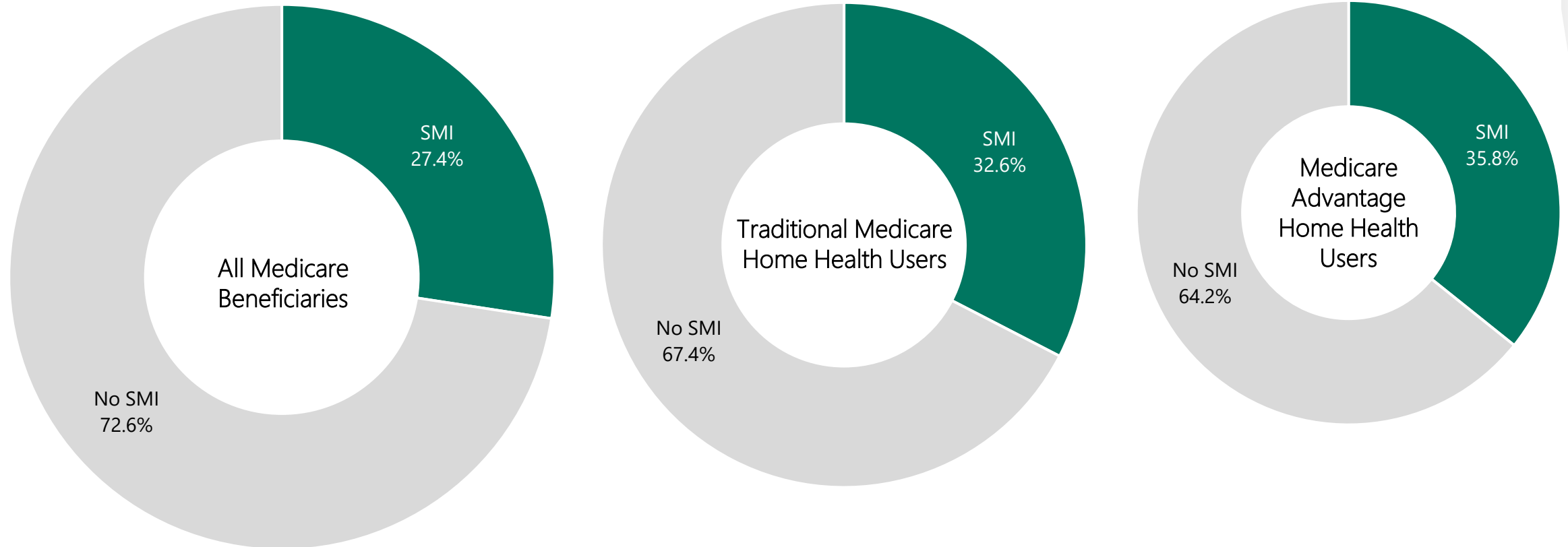
Chart 1.13: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, by Number of Activities of Daily Living (ADLs), 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
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.

Chart 1.14: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, with Severe Mental Illness (SMI), 2021

## Demographics of Home Health Users



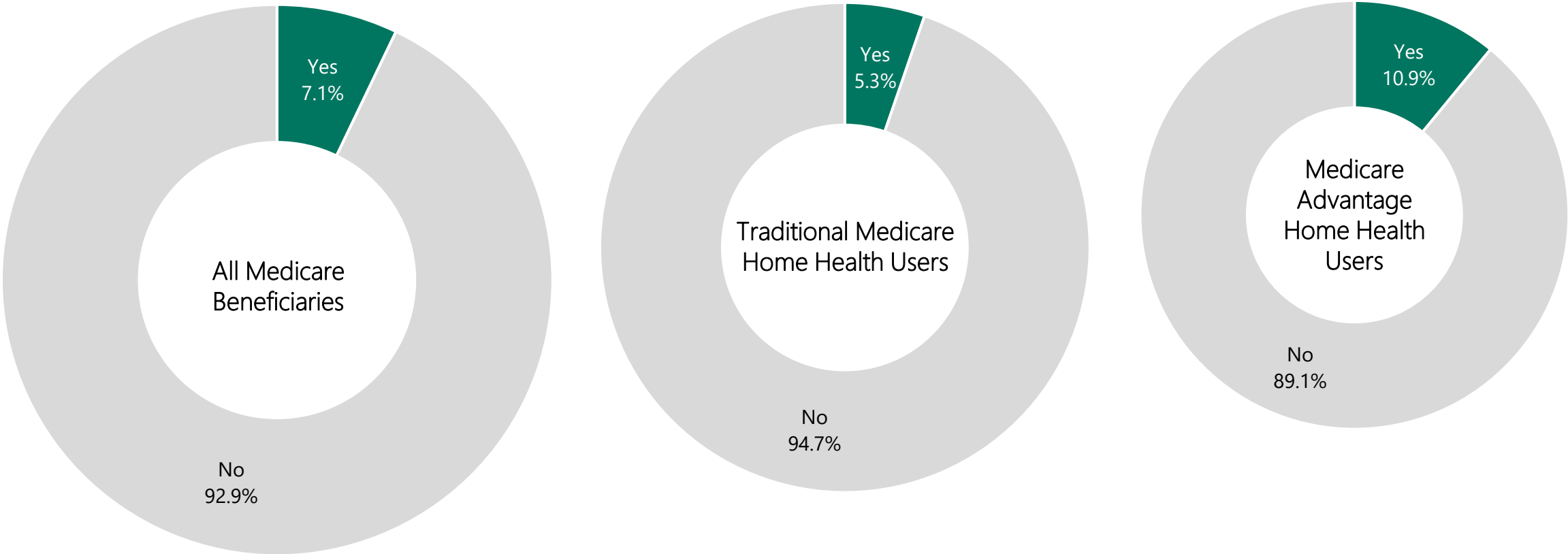
Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

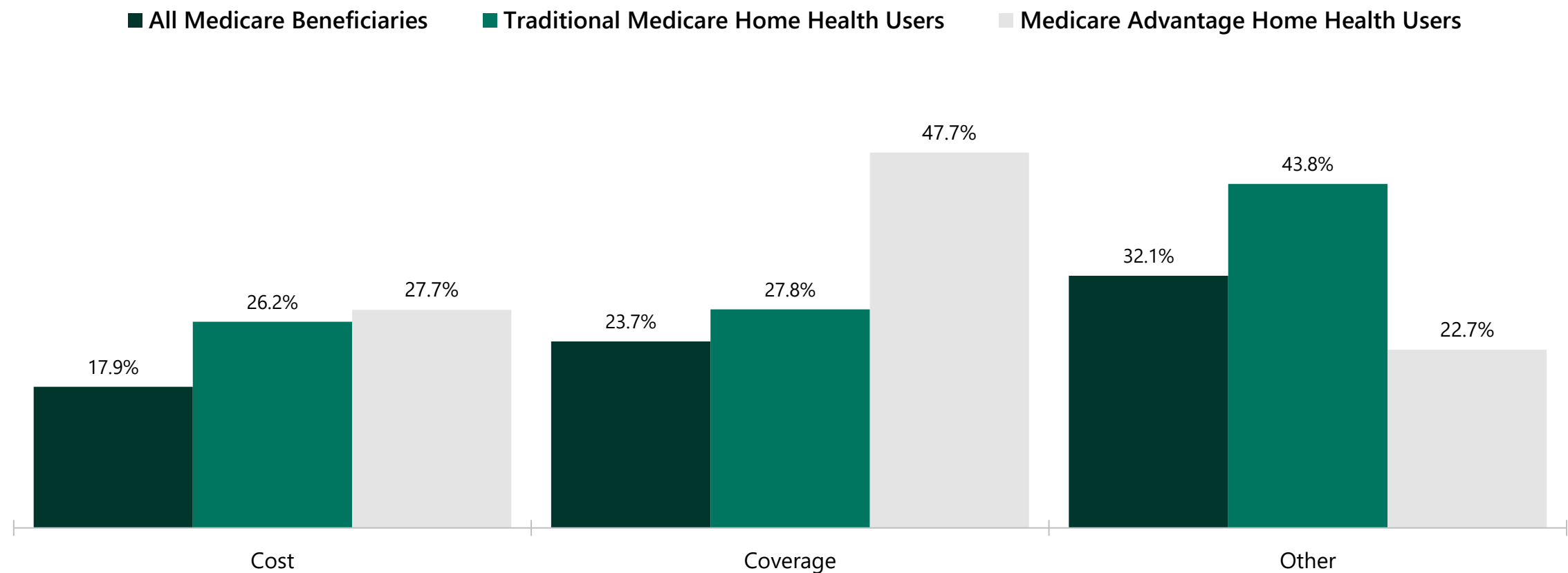
Chart 1.15: Share of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage who had Trouble Accessing Needed Care, 2021

Demographics of Home Health Users



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Access to care includes information about the respondents' use of all types of medical services.

Chart 1.16: Top Reasons Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage had Trouble Accessing Needed Care, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.  
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.

Table 1.1: Selected Characteristics of Medicare Beneficiaries, Traditional Medicare Home Health Users, and Home Health Users in Medicare Advantage, 2021

## Demographics of Home Health Users

	All Medicare Beneficiaries	Traditional Medicare Home Health Users	Medicare Advantage Home Health Users
<b>Beneficiary Characteristics</b>			
% People of Color	24.5%	20.1%	29.9%
% Female	54.6%	53.6%	63.4%
% Age 85+	10.4%	27.0%	24.9%
% Income 200% or less than FPL	36.7%	42.4%	59.7%
% Living alone	29.9%	34.3%	40.9%
% Dual Eligible	17.1%	22.2%	30.8%
<b>Health Characteristics</b>			
% 3+ Chronic conditions	57.4%	71.1%	75.9%
% 2+ ADL limitations*	5.3%	21.0%	23.6%
% Report fair or poor health	19.0%	35.7%	43.0%
% Are in somewhat worse health than last year	16.7%	36.4%	35.9%
% Severe Mental Illness	27.4%	32.6%	35.8%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

In 2021, 100% of FPL for a household of 1 was \$12,880, a household of 2 was \$17,420, a household of 3 was \$21,960, and a household of 4 was \$26,500. As a result, 200% of FPL was double each amount.

Dual Eligibles are defined as individuals with any state buy-in at any point during the year.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Table 1.2: Selected Beneficiary Characteristics of All Medicare Home Health Users by Age, 2021

## Demographics of Home Health Users

	Age <65	Age 65-74	Age 75-84	Age 85+
<b>Gender</b>				
% Male	46.4%	55.1%	37.1%	34.7%
% Female	53.6%	44.9%	62.9%	65.3%
<b>Race</b>				
% White	59.5%	73.3%	80.7%	85.6%
% Black	22.2%	15.6%	10.9%	8.1%
% Other	18.3%	11.1%	8.4%	6.3%
<b>Marital Status</b>				
% Married	18.2%	55.8%	46.7%	20.1%
% Widowed	8.2%	14.0%	32.9%	65.2%
% Separated, Divorced, Never Married	73.5%	30.2%	20.4%	14.7%
<b>Income Distribution</b>				
% Under \$25,000 per year	81.1%	36.1%	37.2%	40.4%
% \$25,000 per year or more	18.9%	63.9%	62.8%	59.6%
<b>Living Alone</b>				
% Living Alone	36.8%	31.3%	34.1%	47.2%
<b>Dual Eligibility</b>				
% Dual Eligible	68.4%	25.4%	20.3%	15.9%
% Non-Dual Eligible	31.6%	74.6%	79.7%	84.1%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.3: Selected Health Characteristics of All Medicare Home Health Users by Age, 2021

## Demographics of Home Health Users

	Age <65	Age 65-74	Age 75-84	Age 85+
<b>Measures of General Health Status</b>				
% Report Fair or Poor Health	60.3%	42.0%	38.6%	26.5%
% In Somewhat or Much Worse Health than Last Year	41.7%	36.4%	33.7%	37.1%
<b>Chronic Conditions</b>				
% Have 3 or More Chronic Conditions	62.3%	77.5%	76.5%	68.9%
<b>Disability</b>				
% Have 2 or More ADLs	31.5%	20.9%	15.5%	28.3%
<b>Cognitive Function</b>				
% with Presence of SMI	53.5%	38.5%	32.0%	23.6%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.



Table 1.4: Selected Beneficiary Characteristics of All Medicare Home Health Users by Gender, 2021

## Demographics of Home Health Users

	Male	Female
<b>Age</b>		
% Age <65	12.3%	10.4%
% Age 65-74	34.4%	20.5%
% Age 75-84	31.9%	39.6%
% Age 85+	21.4%	29.5%
<b>Race</b>		
% White	79.0%	76.7%
% Black	10.5%	14.2%
% Other	10.4%	9.1%
<b>Marital Status</b>		
% Married	56.5%	26.1%
% Widowed	17.5%	45.4%
% Separated, Divorced, Never Married	26.0%	28.5%
<b>Income Distribution</b>		
% Under \$25,000 per year	31.7%	50.7%
% \$25,000 per year or more	68.3%	49.3%
<b>Living Alone</b>		
% Living Alone	29.4%	42.7%
<b>Dual Eligibility</b>		
% Dual Eligible	22.7%	28.2%
% Non-Dual Eligible	77.3%	71.8%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.5: Selected Health Characteristics of All Medicare Home Health Users by Gender, 2021

## Demographics of Home Health Users

	Male	Female
<b>Measures of General Health Status</b>		
% Report Fair or Poor Health	42.2%	36.3%
% In Somewhat or Much Worse Health than Last Year	39.3%	34.0%
<b>Chronic Conditions</b>		
% Have 3 or More Chronic Conditions	72.0%	74.0%
<b>Disability</b>		
% Have 2 or More ADLs	22.2%	21.9%
<b>Cognitive Function</b>		
% with Presence of SMI	27.5%	38.7%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Table 1.6: Selected Beneficiary Characteristics of All Medicare Home Health Users by Race, 2021

## Demographics of Home Health Users

	All Beneficiaries	Black Beneficiaries	Hispanic Beneficiaries
<b>Gender</b>			
% Male	42.2%	35.1%	47.1%
% Female	57.8%	64.9%	52.9%
<b>Age</b>			
% Age <65	11.2%	19.7%	21.0%
% Age 65-74	26.4%	32.5%	23.8%
% Age 75-84	36.3%	31.2%	34.0%
% Age 85+	26.1%	16.6%	21.2%
<b>Marital Status</b>			
% Married	39.0%	24.2%	28.6%
% Widowed	33.6%	29.7%	28.7%
% Separated, Divorced, Never Married	27.4%	46.1%	42.7%
<b>Income Distribution</b>			
% Under \$25,000 per year	42.7%	64.7%	80.0%
% \$25,000 per year or more	57.3%	35.3%	20.0%
<b>Living Alone</b>			
% Living Alone	37.1%	37.7%	33.0%
<b>Dual Eligibility</b>			
% Dual Eligible	25.9%	48.8%	71.9%
% Non-Dual Eligible	74.1%	51.2%	28.1%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.7: Selected Health Characteristics of All Medicare Home Health Users by Race, 2021

## Demographics of Home Health Users

	All Beneficiaries	Black Beneficiaries	Hispanic Beneficiaries
<b>Measures of General Health Status</b>			
% Report Fair or Poor Health	38.8%	42.7%	55.9%
% In Somewhat or Much Worse Health than Last Year	36.2%	35.4%	30.0%
<b>Chronic Conditions</b>			
% Have 3 or More Chronic Conditions	73.2%	81.4%	77.6%
<b>Disability</b>			
% Have 2 or More ADLs	22.1%	24.6%	34.3%
<b>Cognitive Function</b>			
% with Presence of SMI	33.9%	30.6%	45.0%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Table 1.8: Selected Beneficiary Characteristics of All Medicare Home Health Users by Dual Eligibility Status, 2021

## Demographics of Home Health Users

	Dual Eligible	Non-Dual Eligible
<b>Gender</b>		
% Male	37.1%	44.0%
% Female	62.9%	56.0%
<b>Age</b>		
% Age <65	29.6%	4.8%
% Age 65-74	25.9%	26.5%
% Age 75-84	28.5%	39.1%
% Age 85+	16.0%	29.6%
<b>Race</b>		
% White	54.8%	85.6%
% Black	23.9%	8.7%
% Other	21.3%	5.6%
<b>Marital Status</b>		
% Married	15.1%	47.3%
% Widowed	31.6%	34.3%
% Separated, Divorced, Never Married	53.4%	18.5%
<b>Income Distribution</b>		
% Under \$25,000 per year	90.6%	25.9%
% \$25,000 per year or more	9.4%	74.1%
<b>Living Alone</b>		
% Living Alone	42.2%	35.3%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.9: Selected Health Characteristics of All Medicare Home Health Users by Dual Eligibility Status, 2021

## Demographics of Home Health Users

	Dual Eligible	Non-Dual Eligible
<b>Measures of General Health Status</b>		
% Report Fair or Poor Health	53.6%	33.6%
% In Somewhat or Much Worse Health than Last Year	34.9%	36.7%
<b>Chronic Conditions</b>		
% Have 3 or More Chronic Conditions	74.7%	72.6%
<b>Disability</b>		
% Have 2 or More ADLs	36.3%	17.1%
<b>Cognitive Function</b>		
% with Presence of SMI	46.1%	29.7%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Table 1.10: Selected Beneficiary Characteristics of All Medicare Home Health Users by Severe Mental Illness (SMI), 2021

## Demographics of Home Health Users

	Any SMI	Depression	Mental Disorder
<b>Gender</b>			
% Male	34.2%	33.2%	43.2%
% Female	65.8%	66.8%	56.8%
<b>Age</b>			
% Age <65	17.7%	17.4%	25.0%
% Age 65-74	29.9%	29.8%	40.5%
% Age 75-84	34.3%	34.2%	25.2%
% Age 85+	18.1%	18.6%	9.3%
<b>Race</b>			
% White	76.7%	76.8%	73.5%
% Black	11.4%	11.6%	4.2%
% Other	11.9%	11.5%	22.3%
<b>Marital Status</b>			
% Married	32.6%	32.9%	32.9%
% Widowed	33.9%	33.4%	33.2%
% Separated, Divorced, Never Married	33.5%	33.7%	33.9%
<b>Income Distribution</b>			
% Under \$25,000 per year	52.1%	52.4%	49.5%
% \$25,000 per year or more	47.9%	47.6%	50.5%
<b>Living Alone</b>			
% Living Alone	44.2%	44.8%	37.5%
<b>Dual Eligibility</b>			
% Dual Eligible	35.2%	34.8%	42.9%
% Non-Dual Eligible	64.8%	65.2%	57.1%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Table 1.11: Selected Health Characteristics of All Medicare Home Health Users by Severe Mental Illness (SMI), 2021

## Demographics of Home Health Users

	Any SMI	Depression	Mental Disorder
<b>Measures of General Health Status</b>			
% Report Fair or Poor Health	51.6%	51.2%	53.8%
% In Somewhat or Much Worse Health than Last Year	42.5%	43.6%	32.5%
<b>Chronic Conditions</b>			
% Have 3 or More Chronic Conditions	90.4%	90.9%	92.5%
<b>Disability</b>			
% Have 2 or More ADLs	29.0%	28.8%	39.2%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.



Table 1.12: Selected Beneficiary Characteristics of All Medicare Home Health Users Compared to Skilled Nursing Facility Users, 2021

## Demographics of Home Health Users

	Home Health Users	Skilled Nursing Facility Users
<b>Gender</b>		
% Male	42.2%	40.3%
% Female	57.8%	59.7%
<b>Age</b>		
% Age <65	11.2%	13.0%
% Age 65-74	26.4%	21.6%
% Age 75-84	36.3%	28.4%
% Age 85+	26.1%	36.9%
<b>Race</b>		
% White	77.7%	81.2%
% Black	12.7%	7.8%
% Other	9.7%	11.0%
<b>Marital Status</b>		
% Married	39.0%	30.0%
% Widowed	33.6%	27.2%
% Separated, Divorced, Never Married	27.4%	42.8%
<b>Income Distribution</b>		
% Under \$25,000 per year	42.7%	56.9%
% \$25,000 per year or more	57.3%	43.1%
<b>Living Alone</b>		
% Living Alone	37.1%	17.8%
<b>Dual Eligibility</b>		
% Dual Eligible	25.9%	47.8%
% Non-Dual Eligible	74.1%	52.2%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.13: Selected Health Characteristics of All Medicare Home Health Users Compared to Skilled Nursing Facility Users, 2021

## Demographics of Home Health Users

	Home Health Users	Skilled Nursing Facility Users
<b>Measures of General Health Status</b>		
% Report Fair or Poor Health	38.8%	17.8%
% In Somewhat or Much Worse Health than Last Year	36.2%	18.0%
<b>Chronic Conditions</b>		
% Have 3 or More Chronic Conditions	73.2%	29.5%
<b>Disability</b>		
% Have 2 or More ADLs	22.1%	11.9%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.

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.

Table 1.14: Selected Health Characteristics of All Medicare Home Health Users over Time (2017-2021)

## Demographics of Home Health Users

	2017	2018	2019	2020	2021
<b>Socioeconomic Characteristics</b>					
% Have Incomes under 100% of the Federal Poverty Level (FPL)	26.5%	20.5%	22.3%	23.1%	17.4%
% Have Incomes under 200% of the Federal Poverty Level (FPL)	57.1%	54.4%	55.9%	57.3%	49.8%
% Dual Eligible	32.4%	28.6%	29.4%	30.6%	25.9%
<b>Chronic Conditions</b>					
% Have 3 or More Chronic Conditions	82.3%	75.0%	76.0%	76.1%	73.2%
<b>Disability</b>					
% Have 2 or More ADLs	27.8%	20.2%	22.9%	23.8%	22.1%
<b>Cognitive Function</b>					
% with Presence of SMI	38.3%	34.0%	34.8%	37.8%	33.9%

Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2017-2021.

In 2021, 100% of FPL for a household of 1 was \$12,880, a household of 2 was \$17,420, a household of 3 was \$21,960, and a household of 4 was \$26,500. As a result, 200% of FPL was double each amount.

Dual Eligibles are defined as individuals with any state buy-in at any point during the year.

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.

Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Note: Analyses on data prior to 2018 were not conducted by KNG Health Consulting. As a result, there may be slight methodological differences in results.



# Clinical Profile of Home Health Users

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Table 2.1: Top 20 Medicare Severity Diagnosis Related Groups (MS-DRGs) for Beneficiaries Discharged from Hospital to Part A Home Health Episodes, 2022

## Clinical Profile of Home Health Users

MS-DRGs	Number of Home Health Part A Claims	Percent of Total Home Health Part A Claims
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	78,683	6.6%
HEART FAILURE AND SHOCK WITH MCC	62,402	5.2%
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	54,543	4.5%
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	52,626	4.4%
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	21,290	1.8%
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	18,205	1.5%
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	15,416	1.3%
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	15,137	1.3%
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	14,048	1.2%
PULMONARY EDEMA AND RESPIRATORY FAILURE	13,923	1.2%
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	13,859	1.2%
RENAL FAILURE WITH CC	12,838	1.1%
KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	12,763	1.1%
RENAL FAILURE WITH MCC	12,491	1.0%
HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	11,881	1.0%
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	11,408	1.0%
CELLULITIS WITHOUT MCC	11,405	1.0%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	11,184	0.9%
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	10,934	0.9%
SYNCOPE AND COLLAPSE	10,653	0.9%
<b>Total for Top 20 MS-DRGs</b>	<b>465,689</b>	<b>38.8%</b>

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.

Note: Data is limited to beneficiaries with a Part A home health episode and a short-term acute care hospital stay within 14 days of home health admission discharged in 2022. Prior short term-acute care stays are limited to 2021 and 2022.

CC – Complication or Comorbidity; MCC – Major Complication or Comorbidity All Medicare

Table 2.2: Comparison of Top 20 MS-DRGs for Beneficiaries Discharged from Hospital to Part A Home Health Episodes, 2018-2022

## Clinical Profile of Home Health Users

MS-DRGs	2018	2019	2020	2021	2022
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	78,911	77,883	84,183	85,472	78,683
HEART FAILURE AND SHOCK WITH MCC	65,603	68,242	62,540	63,498	62,402
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	9,782	10,116	39,281	80,334	54,543
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	206,011	189,379	109,933	68,748	52,626
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	26,556	24,504	21,800	16,018	21,290
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	24,295	23,584	22,108	20,654	18,205
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	20,669	20,344	17,751	16,929	15,416
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	18,159	18,387	19,475	18,546	15,137
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	13,248	13,309	16,280	16,552	14,048
PULMONARY EDEMA AND RESPIRATORY FAILURE	22,310	21,244	17,059	14,463	13,923
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	13,354	13,413	13,820	14,612	13,859
RENAL FAILURE WITH CC	19,005	17,840	16,598	14,962	12,838
KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	12,673	11,936	12,312	12,717	12,763
RENAL FAILURE WITH MCC	13,742	12,876	13,050	13,388	12,491
HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	9,693	10,061	14,316	14,050	11,881
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	15,155	13,995	13,420	13,077	11,408
CELLULITIS WITHOUT MCC	18,471	16,989	13,764	12,819	11,405
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	24,233	21,636	14,872	11,830	11,184
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC*	0	0	2,419	12,338	10,934
SYNCOPE AND COLLAPSE	12,420	11,904	11,129	11,205	10,653
<b>Total for Top 20 MS-DRGs</b>	<b>624,290</b>	<b>597,642</b>	<b>536,110</b>	<b>532,212</b>	<b>465,689</b>

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2022.

\*MS-DRG: "HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC" was added to the list of MS-DRGs in October 2020.

Note: Data is limited to beneficiaries with a Part 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.

Table 2.3: Top 20 Primary International Classification of Diseases, Version 10 (ICD-10) Diagnoses for All Home Health Claims, 2022

## Clinical Profile of Home Health Users

Primary ICD-10 Diagnoses	Number of Home Health Claims	Percent of Total Home Health Claims
TYPE 2 DIABETES MELLITUS	668,712	7.7%
ENCOUNTER FOR OTHER POSTPROCEDURAL AFTERCARE	469,948	5.4%
ORTHOPEDIC AFTERCARE	456,811	5.2%
HYPERTENSIVE HEART DISEASE	355,737	4.1%
PRESSURE ULCER	332,964	3.8%
ESSENTIAL (PRIMARY) HYPERTENSION	316,158	3.6%
SEQUELAE OF CEREBROVASCULAR DISEASE	291,818	3.3%
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE	280,469	3.2%
OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE	242,296	2.8%
FRACTURE OF FEMUR	188,179	2.2%
ATRIAL FIBRILLATION AND FLUTTER	163,691	1.9%
PARKINSON'S DISEASE	163,617	1.9%
EMERGENCY USE OF COVID-19 DIAGNOSIS	162,771	1.9%
ENCOUNTER FOR FITTING AND ADJUSTMENT OF OTHER DEVICES	140,036	1.6%
OTHER DISORDERS OF URINARY SYSTEM	133,279	1.5%
OSTEOARTHRITIS OF KNEE	133,181	1.5%
HYPERTENSIVE CHRONIC KIDNEY DISEASE	122,469	1.4%
OTHER DISORDERS OF VEINS	122,429	1.4%
UNSPECIFIED DEMENTIA	111,316	1.3%
ALZHEIMER'S DISEASE	107,225	1.2%
<b>Total for Top 20 Primary ICD-10 Diagnoses</b>	<b>4,963,106</b>	<b>56.8%</b>

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
Note: Cohort includes all Home Health claims in 2022 Standard Analytic File.

Table 2.4: Comparison of Top 20 Primary International Classification of Diseases, Version 10 (ICD-10) Diagnoses for All Home Health Claims, 2018-2022

## Clinical Profile of Home Health Users

Primary ICD-10 Diagnoses	2018	2019	2020	2021	2022
TYPE 2 DIABETES MELLITUS	436,263	425,619	775,054	807,110	668,712
ENCOUNTER FOR OTHER POSTPROCEDURAL AFTERCARE	276,956	272,620	462,147	573,055	469,948
ORTHOPEDIC AFTERCARE	414,993	411,774	439,492	517,912	456,811
HYPERTENSIVE HEART DISEASE	231,060	232,623	363,700	378,128	355,737
PRESSURE ULCER	225,077	215,875	372,701	393,513	332,964
ESSENTIAL (PRIMARY) HYPERTENSION	217,154	215,293	334,211	460,622	316,158
SEQUELAE OF CEREBROVASCULAR DISEASE	204,483	205,440	333,802	354,209	291,818
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE	158,925	173,266	276,595	280,710	280,469
OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE	287,759	267,145	348,732	306,593	242,296
FRACTURE OF FEMUR	119,290	123,531	195,695	218,313	188,179
ATRIAL FIBRILLATION AND FLUTTER	106,724	101,984	171,740	193,088	163,691
PARKINSON'S DISEASE	95,180	100,182	163,586	191,194	163,617
EMERGENCY USE OF COVID-19 DIAGNOSIS	0	0	87,376	253,709	162,771
ENCOUNTER FOR FITTING AND ADJUSTMENT OF OTHER DEVICES	73,083	69,840	151,942	161,752	140,036
OTHER DISORDERS OF URINARY SYSTEM	87,942	91,224	144,164	155,747	133,279
OSTEOARTHRITIS OF KNEE	77,312	80,256	131,084	166,480	133,181
HYPERTENSIVE CHRONIC KIDNEY DISEASE	73,393	80,053	131,868	137,109	122,469
OTHER DISORDERS OF VEINS	92,845	93,381	146,123	146,581	122,429
UNSPECIFIED DEMENTIA	53,948	60,621	104,034	130,011	111,316
ALZHEIMER'S DISEASE	51,814	59,672	111,326	130,541	107,225
<b>Total for Top 20 Primary ICD-10 Diagnoses</b>	<b>3,284,201</b>	<b>3,280,399</b>	<b>5,245,372</b>	<b>5,956,377</b>	<b>4,963,106</b>

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2022.  
Note: Cohorts include all Home Health claims in 2018-2022 Standard Analytic Files.



Table 2.5: Percent of Medicare Home Health Users with 3 or More Chronic Conditions Compared to All Medicare Beneficiaries, by State, 2022

## Clinical Profile of Home Health Users

State	% of Beneficiaries with 3+ CC	% of HH Users with 3+ CC
Alabama	7.39%	85.54%
Alaska	9.00%	85.05%
Arizona	5.75%	84.48%
Arkansas	9.23%	84.72%
California	7.11%	83.83%
Colorado	5.30%	81.11%
Connecticut	7.52%	86.78%
Washington, D.C.	9.59%	85.51%
Delaware	9.34%	87.01%
Florida	7.88%	83.20%
Georgia	6.83%	86.10%
Hawaii	3.94%	89.61%
Idaho	6.04%	80.38%
Illinois	9.66%	88.16%
Indiana	8.46%	88.36%
Iowa	8.47%	89.22%
Kansas	10.07%	88.05%
Kentucky	7.88%	85.07%
Louisiana	7.97%	84.65%
Maine	5.71%	87.31%
Maryland	10.56%	87.68%
Massachusetts	10.17%	85.14%
Michigan	6.74%	86.96%
Minnesota	6.25%	89.03%
Mississippi	10.95%	83.50%

State	% of Beneficiaries with 3+ CC	% of HH Users with 3+ CC
Missouri	7.66%	86.69%
Montana	6.86%	83.98%
Nebraska	9.32%	89.40%
Nevada	7.30%	83.74%
New Hampshire	8.41%	82.60%
New Jersey	8.66%	87.29%
New Mexico	5.85%	82.32%
New York	7.40%	87.04%
North Carolina	6.95%	87.73%
North Dakota	11.18%	92.07%
Ohio	7.06%	87.82%
Oklahoma	10.86%	86.79%
Oregon	4.93%	86.23%
Pennsylvania	7.17%	86.44%
Rhode Island	6.11%	85.97%
South Carolina	8.33%	86.01%
South Dakota	10.26%	87.06%
Tennessee	7.44%	87.62%
Texas	7.75%	86.00%
Utah	6.57%	79.61%
Vermont	8.75%	84.60%
Virginia	8.96%	86.61%
Washington	6.12%	87.60%
West Virginia	9.04%	88.35%
Wisconsin	6.33%	88.89%
Wyoming	9.62%	81.29%

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.

Note: Beneficiaries with 3+ chronic conditions are defined as traditional Medicare beneficiaries with at least 3 chronic condition diagnoses based on inpatient, skilled nursing facility, and/or home health agency Medicare claims. Home health users with 3+ chronic conditions are defined as traditional Medicare beneficiaries with at least 3 chronic condition diagnoses based on home health agency Medicare claims.

Having a chronic condition is defined as having a Medicare claim with a chronic condition listed by the Centers for Medicare and Medicaid Services' Chronic Conditions Data Warehouse.



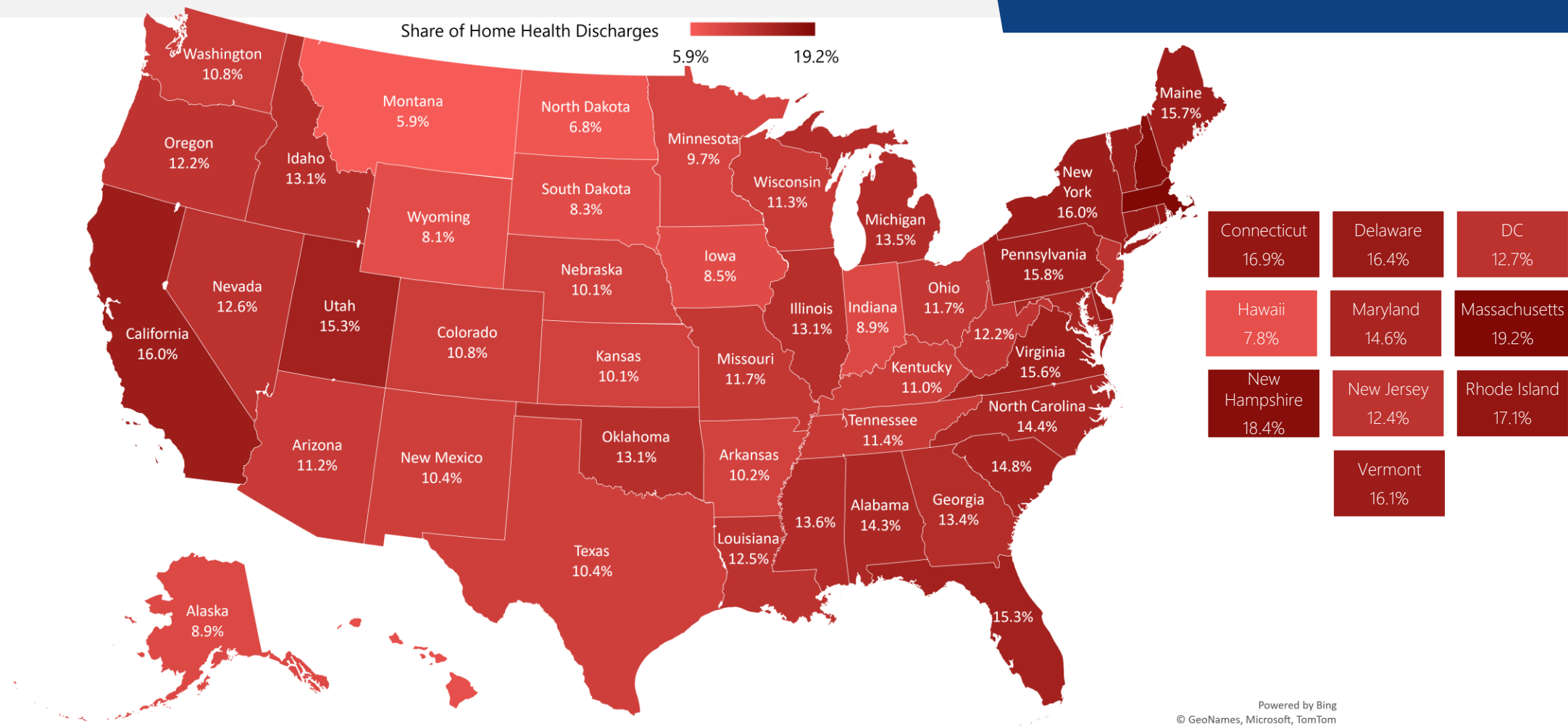
# Role of Home Health in Post-Acute Care Market

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Chart 3.1: Share of Home Health Discharges following an Inpatient Stay by State, 2022

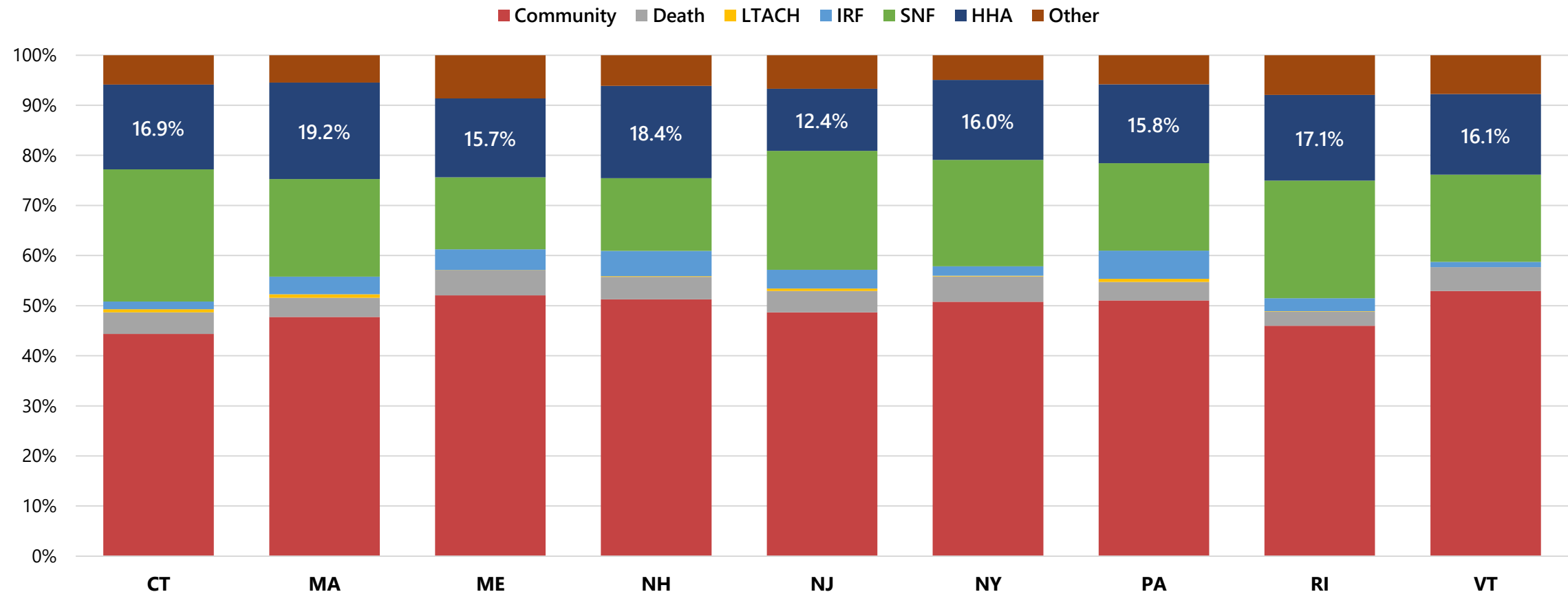
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
Note: Home health discharges are defined as a home health admission within 14 days of discharge from a short-term acute care hospital.

Chart 3.2a: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries in 2022, for States in Northeastern Region

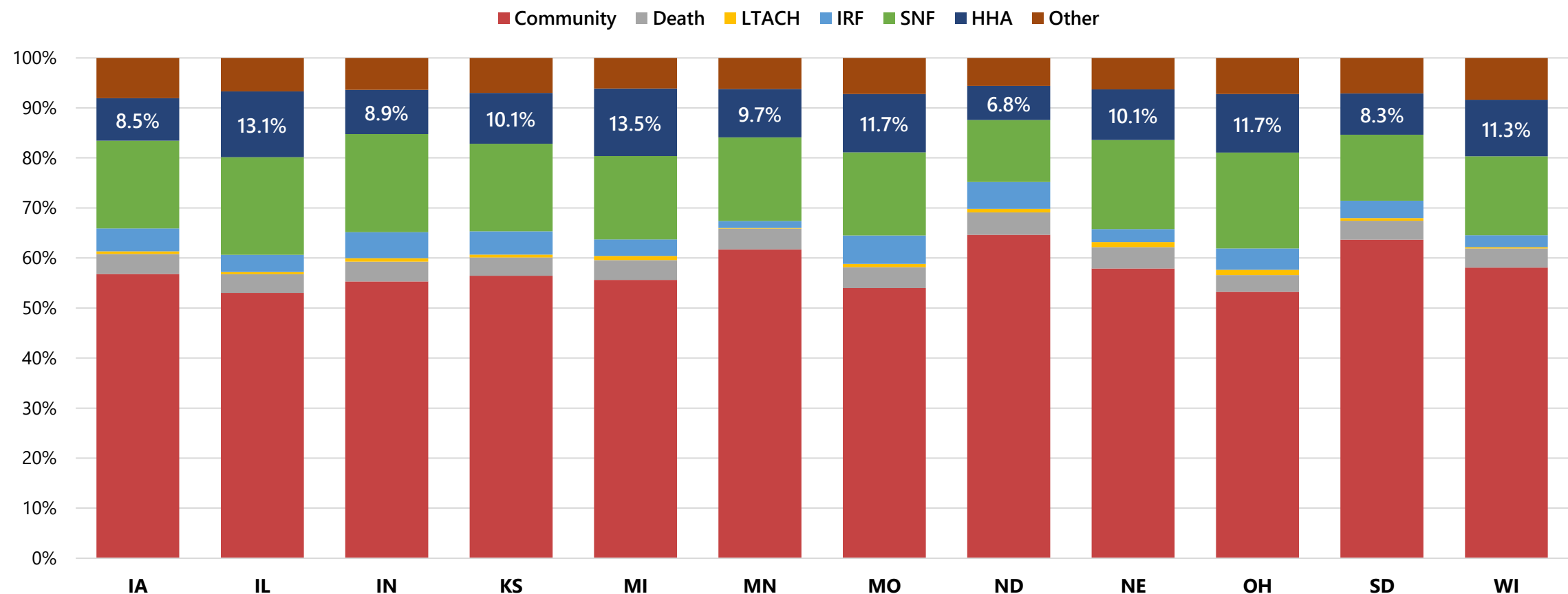
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

Chart 3.2b: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries in 2022, for States in Midwestern Region

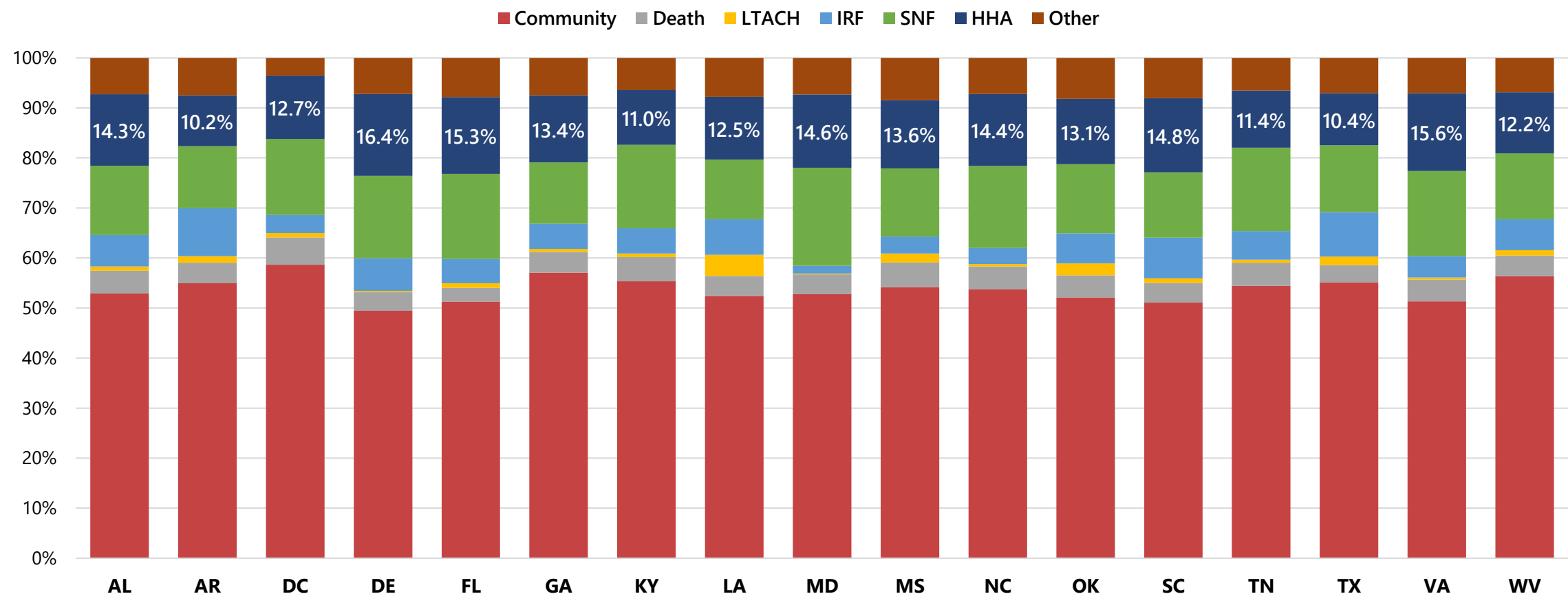
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

Chart 3.2c: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries in 2022, for States in Southern Region

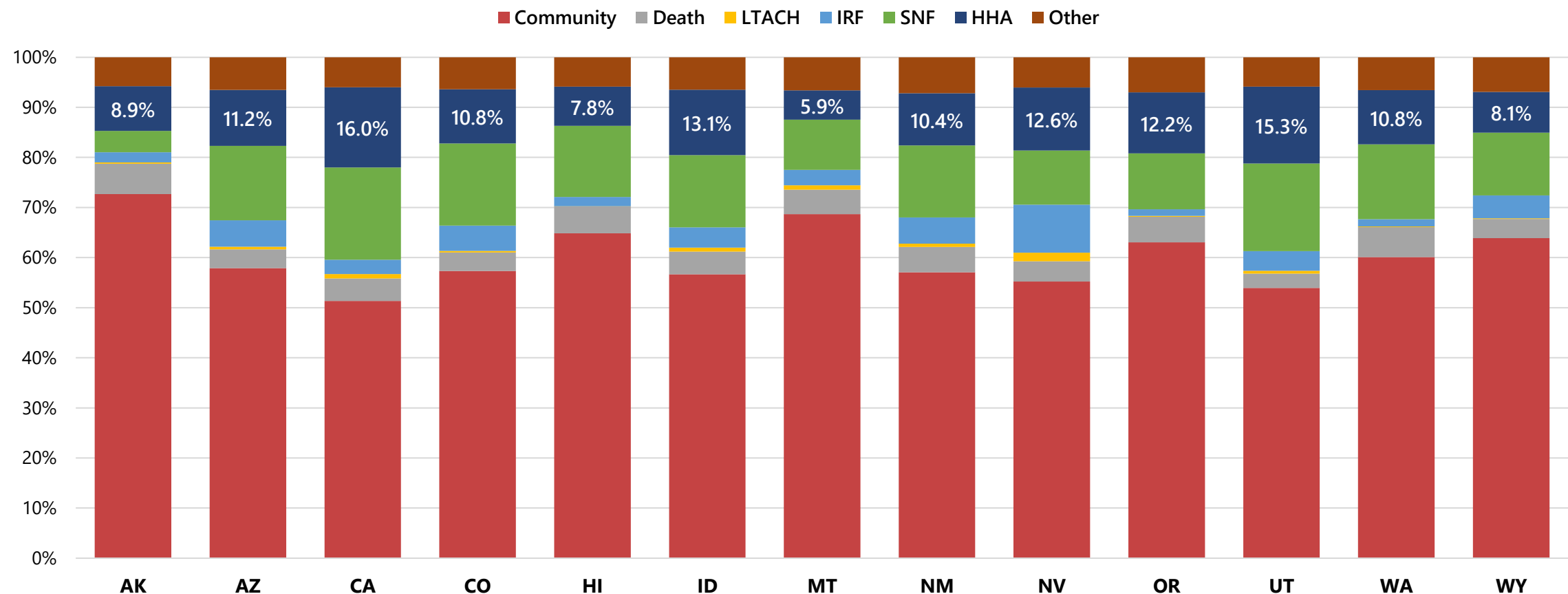
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

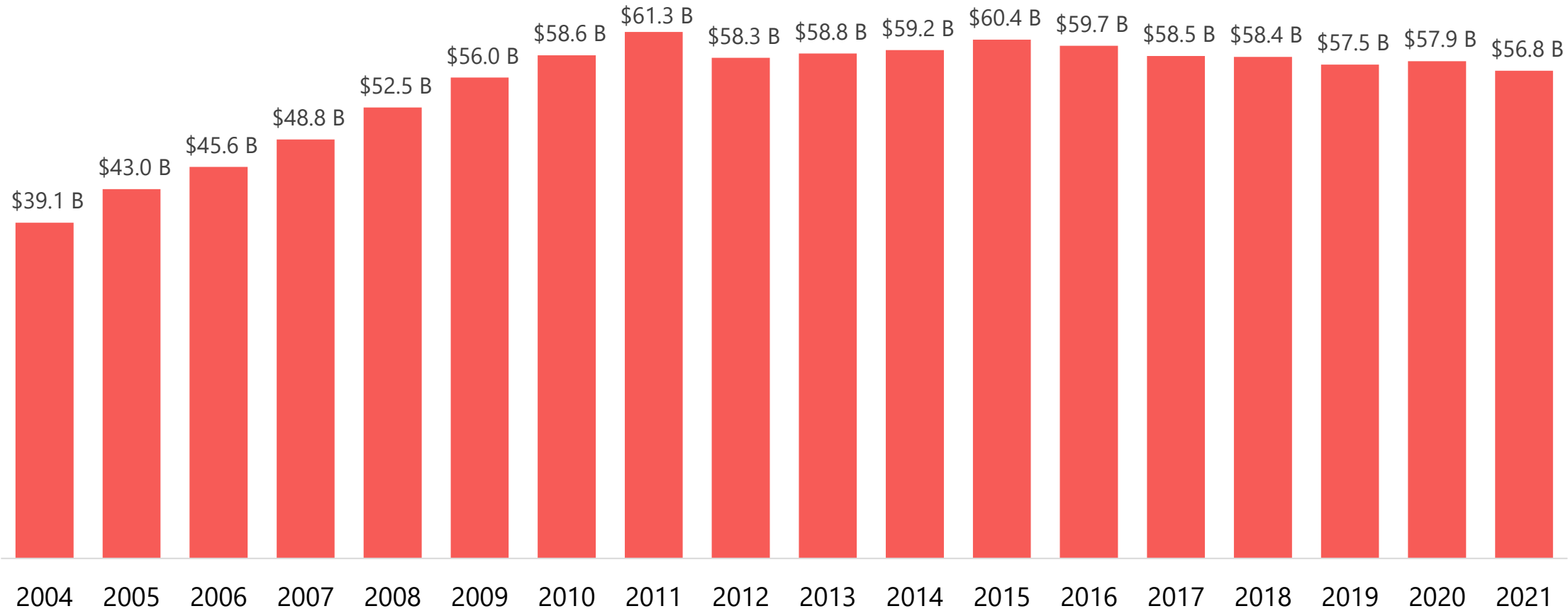
Chart 3.2d: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries in 2022, for States in Western Region

Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

Chart 3.3: Total Medicare Post-Acute Care Expenditures, Billions of Dollars, 2004-2021

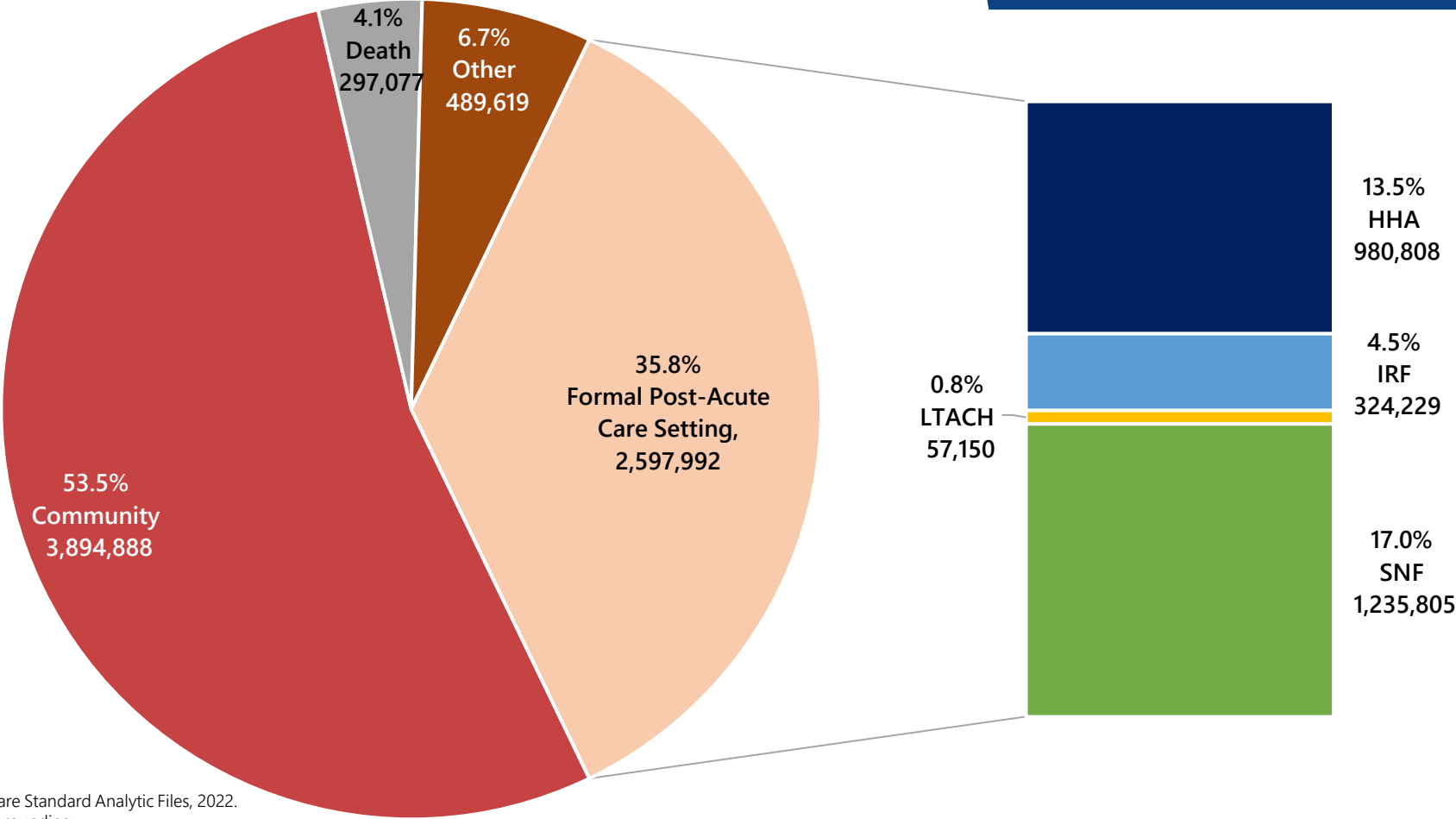


Source: Medicare Payment Advisory Commission. A Data Book: Health Care Spending and the Medicare Program, July 2023.



Chart 3.4: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries, 2022

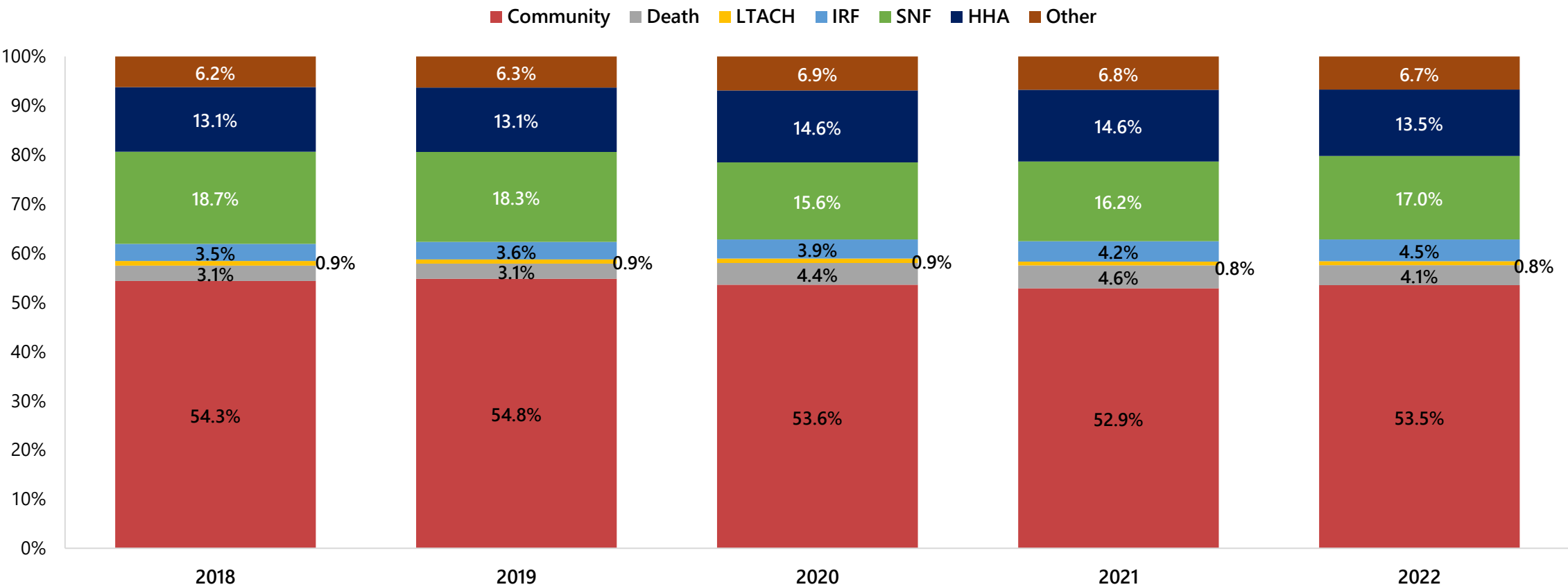
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

Chart 3.5: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries, 2018-2022

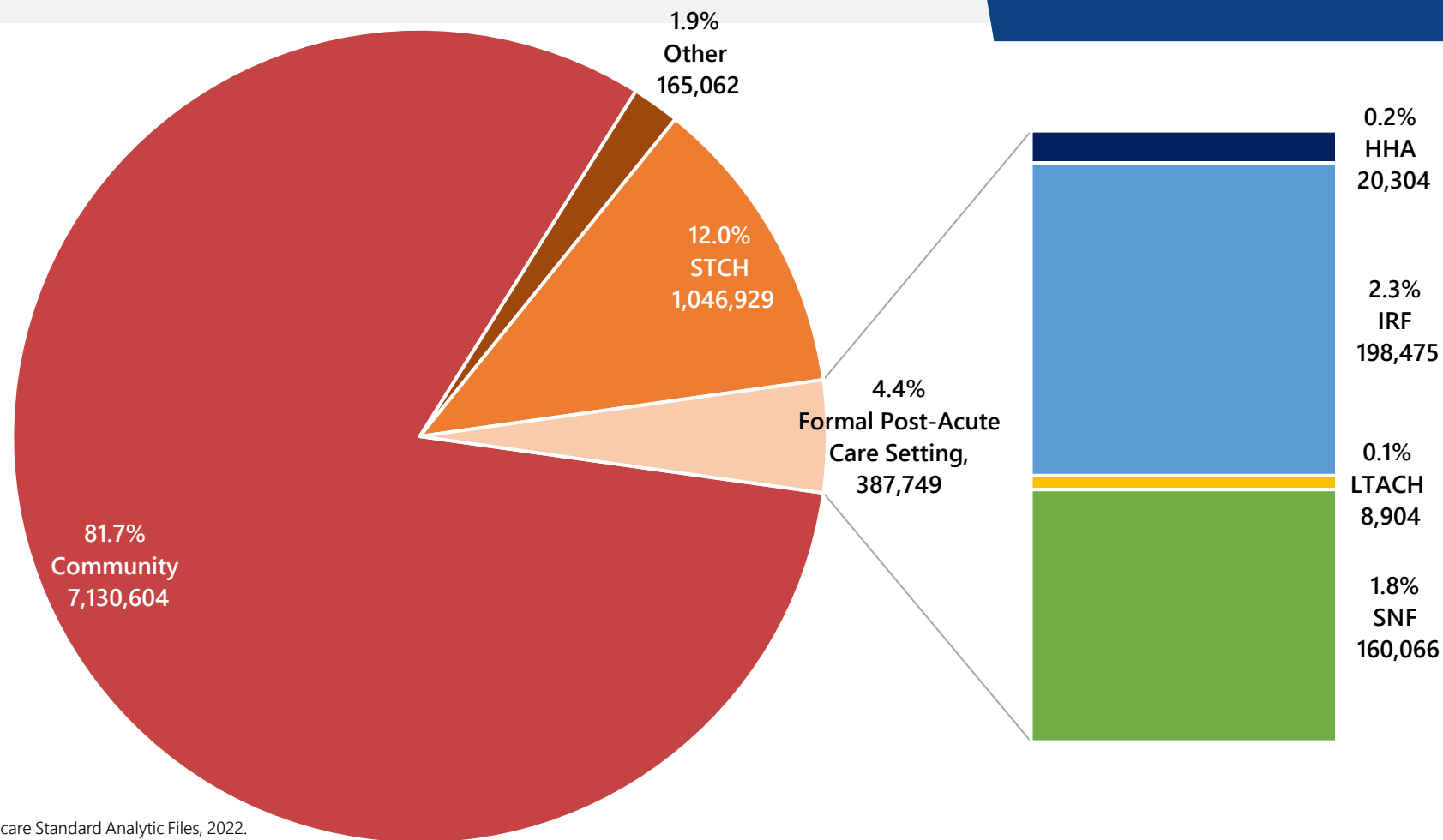
Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2022.  
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, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.

Chart 3.6: Distribution of Care Settings Prior to Home Health Episodes, 2022

Role of Home Health in Post-Acute Care Market



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
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, LTACH = long-term acute care hospital, and STCH = short-term acute care hospital  
Other: Hospice, a different inpatient hospital, or other inpatient hospitals such as inpatient psychiatric facilities.



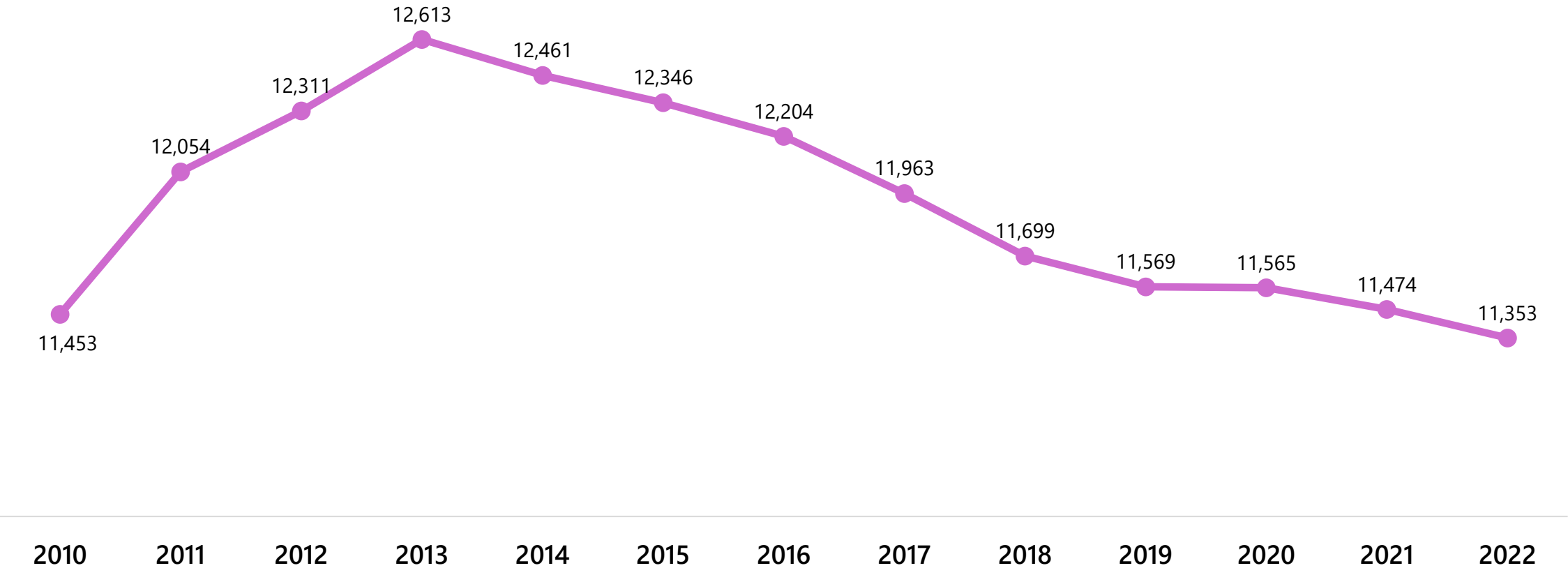
# Organizational Trends in Home Health

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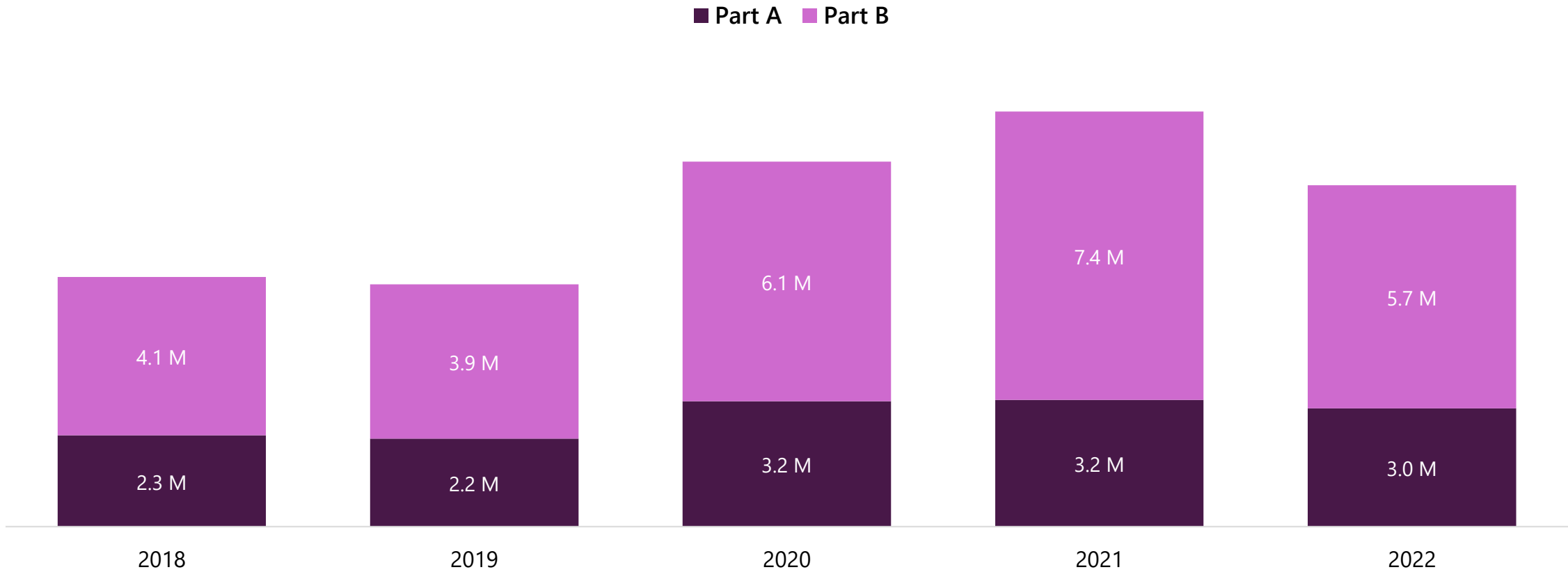


Chart 4.1: Number of Active Home Health Agencies, 2010-2022



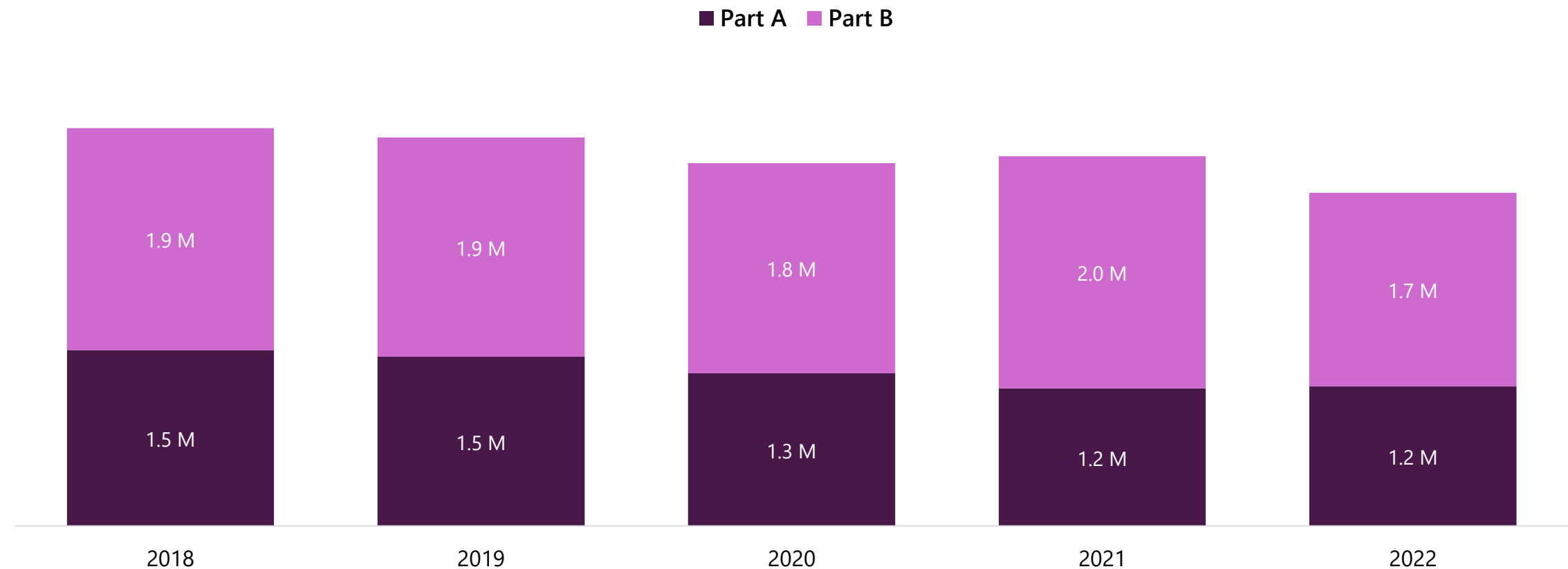
Source: Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy, March 2014 -2019; Medicare Payment Advisory Commission. A Data Book: Health Care Spending and the Medicare Program, July 2023.  
Note: "Active home health agencies" includes all agencies operating during a year, including agencies that closed or opened at some point during the year. The number of home health agencies between 2010 and 2016, are based on the Medicare Payment Advisory Commission's analysis of Provider of Service files. The number of home health agencies between 2017 and 2022 are based on Medicare Payment Advisory Commission's analysis of CMS's Quality, Certification, and Oversight files.

Chart 4.2: Number of Medicare Part A and Part B Home Health Episodes, in Millions, 2018-2022



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
In 2020, due to changes outlined in the Patient-Driven Groupings Model (PDGM), the definition of home health episodes changed from 60 days to 30 days.  
Note: Part A home health episode is 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."

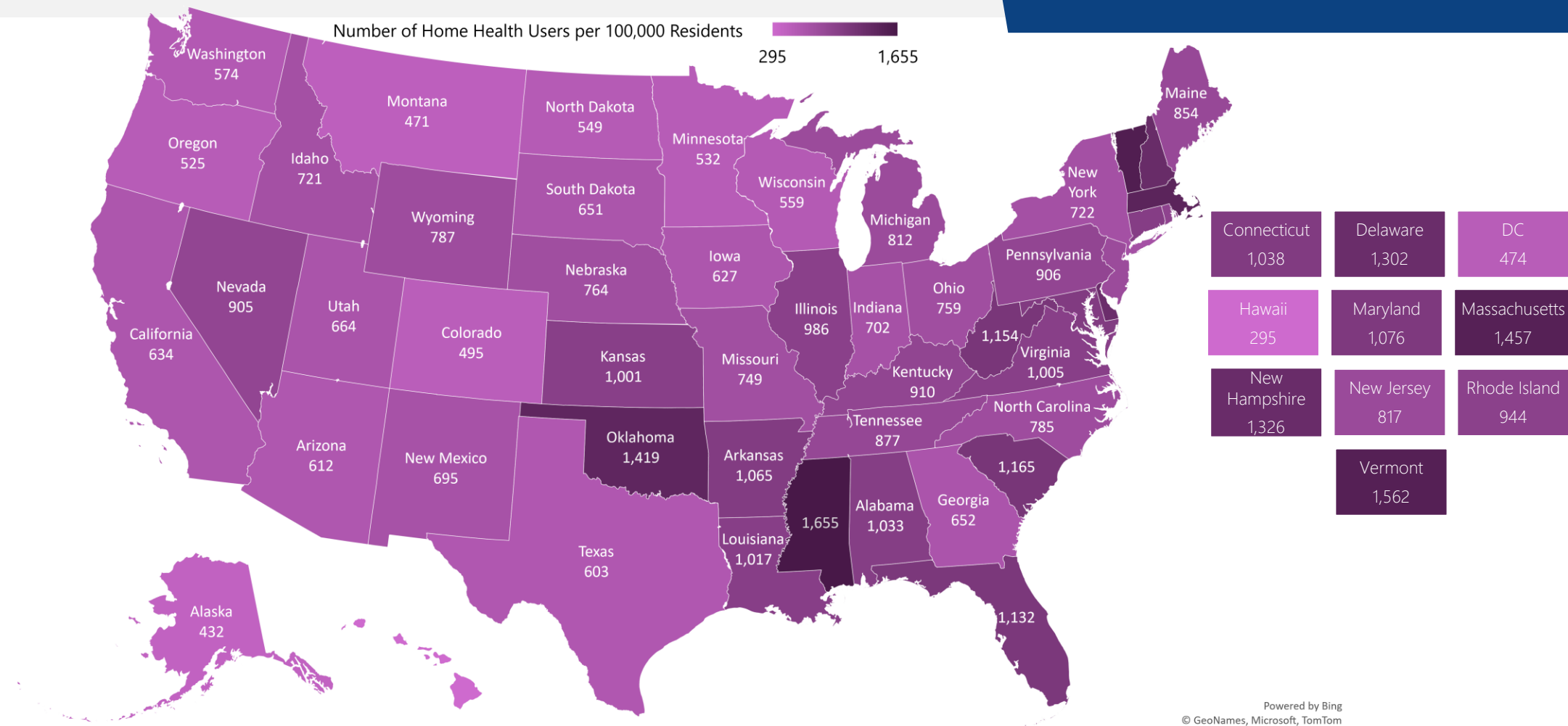
Chart 4.3: Number of Medicare Beneficiaries with Part A and Part B Home Health Episodes, in Millions, 2018-2022



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
In 2020, due to changes outlined in the Patient-Driven Groupings Model (PDGM), the definition of home health episodes changed from 60 days to 30 days.  
Note: Part A home health episode is 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."  
Part A and Part B categories are not mutually exclusive. Medicare Beneficiaries can have both a Part A and Part B episode.

Chart 4.4: Number of Medicare Beneficiaries with a Home Health Episode per 100,000 Residents by State, 2022

# Organizational Trends in Home Health

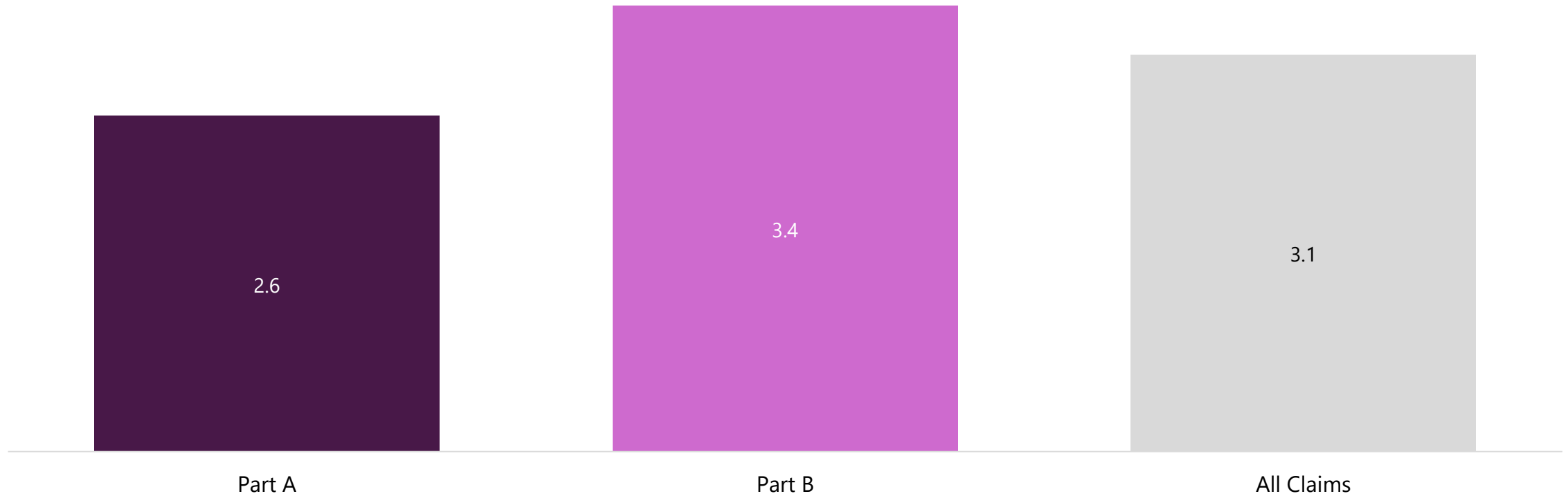


Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
Note: State resident counts are based on state population estimates produced by the United States Census Bureau.



Chart 4.5: Average Number of Home Health Episodes per Medicare Home Health User by Part A, Part B, and all Claims, 2022

## Organizational Trends in Home Health

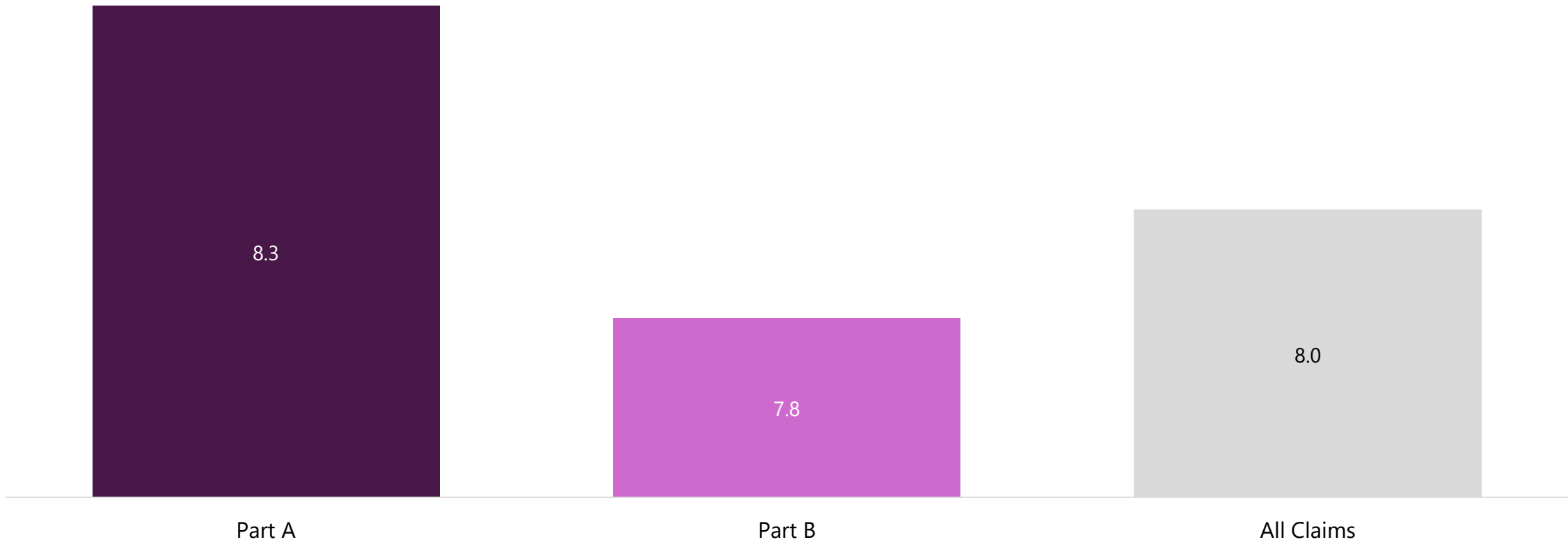


Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.

In 2020, due to changes outlined in the Patient-Driven Groupings Model (PDGM), the definition of home health episodes changed from 60 days to 30 days.

Note: Part A home health episode is 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."

Chart 4.6: Average Number of Home Health Visits per Episode by Part A, Part B, and all Claims, 2022



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.  
In 2020, due to changes outlined in the Patient-Driven Groupings Model (PDGM), the definition of home health episodes changed from 60 days to 30 days.  
Note: Part A home health episode is 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."

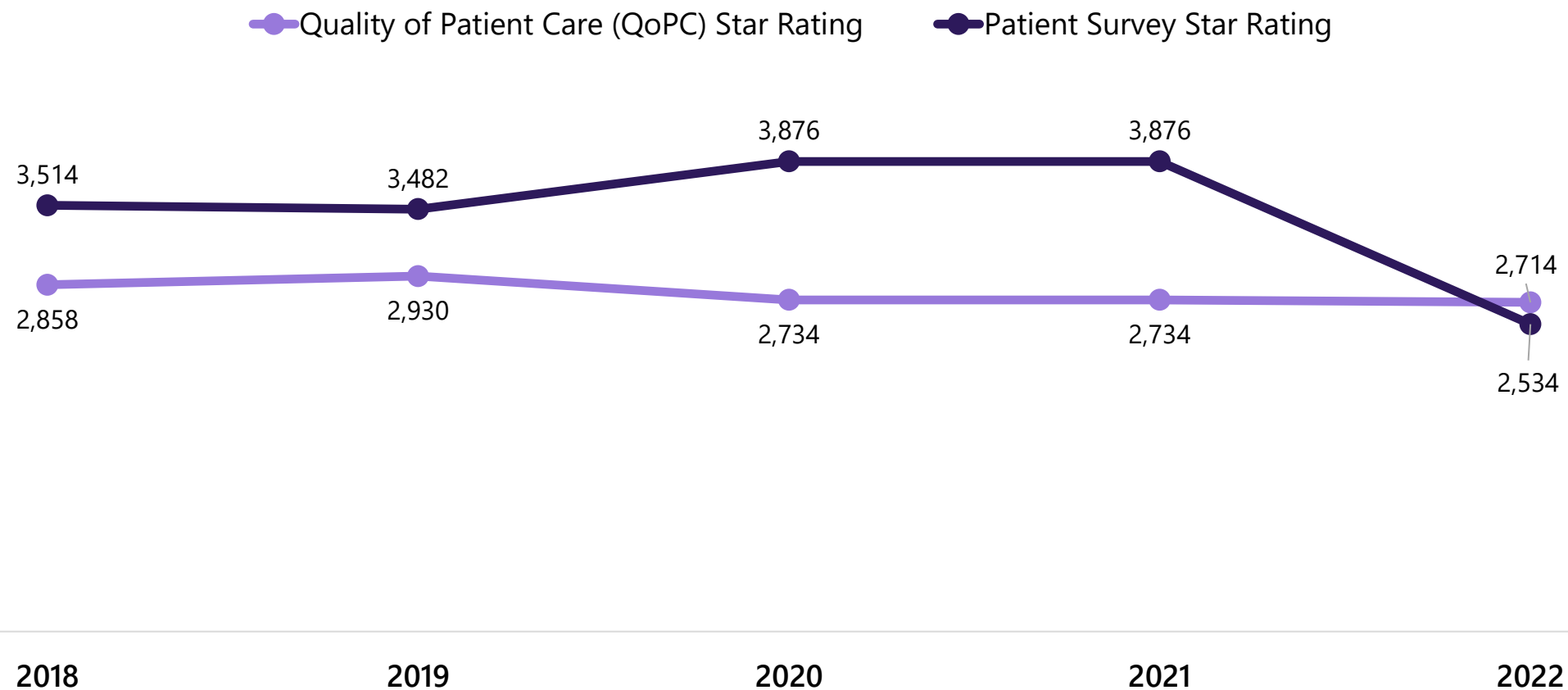


# Quality of Home Health Care

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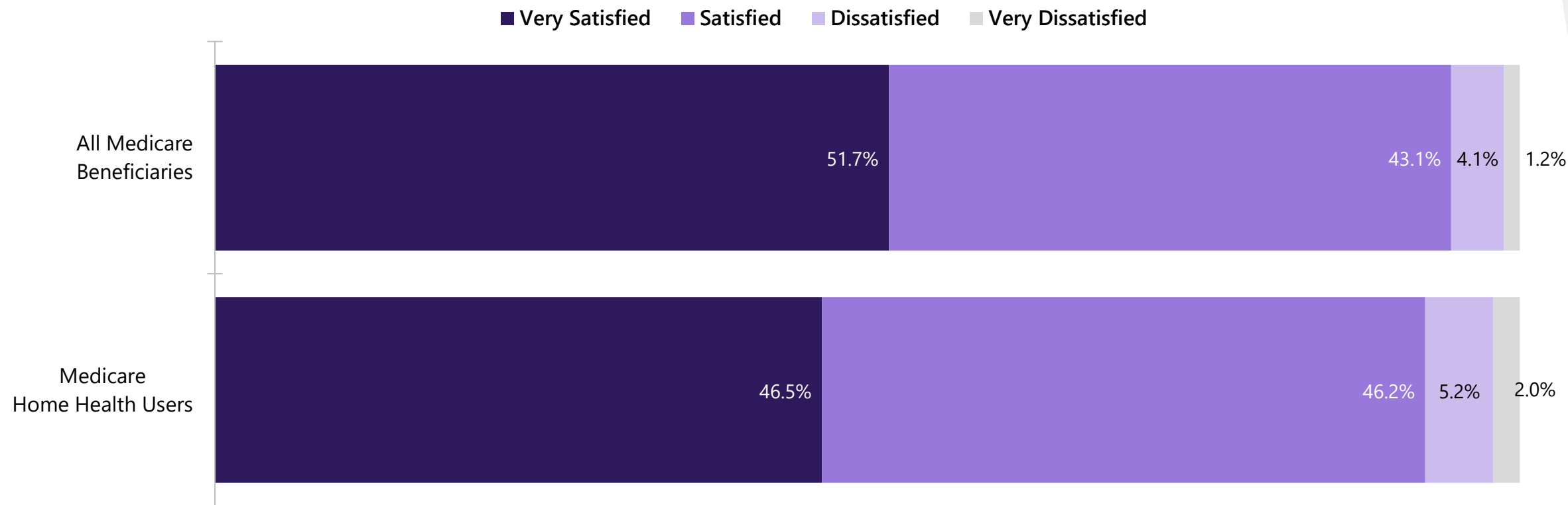


Chart 5.1: Number of High-Quality\* Medicare Certified Home Health Agencies by Type of Home Health star ratings, 2018-2022



Source: KNG Health analysis of Home Health Care Compare Data, 2018-2022.  
\* Home Health Agencies are defined as high-quality if they have a QoPC star rating or Patient Survey Star Rating of 4 or higher.  
Note: The Quality of Patient Care (QoPC) Star Rating is based on OASIS assessments and Medicare claims data. Collection for this measure began in 2015. The Patient Survey Star Ratings are based on the Home Health CAHPS Survey. Collection for this measure began in 2016.  
Note: Home Health Care Compare data and Home Health CAHPS Survey data are based on annual October refresh.

Chart 5.2: “Satisfaction: Quality of Care” Measure in Home Health Users and All Medicare Beneficiaries, 2021



Source: KNG Health analysis of the Medicare Current Beneficiary Survey, 2021.  
Totals may not sum to 100 percent due to rounding.  
Satisfaction with Care includes all medical services received.

Table 5.1: National Average for How Often Home Health Team Met Quality Measures Related to Patient Care, 2018-2022

## Quality of Home Health Care

Measure of Patient Care	2018	2019	2020	2021*	2022
Checked patients for depression	97.8%	97.5%	97.4%	N/A	N/A
Checked patients' risk of falling	99.5%	99.6%	99.6%	N/A	N/A
For diabetic patients, got doctor's orders, gave and educated about foot care	97.4%	97.9%	96.4%	N/A	N/A
Taught patients (or their family caregivers) about their drugs	98.0%	98.5%	98.6%	N/A	98.5%
Began care in timely manner	93.9%	95.1%	95.7%	N/A	95.7%
Determined whether patients received a flu shot for the current flu season	77.8%	78.6%	78.7%	N/A	75.4%
Determined whether patients received a pneumococcal vaccine (pneumonia shot)	80.9%	81.8%	82.2%	N/A	N/A

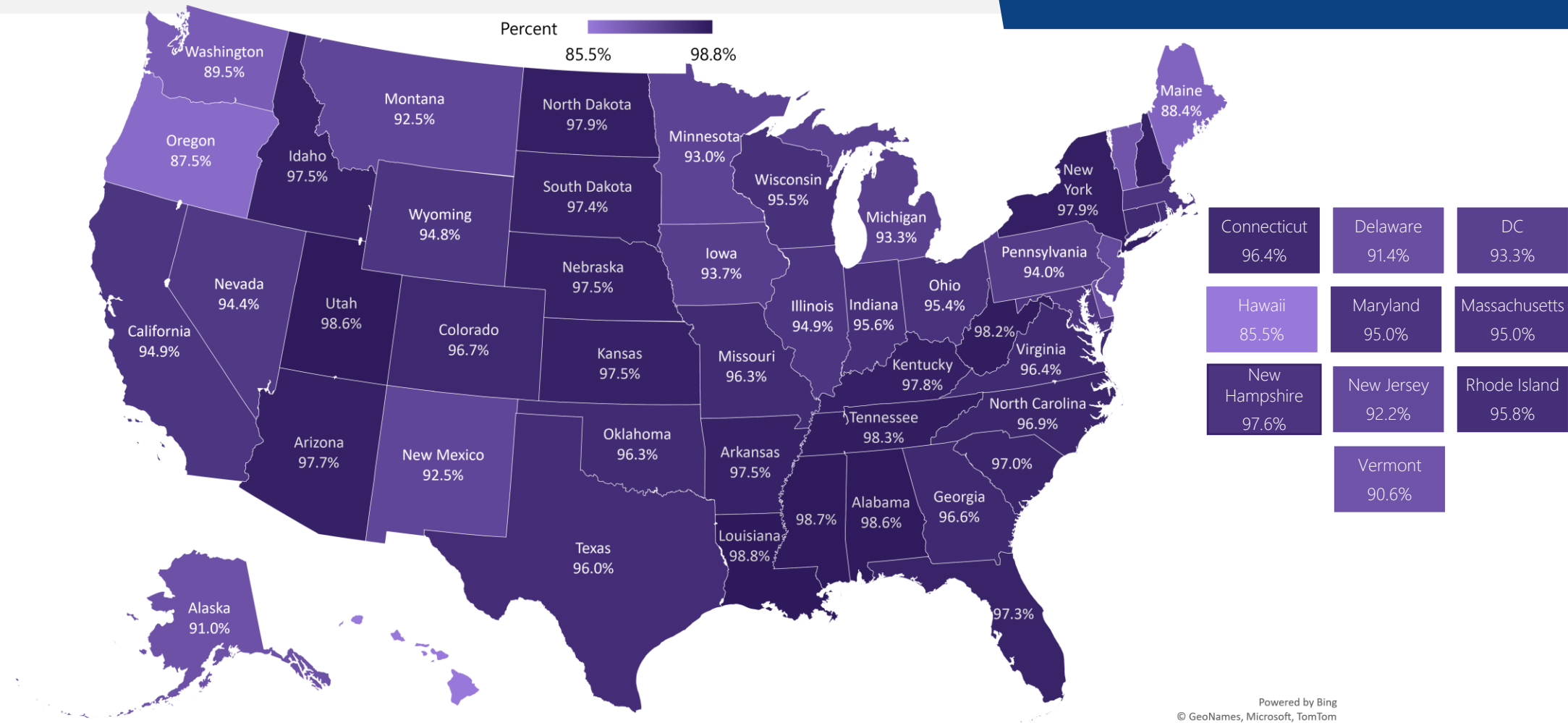
Source: KNG Health analysis of Home Health Care Compare Data, 2018-2022.

Note: Home Health Care Compare data is based on annual October refresh.

\*The Centers for Medicare & Medicaid Services did not collect new data in 2021. As a result, data reported on Home Health Care Compare for 2021 is the same data reported in 2020.

Chart 5.3: Performance on “How Often the Home Health Team Began Their Patients’ Care in a Timely Manner” by State, 2022

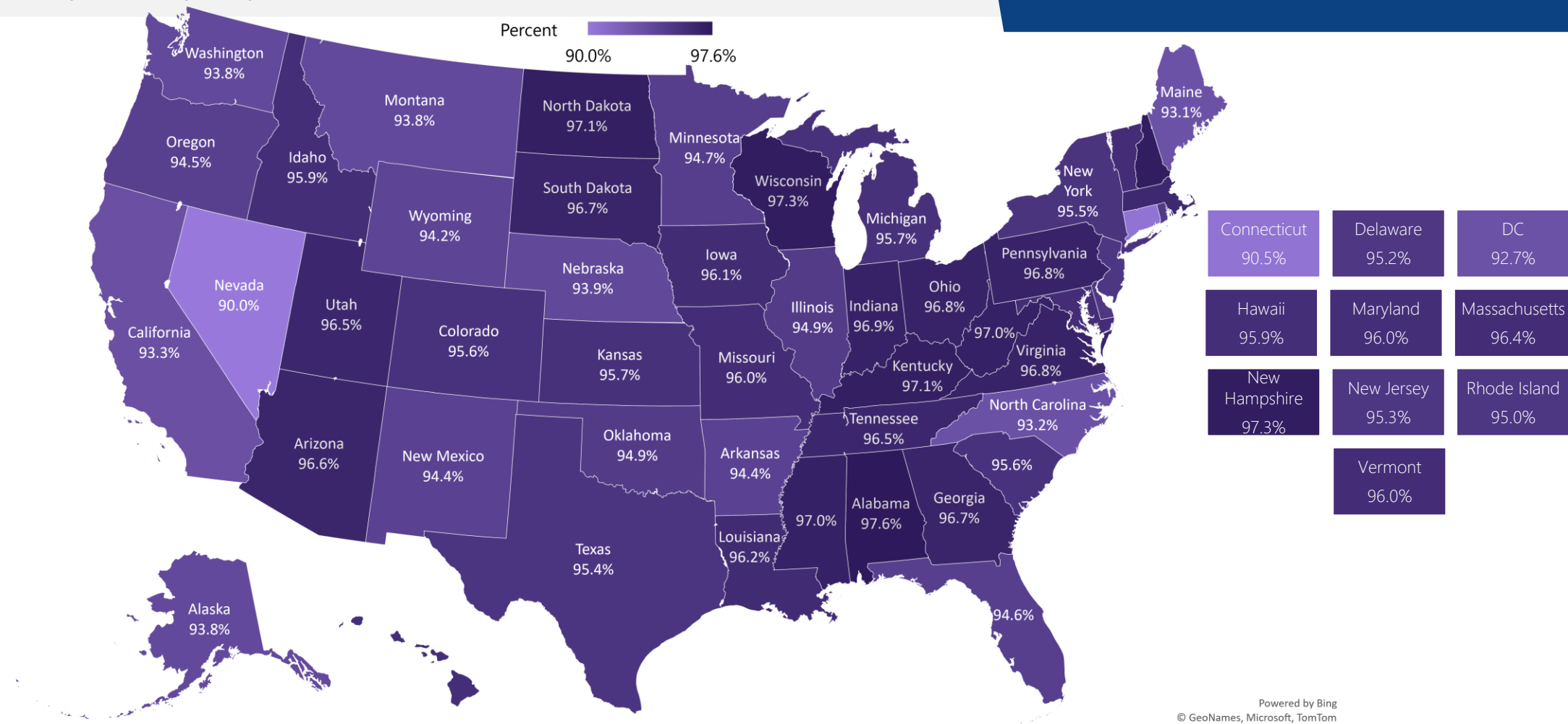
Quality of Home Health Care



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

Chart 5.4: Performance on “How Often Physician-Recommended Actions to Address Medication Issues were Completely Timely” by State, 2022

Quality of Home Health Care

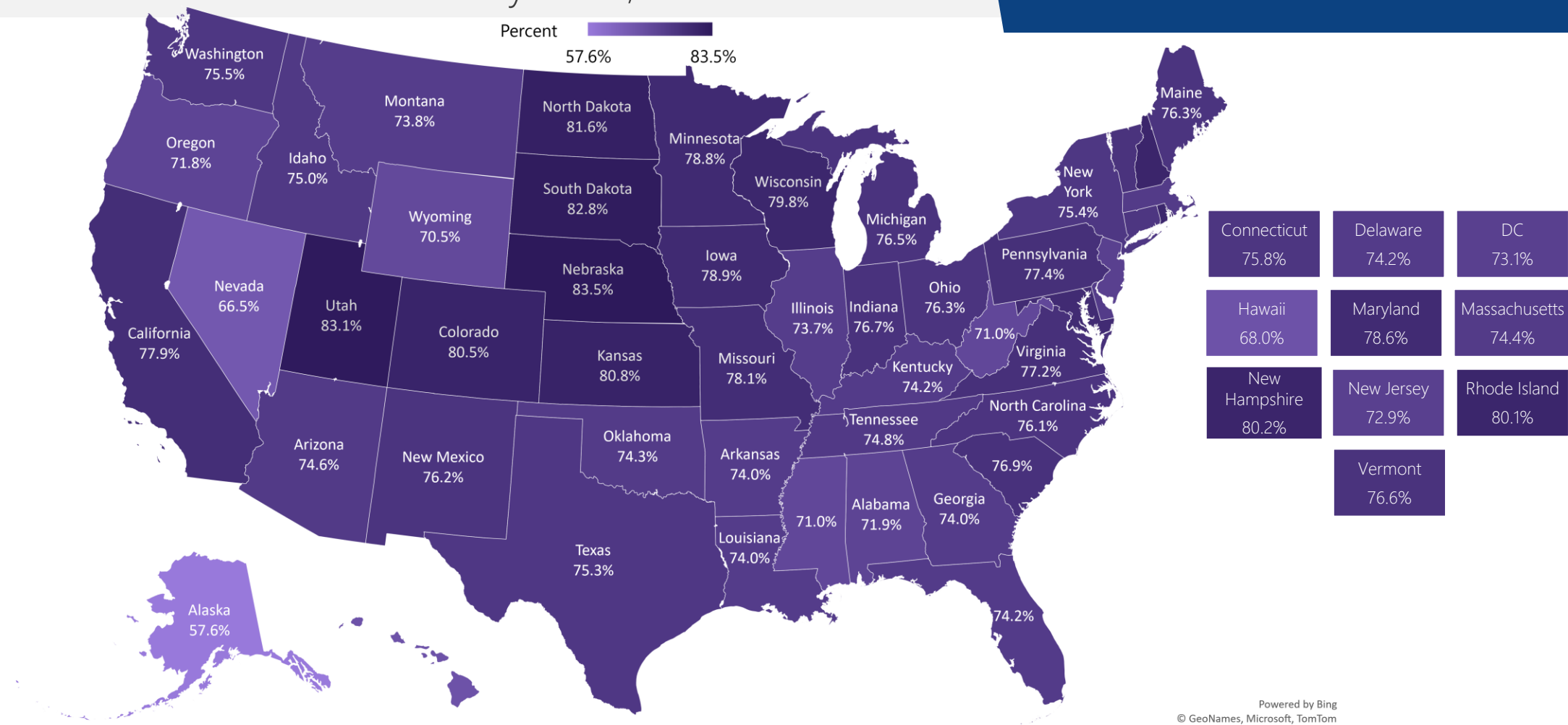


Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.



Chart 5.5: Performance on “How Often the Home Health Team Made Sure that Their Patients Have Received a Flu Shot for the Current Flu Season” by State, 2022

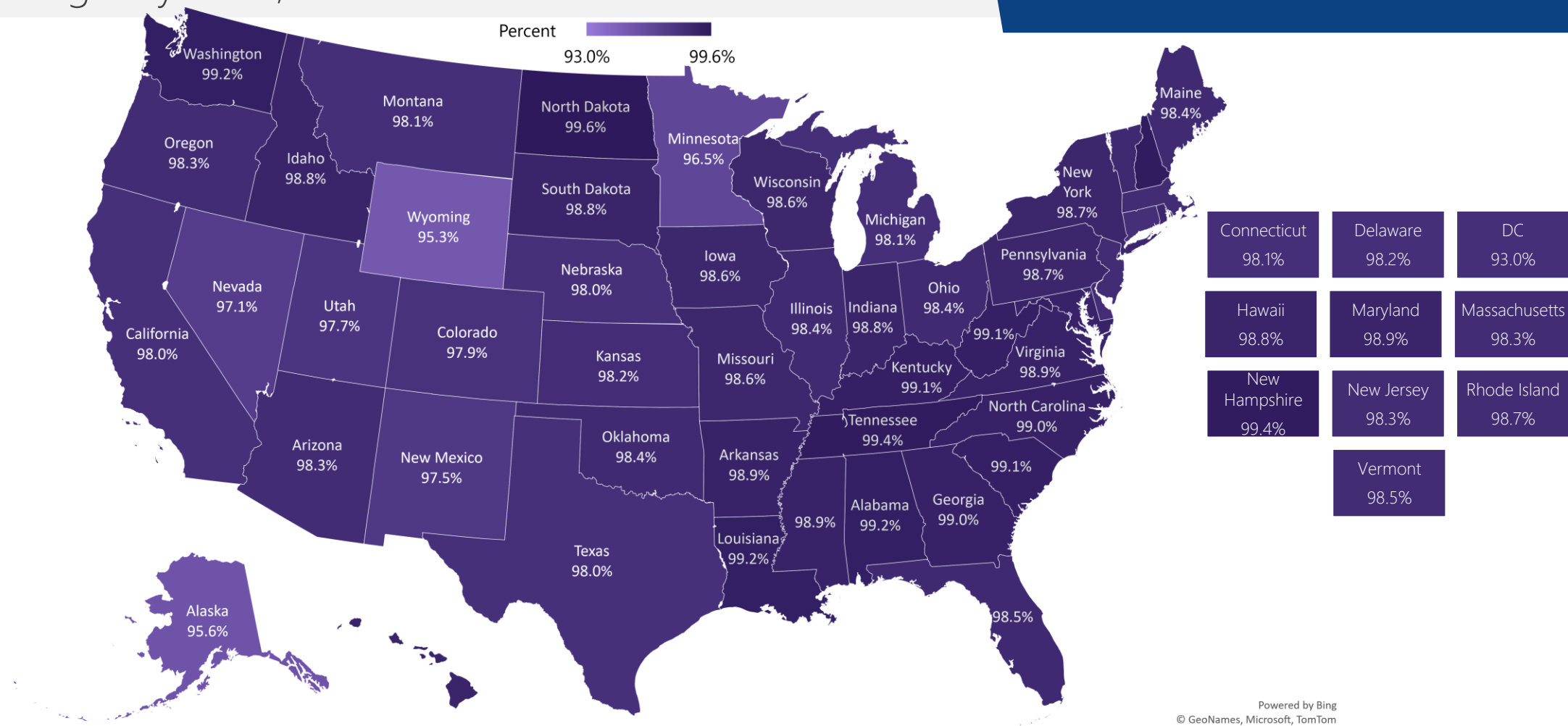
# Quality of Home Health Care



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

Chart 5.6: Performance on “How Often the Home Health Team Taught Patients (or Their Family Caregivers) About Their Drugs” by State, 2022

Quality of Home Health Care



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© GeoNames, Microsoft, TomTom

Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

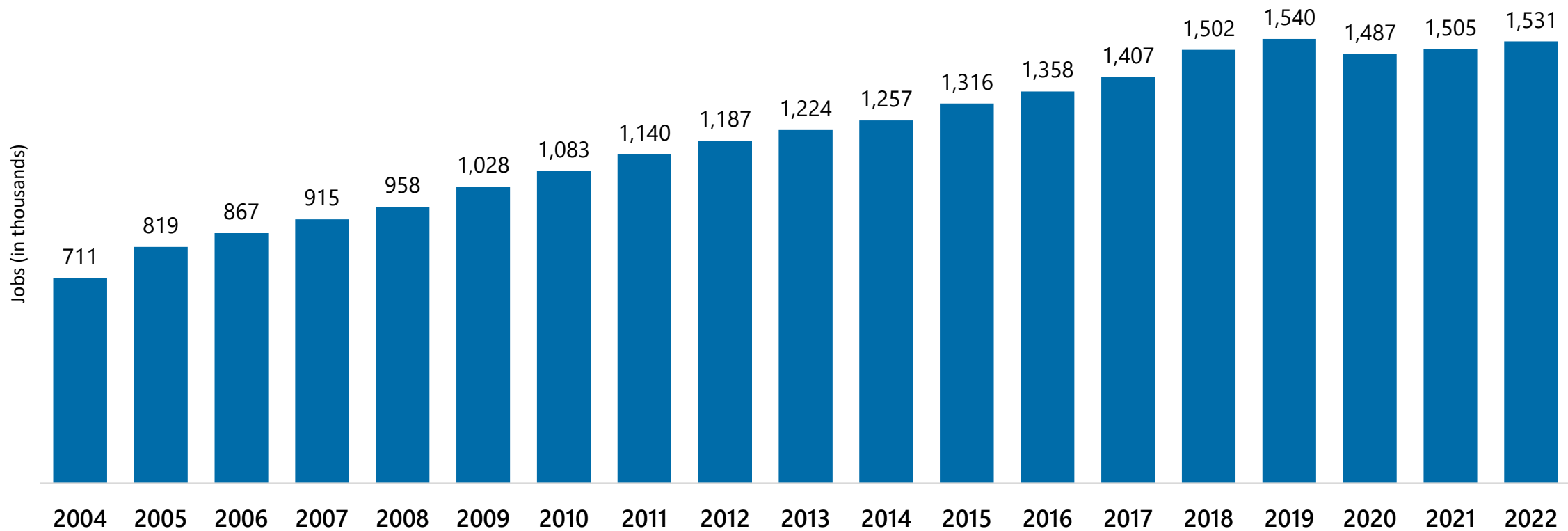


# Economic Contributions of Home Health Agencies



Chart 6.1: Impact of Home Health on Jobs, Nationally,  
2004 - 2022

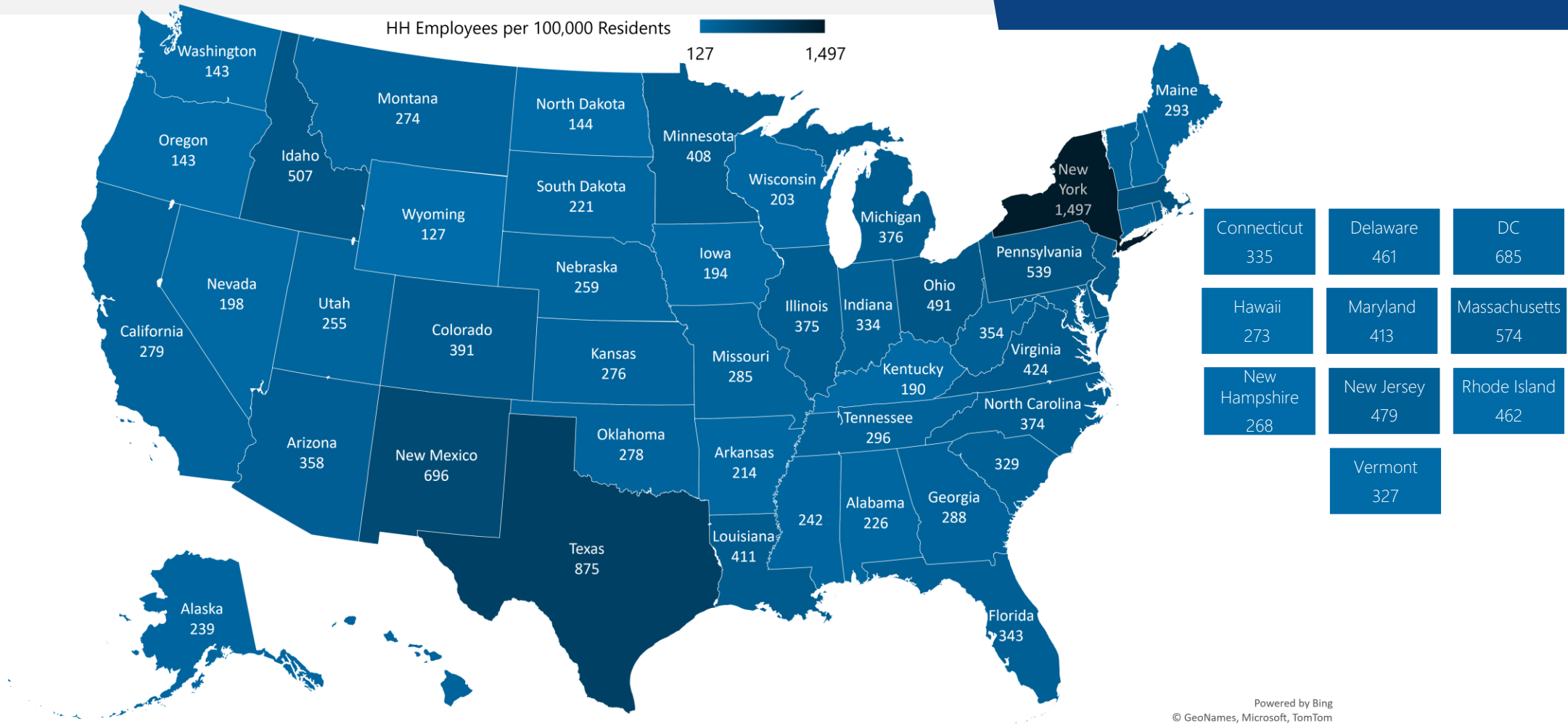
Economic Contributions of  
Home Health Agencies



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.

Chart 6.2: Estimated Number of Home Health (HH) Employees by State per 100,000 Residents, 2022

Economic Contributions of Home Health Agencies



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.

Table 6.1: Impact of Home Health (HH) on Employment by State, 2022

## Economic Contributions of Home Health Agencies

State	Estimated Number of HH Employees <sup>1</sup>	Multiplier for Employment <sup>2</sup>	Estimated Jobs Created by HH Industry <sup>3</sup>
Alabama	11,478	1.5487	17,776
Alaska	1,751	1.2562	2,200
Arizona	26,310	1.4433	37,973
Arkansas	6,516	1.3968	9,102
California	108,843	1.4710	160,108
Colorado	22,857	1.4980	34,240
Connecticut	12,132	1.4284	17,329
Delaware	4,690	1.3834	6,488
District of Columbia	4,603	1.1330	5,215
Florida	76,387	1.5371	117,414
Georgia	31,443	1.5316	48,158
Hawaii	3,926	1.3825	5,428
Idaho	9,822	1.3921	13,673
Illinois	47,182	1.4622	68,990
Indiana	22,803	1.4731	33,591
Iowa	6,223	1.4268	8,879
Kansas	8,092	1.4469	11,708
Kentucky	8,559	1.5098	12,922
Louisiana	18,869	1.4431	27,230
Maine	4,054	1.4625	5,929
Maryland	25,442	1.3901	35,367
Massachusetts	40,076	1.4303	57,321
Michigan	37,688	1.4659	55,247
Minnesota	23,309	1.3866	32,320

State	Estimated Number of HH Employees <sup>1</sup>	Multiplier for Employment <sup>2</sup>	Estimated Jobs Created by HH Industry <sup>3</sup>
Mississippi	7,110	1.4804	10,526
Missouri	17,628	1.4316	25,236
Montana	3,072	1.3397	4,116
Nebraska	5,099	1.3866	7,070
Nevada	6,289	1.4921	9,384
New Hampshire	3,744	1.4150	5,298
New Jersey	44,393	1.4794	65,675
New Mexico	14,703	1.3342	19,617
New York	294,620	1.3132	386,895
North Carolina	40,050	1.4610	58,513
North Dakota	1,120	1.3638	1,527
Ohio	57,777	1.4515	83,863
Oklahoma	11,191	1.4502	16,229
Oregon	6,065	1.4516	8,804
Pennsylvania	69,916	1.4843	103,776
Rhode Island	5,057	1.3898	7,028
South Carolina	17,375	1.4872	25,840
South Dakota	2,008	1.3293	2,669
Tennessee	20,880	1.6181	33,786
Texas	262,638	1.5379	403,911
Utah	8,620	1.5978	13,773
Vermont	2,115	1.4054	2,972
Virginia	36,780	1.4116	51,919
Washington	11,150	1.4203	15,836
West Virginia	6,285	1.3352	8,392
Wisconsin	11,986	1.4491	17,369
Wyoming	736	1.3198	971
<b>Total U.S.</b>	<b>1,531,462</b>		<b>2,215,604</b>

1. QCEW collected by the U.S. Bureau of Labor Statistics, 2022.

2. U.S. Bureau of Economic Analysis multipliers, 2021.

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.



Table 6.2: Impact of Home Health (HH) on Labor Income by State, 2022

## Economic Contributions of Home Health Agencies

State	Estimated Home Health Total Wages <sup>1</sup>	Multiplier for Earnings <sup>2</sup>	Estimated Impact of HH Payroll on Labor Income <sup>3</sup>	State	Estimated Home Health Total Wages <sup>1</sup>	Multiplier for Earnings <sup>2</sup>	Estimated Impact of HH Payroll on Labor Income <sup>3</sup>
Alabama	\$644,908,281	1.5015	\$968,329,792	Mississippi	\$359,357,088	1.4320	\$514,599,360
Alaska	\$50,617,845	1.3563	\$68,652,984	Missouri	\$680,277,578	1.5557	\$1,058,307,776
Arizona	\$1,016,594,508	1.5941	\$1,620,553,344	Montana	\$108,498,572	1.4184	\$153,894,384
Arkansas	\$277,981,178	1.4497	\$402,989,312	Nebraska	\$207,223,949	1.4471	\$299,873,792
California	\$5,407,428,800	1.5794	\$8,540,492,800	Nevada	\$363,770,780	1.4547	\$529,177,344
Colorado	\$1,069,144,073	1.6241	\$1,736,396,800	New Hampshire	\$210,595,127	1.4863	\$313,007,520
Connecticut	\$675,914,740	1.4836	\$1,002,787,136	New Jersey	\$1,942,603,270	1.5910	\$3,090,681,600
Delaware	\$221,660,610	1.3904	\$308,196,928	New Mexico	\$385,667,348	1.4075	\$542,826,816
District of Columbia	\$188,043,381	1.1720	\$220,386,848	New York	\$9,782,510,174	1.4491	\$14,175,836,160
Florida	\$3,688,378,872	1.5997	\$5,900,299,776	North Carolina	\$1,556,524,250	1.6153	\$2,514,253,824
Georgia	\$1,257,261,228	1.6399	\$2,061,782,656	North Dakota	\$52,381,193	1.3689	\$71,704,616
Hawaii	\$170,715,863	1.4681	\$250,627,952	Ohio	\$2,094,003,238	1.5898	\$3,329,046,272
Idaho	\$296,342,115	1.4751	\$437,134,272	Oklahoma	\$439,518,342	1.5213	\$668,639,232
Illinois	\$1,849,424,375	1.6690	\$3,086,689,280	Oregon	\$291,446,500	1.5059	\$438,889,280
Indiana	\$907,524,950	1.5478	\$1,404,667,008	Pennsylvania	\$3,323,841,608	1.5715	\$5,223,416,832
Iowa	\$303,688,252	1.4164	\$430,144,032	Rhode Island	\$227,137,572	1.4524	\$329,894,592
Kansas	\$340,556,485	1.4797	\$503,921,408	South Carolina	\$635,605,610	1.5709	\$998,472,832
Kentucky	\$479,617,729	1.4904	\$714,822,272	South Dakota	\$82,176,232	1.3936	\$114,520,792
Louisiana	\$728,126,508	1.4830	\$1,079,811,584	Tennessee	\$1,084,586,826	1.6503	\$1,789,893,632
Maine	\$200,474,020	1.4790	\$296,501,056	Texas	\$6,866,018,295	1.7143	\$11,770,415,104
Maryland	\$1,101,100,603	1.5164	\$1,669,708,928	Utah	\$397,109,814	1.5873	\$630,332,416
Massachusetts	\$1,974,317,903	1.5204	\$3,001,753,088	Vermont	\$122,737,692	1.4074	\$172,741,024
Michigan	\$1,552,021,769	1.5725	\$2,440,554,240	Virginia	\$1,363,601,714	1.5328	\$2,090,128,640
Minnesota	\$826,354,922	1.5495	\$1,280,436,992	Washington	\$592,204,567	1.4817	\$877,469,504
				West Virginia	\$258,439,845	1.3752	\$355,406,496
				Wisconsin	\$554,375,279	1.5047	\$834,168,448
				Wyoming	\$30,962,738	1.3395	\$41,474,588
				<b>Total U.S.</b>	<b>\$59,241,374,211</b>		<b>\$92,356,713,364</b>

1. QCEW collected by the U.S. Bureau of Labor Statistics, 2022.

2. U.S. Bureau of Economic Analysis multipliers, 2021.

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

Table 6.3: Impact of Home Health (HH) on Output by State, 2021

## Economic Contributions of Home Health Agencies

State	Estimated Home Health Expenditures <sup>1</sup>	Multiplier for Output <sup>2</sup>	Estimated Impact of HH Spending on Output <sup>3</sup>	State	Estimated Home Health Expenditures <sup>1</sup>	Multiplier for Output <sup>2</sup>	Estimated Impact of HH Spending on Output <sup>3</sup>
Alabama	\$515,595,008	1.9972	\$1,029,746,356	Mississippi	\$334,799,840	1.8410	\$616,366,492
Alaska	\$41,562,348	1.7036	\$70,805,618	Missouri	\$669,668,608	2.1160	\$1,417,018,732
Arizona	\$472,246,848	2.1624	\$1,021,186,588	Montana	\$76,690,976	1.8139	\$139,109,761
Arkansas	\$299,989,120	1.8874	\$566,199,474	Nebraska	\$159,881,760	1.8630	\$297,859,725
California	\$4,497,503,232	2.1518	\$9,677,727,082	Nevada	\$274,713,952	1.9053	\$523,412,499
Colorado	\$448,333,792	2.2374	\$1,003,102,051	New Hampshire	\$282,542,336	1.8841	\$532,338,004
Connecticut	\$619,548,928	1.9523	\$1,209,545,343	New Jersey	\$747,385,536	2.1956	\$1,640,959,707
Delaware	\$152,314,928	1.7676	\$269,231,876	New Mexico	\$3,460,987,648	1.7802	\$6,161,250,227
District of Columbia	\$88,823,632	1.2987	\$115,355,249	New York	\$1,813,762,176	1.9322	\$3,504,551,195
Florida	\$2,621,190,400	2.1617	\$5,666,227,315	North Carolina	\$968,903,552	2.2317	\$2,162,302,002
Georgia	\$650,141,184	2.2648	\$1,472,439,800	North Dakota	\$34,285,232	1.7330	\$59,416,308
Hawaii	\$61,310,856	1.9401	\$118,949,189	Ohio	\$1,226,502,528	2.1827	\$2,677,086,968
Idaho	\$167,147,424	1.9218	\$321,223,922	Oklahoma	\$536,065,056	1.9946	\$1,069,235,392
Illinois	\$2,733,633,280	2.3641	\$6,462,582,381	Oregon	\$323,923,648	1.9967	\$646,778,364
Indiana	\$514,217,632	2.0970	\$1,078,314,314	Pennsylvania	\$1,706,583,808	2.1375	\$3,647,822,971
Iowa	\$306,478,752	1.8248	\$559,262,431	Rhode Island	\$186,886,816	1.8682	\$349,141,939
Kansas	\$398,210,240	1.9751	\$786,505,061	South Carolina	\$439,196,480	2.1642	\$950,509,052
Kentucky	\$376,647,232	1.9919	\$750,243,609	South Dakota	\$141,022,864	1.7657	\$249,004,069
Louisiana	\$462,769,312	1.9351	\$895,504,877	Tennessee	\$820,166,144	2.2966	\$1,883,593,651
Maine	\$218,973,280	1.9113	\$418,523,618	Texas	\$3,061,358,592	2.4486	\$7,496,042,813
Maryland	\$397,578,112	2.0208	\$803,425,894	Utah	\$310,190,624	2.1923	\$680,030,930
Massachusetts	\$1,294,352,000	2.0258	\$2,622,098,268	Vermont	\$181,988,288	1.7655	\$321,300,313
Michigan	\$1,574,087,424	2.1296	\$3,352,176,654	Virginia	\$792,984,896	2.0663	\$1,638,544,623
Minnesota	\$577,204,608	2.0905	\$1,206,646,300	Washington	\$495,819,360	1.9788	\$981,127,379
				West Virginia	\$235,659,152	1.7061	\$402,058,076
				Wisconsin	\$475,852,704	1.9875	\$945,757,227
				Wyoming	\$46,056,860	1.6846	\$77,587,386
				<b>Total U.S.</b>	<b>\$39,293,739,008</b>		<b>\$82,547,229,075</b>

1. CMS Medicare Cost Reports for Home Health Agencies, 2021.

2. U.S. Bureau of Economic Analysis multipliers, 2021.

3. KNG Health Analysis.

Note: All Medicare-certified home health agencies are required to submit an annual cost report, which includes cost 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 such figures.





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# Health Outcomes of Home Health Users

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Table 7.1: 30-day Readmission Rates for Top 20 MS-DRGs Discharged from Hospital to Selected Post-Acute Care Settings, by Setting, 2022

## Health Outcomes of Home Health Users

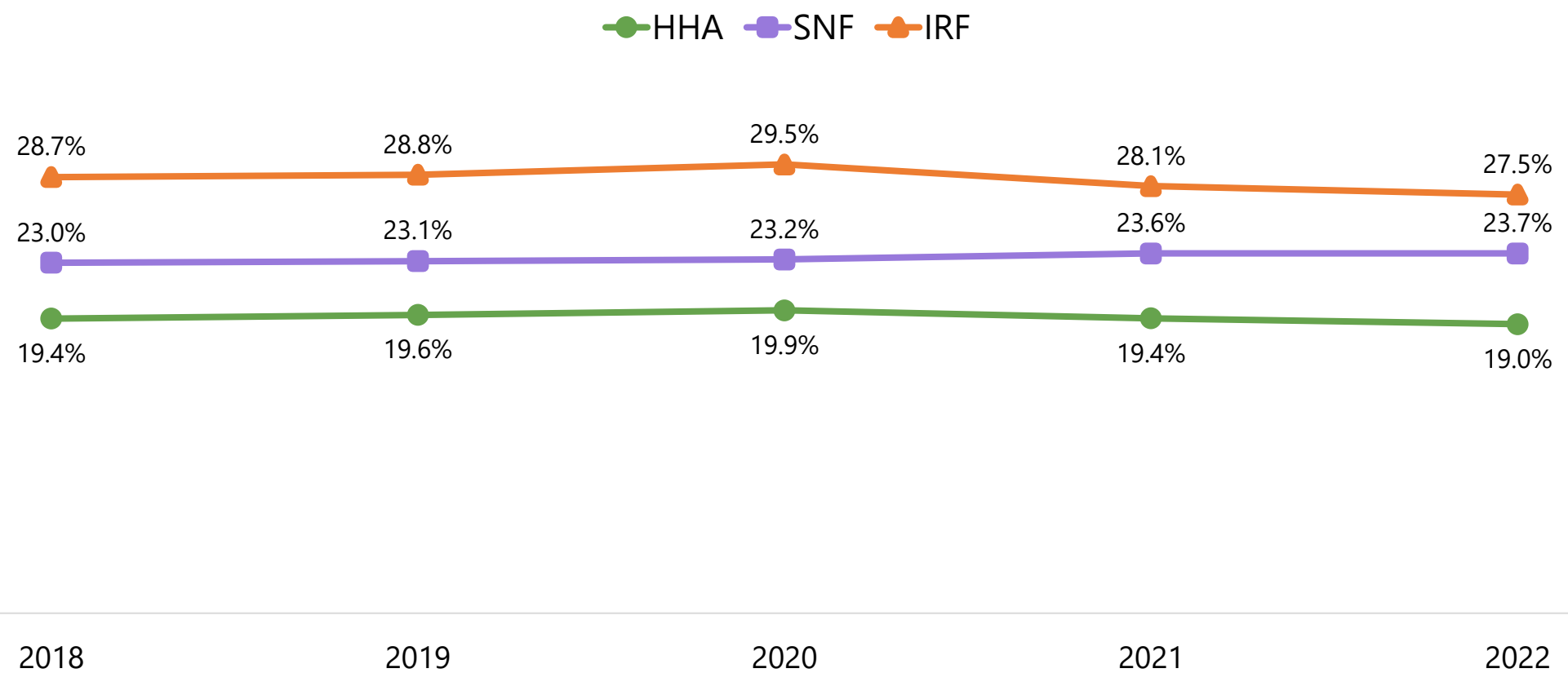
MS-DRGs	% of Home Health Users Readmitted Within 30 Days	% of Skilled Nursing Facility Users Readmitted Within 30 Days
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	19.0%	23.7%
HEART FAILURE AND SHOCK WITH MCC	20.3%	25.6%
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	16.9%	22.0%
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	4.0%	8.4%
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	16.7%	21.9%
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	16.2%	19.0%
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	14.6%	15.8%
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	11.4%	16.6%
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	19.8%	26.7%
PULMONARY EDEMA AND RESPIRATORY FAILURE	19.0%	24.9%
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	26.9%	29.4%
RENAL FAILURE WITH CC	19.1%	21.1%
KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	16.0%	18.0%
RENAL FAILURE WITH MCC	21.1%	23.6%
HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	6.4%	10.3%
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	15.1%	19.9%
CELLULITIS WITHOUT MCC	12.7%	15.8%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	18.5%	24.5%
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	6.5%	11.4%
SYNCOPE AND COLLAPSE	12.5%	17.2%
<b>Total for Top 20 MS-DRGs*</b>	<b>17.6%</b>	<b>21.9%</b>

Source: KNG Health analysis of the Medicare Standard Analytic Files, 2022.

\*Includes all MS-DRGs, not just those listed.

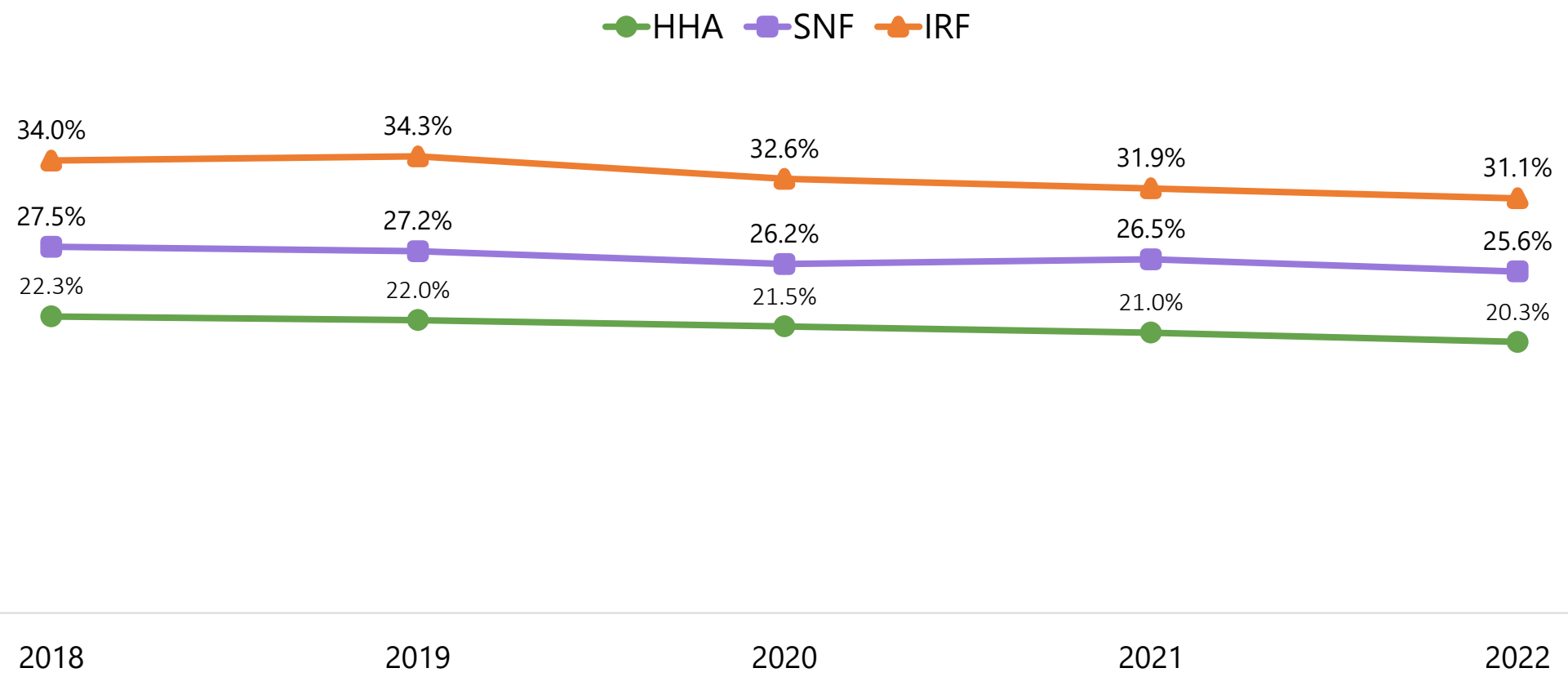
Note: Data for beneficiaries with a Part A home health episode and a prior short-term acute care hospital stay in 2016-2021. CC = Complication or Comorbidity; MCC = Major Complication or Comorbidity All Medicare

Chart 7.1a: 30-day Readmission Rates for MS-DRG 871 Discharged from Hospital to Selected Post-Acute Care Settings, 2018-2022



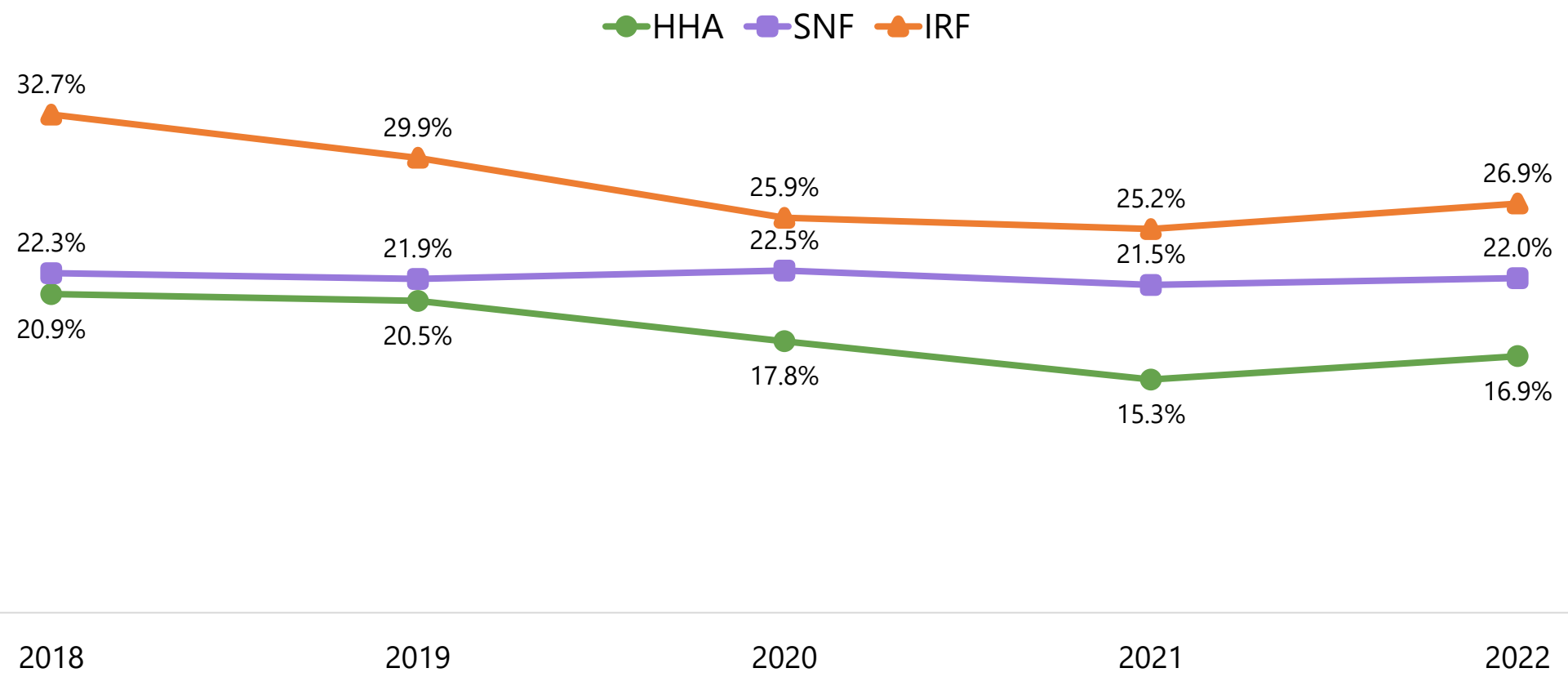
Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2023.  
HHA = home health agency, SNF = skilled nursing facility, and IRF = inpatient rehabilitation facility  
Note: Analysis includes Part A home health claims only.  
MS-DRG 871 - SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC

Chart 7.1b: 30-day Readmission Rates for MS-DRG 291 Discharged from Hospital to Selected Post-Acute Care Settings, 2018-2022



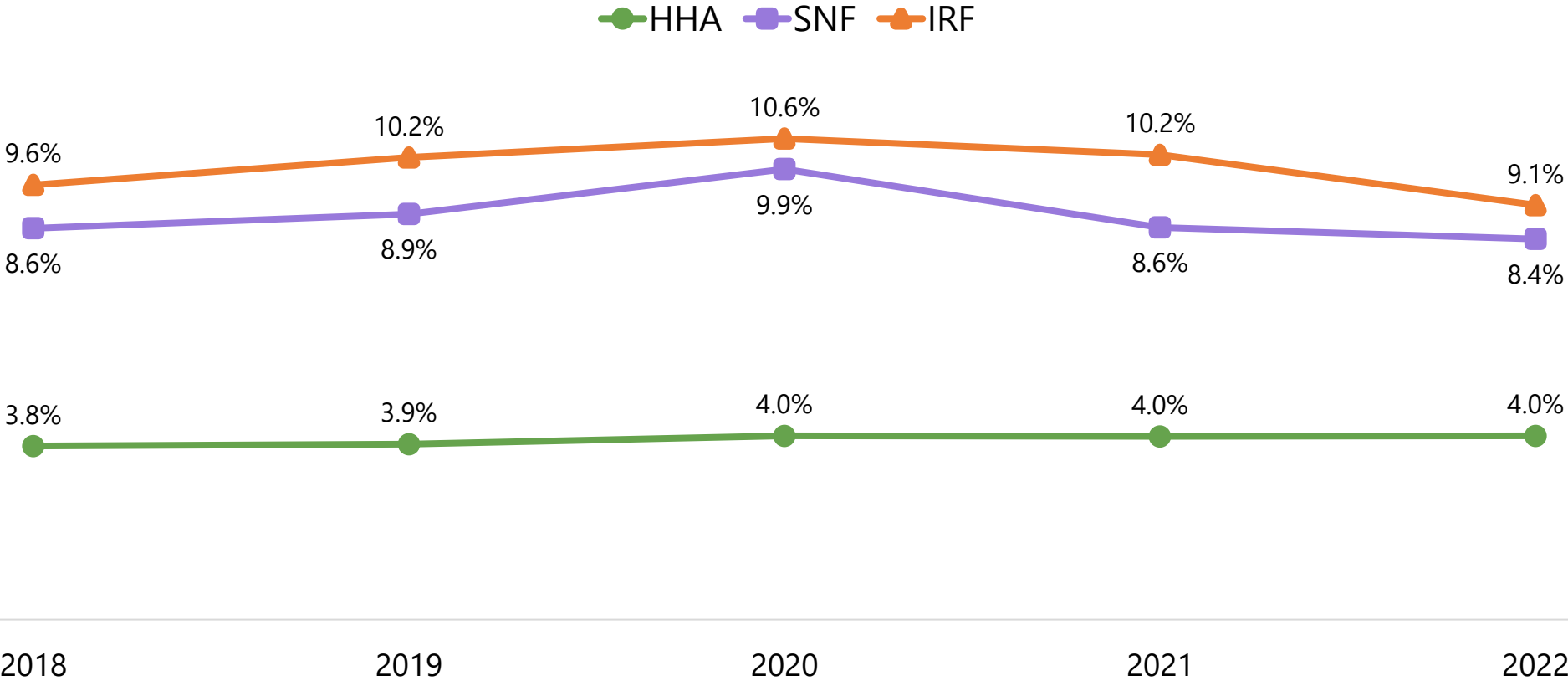
Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2023.  
HHA = home health agency, SNF = skilled nursing facility, and IRF = inpatient rehabilitation facility  
Note: Analysis includes Part A home health claims only.  
MS-DRG 291 - HEART FAILURE AND SHOCK WITH MCC

Chart 7.1c: 30-day Readmission Rates for MS-DRG 177 Discharged from Hospital to Selected Post-Acute Care Settings, 2018-2022



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2023.  
HHA = home health agency, SNF = skilled nursing facility, and IRF = inpatient rehabilitation facility  
Note: Analysis includes Part A home health claims only.  
MS-DRG 177 - RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC

Chart 7.1d: 30-day Readmission Rates for MS-DRG 470  
Discharged from Hospital to Selected Post-Acute Care  
Settings, 2018-2022



Source: KNG Health analysis of the Medicare Standard Analytic Files, 2018-2023.  
HHA = home health agency, SNF = skilled nursing facility, and IRF = inpatient rehabilitation facility  
Note: Analysis includes Part A home health claims only.  
MS-DRG 470 - MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC

Table 7.2: National Averages for Patient Outcomes while in Home Health Care, 2018 – 2022

## Health Outcomes of Home Health Users

Measure of Patient Outcomes	2018	2019	2020	2021*	2022
Wounds improved or healed after operation	90.9%	91.5%	92.3%	N/A	N/A
Got better at bathing	76.6%	79.7%	82.3%	N/A	85.3%
Had less pain when moving around	77.2%	80.6%	N/A	N/A	N/A
Breathing improved	76.2%	79.8%	82.8%	N/A	85.6%
Got better at walking or moving around	74.1%	77.7%	79.6%	N/A	83.1%
Got better at getting in and out of bed	72.3%	77.5%	81.1%	N/A	84.3%
Got better at taking drugs correctly by mouth	64.6%	69.4%	75.0%	N/A	80.5%
Had to be admitted to hospital	15.8%	15.6%	15.4%	N/A	14.2%
Needed any urgent, unplanned care in the hospital emergency room – without being admitted to the hospital	12.9%	12.8%	13.0%	N/A	11.6%

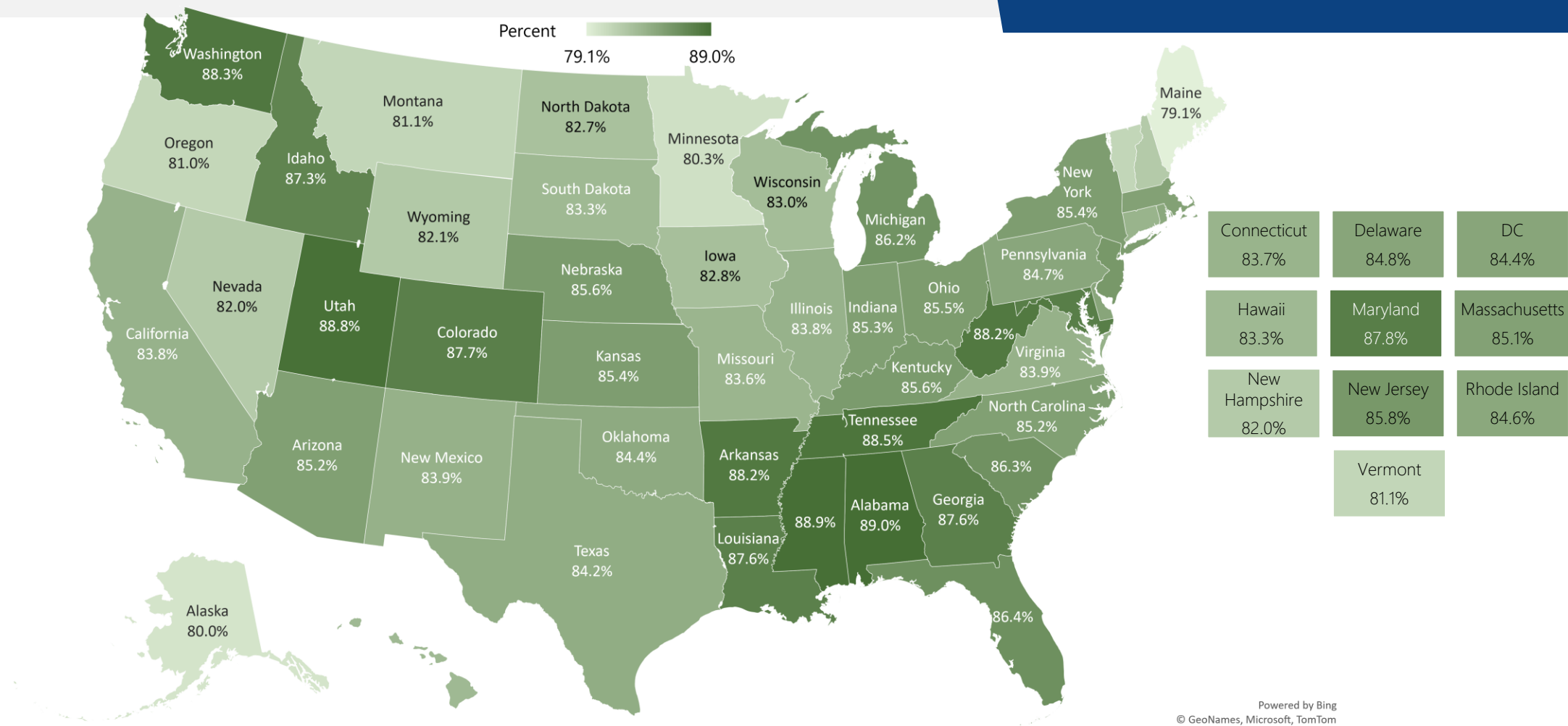
Source: KNG Health analysis of Home Health Care Compare Data, 2018-2022.

Note: Home Health Care Compare data is based on annual October refresh.

\*The Centers for Medicare & Medicaid Services did not collect new data in 2021. As a result, data reported on Home Health Care Compare for 2021 is the same data reported in 2020.

Chart 7.2: Performance on “How Often Patients Got Better at Bathing” by State, 2022

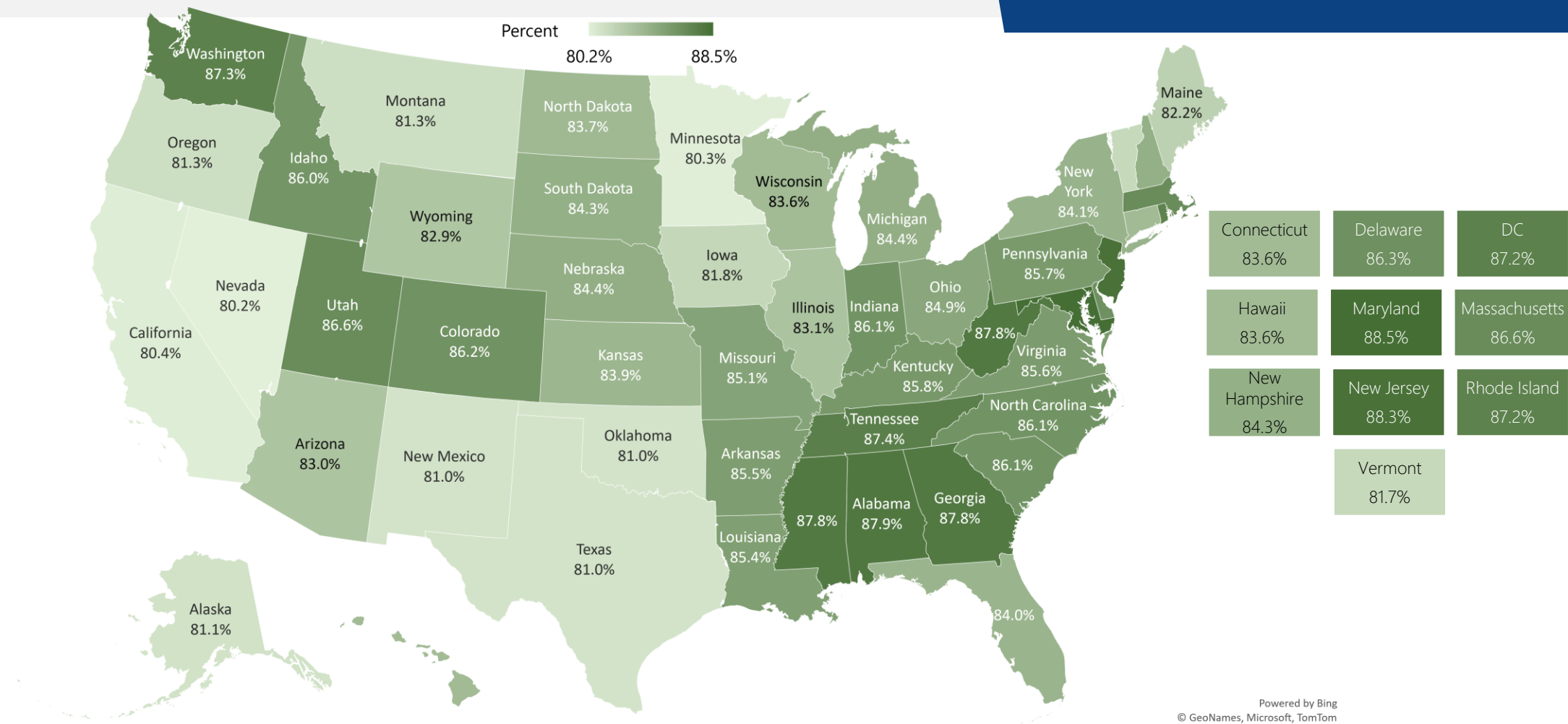
Health Outcomes of Home Health Users



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.  
\*The Centers for Medicare & Medicaid Services did not collect new data in 2021. As a result, data reported on Home Health Care Compare for 2021 is the same data reported in 2020.



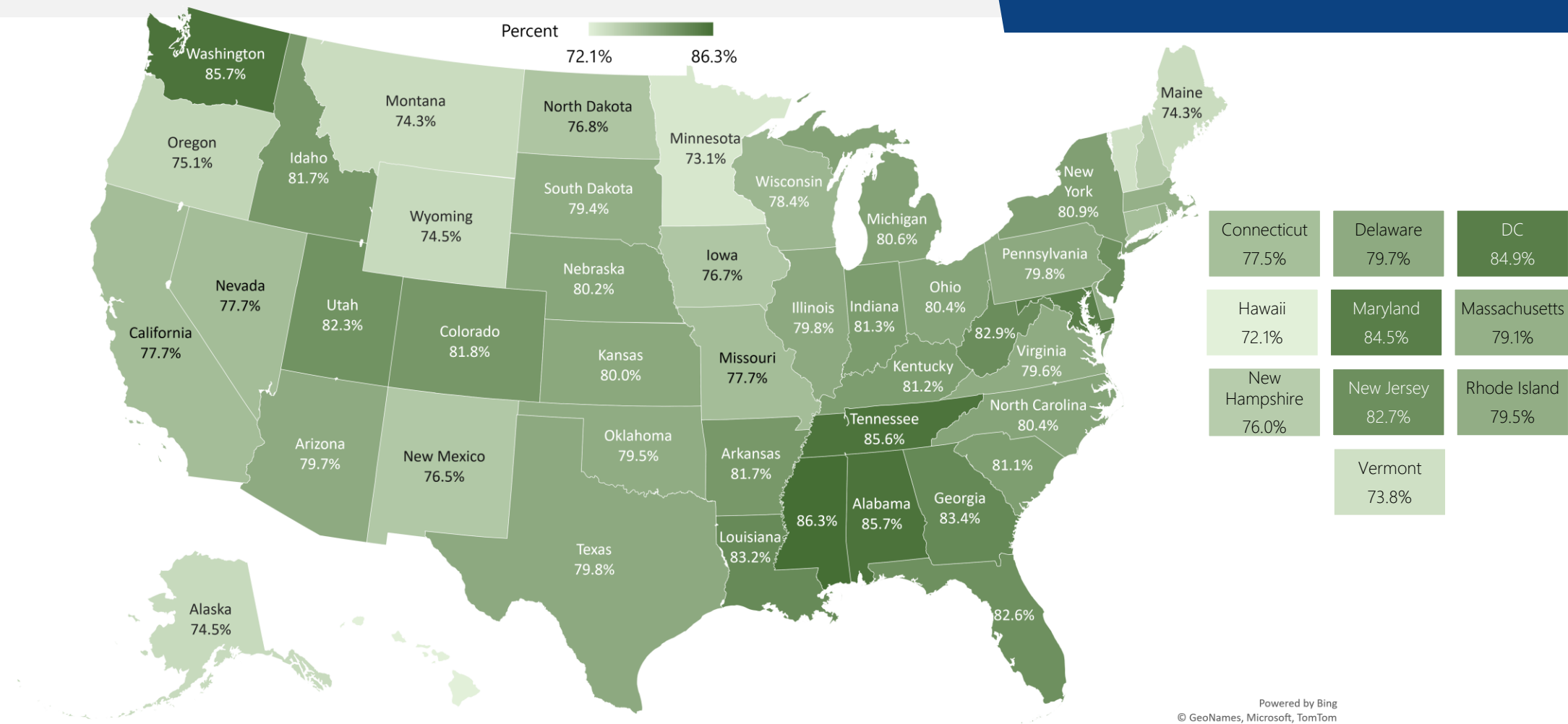
Chart 7.3: Performance on “How Often Patients Got Better at Getting In and Out of Bed” by State, 2022



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

Chart 7.4: Performance on “How Often Patients Got Better at Taking Their Drugs Correctly by Mouth” by State, 2022

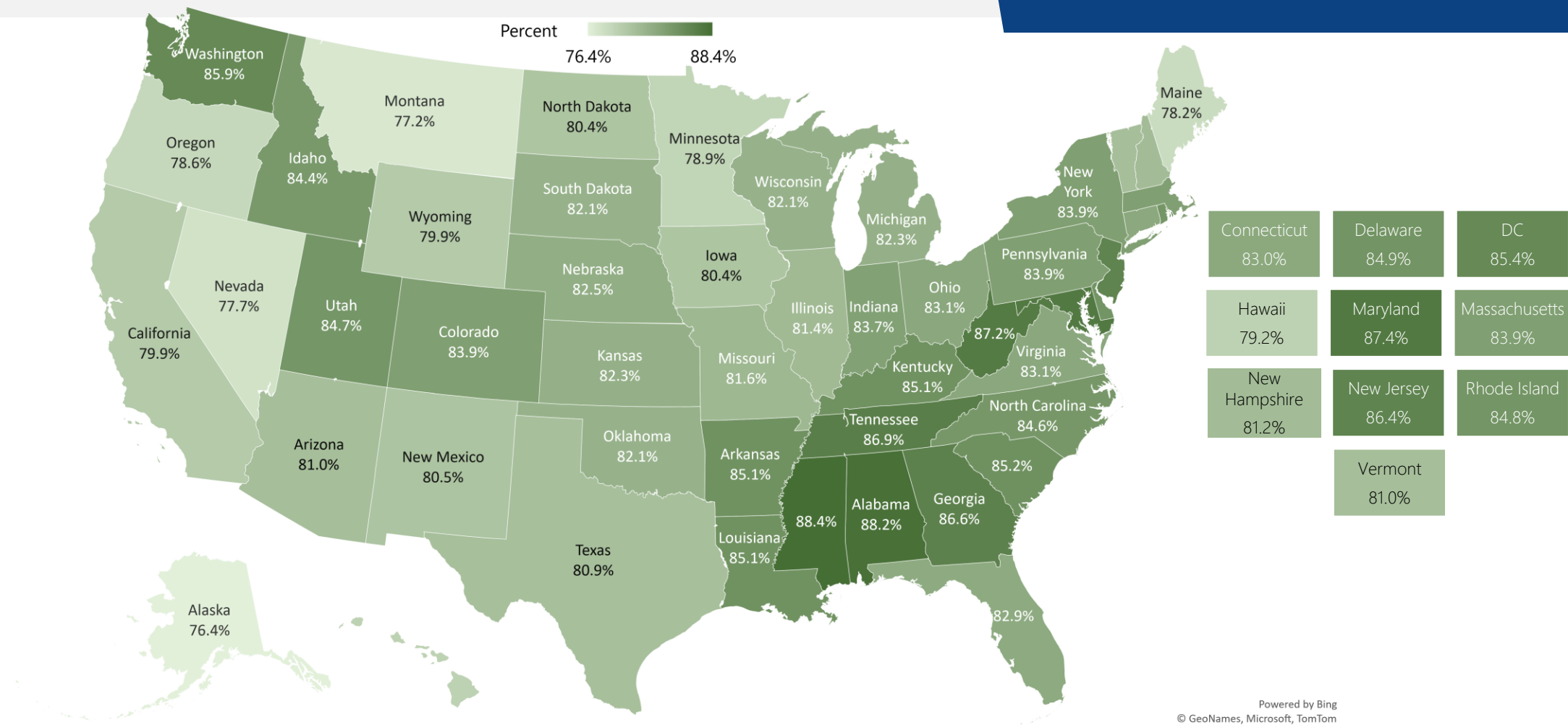
Health Outcomes of Home Health Users



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

Chart 7.5: Performance on “How Often Patients Got Better at Walking or Moving Around” by State, 2022

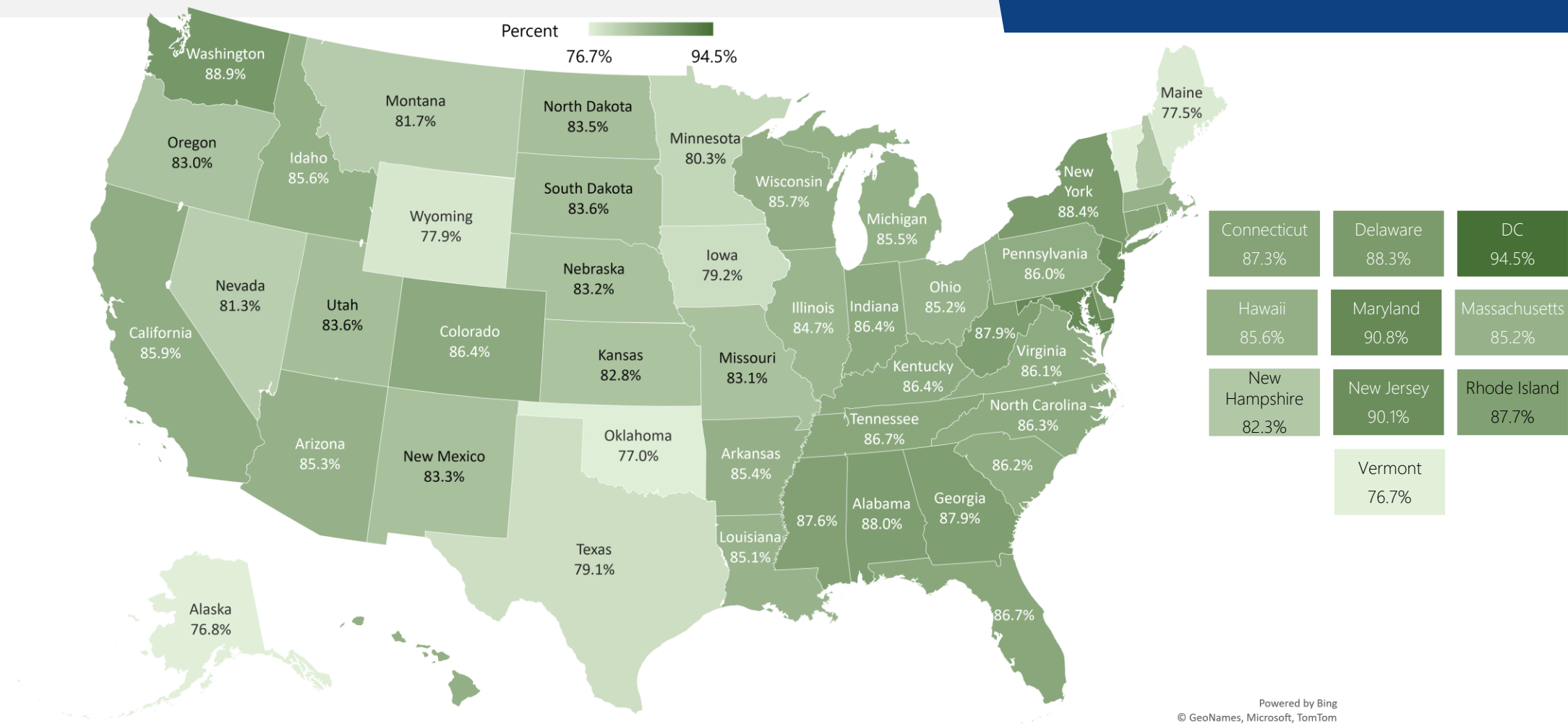
Health Outcomes of Home Health Users



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.

Chart 7.6: Performance on “How Often Patients’ Breathing Improved” by State, 2022

Health Outcomes of Home Health Users



Source: KNG Health analysis of Home Health Care Compare Data, 2022.  
Note: Home Health Care Compare data is based on annual October refresh.



# Appendix

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### **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. This data includes 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 2021 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.



### **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

### **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 2022 data from the U.S. Bureau of Labor Statistics and 2021 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 healthcare services (NAICS 6216).

### **Home Health Care Compare Data**

- To examine the organizational trends of home health agencies, quality of home health agencies and home care, and the patient outcomes of home health users, we conducted analyses using 2018-2022 Home Health Care Compare data. Due to data collection pauses in 2020, the 2021 Home Health Care Compare data is a duplicate of 2020 data and was not referenced in this report.



- Medicare Cost Report data is 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 is 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.

- The 2015-2023 Q1 100% Home Health Agency Standard Analytic LDS, 2015-2023 Q1 100% Inpatient Standard Analytic File, and 2015-2023 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.
- We used 2 methodologies to define Part A home health care episodes/visits.
  - When assessing Part A 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 all 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.<sup>1</sup>

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.

- 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.

