Home Health Care in Iowa
Facts & Figures
2015 Update
Prevalence of Chronic Conditions Among Home Health Users, Iowa

Percentage of Home Health Users by Number of Chronic Conditions (CCs) Compared to all Medicare Beneficiaries, 2012

Source: Avalere Health, LLC analysis of Medicare Standard Analytic Files, 2012
Note: Having a chronic condition is defined as having a Medicare claim with a chronic condition listed in 2012. Medicare beneficiaries without any claims in 2012 are categorized as having no chronic conditions in 2012.
### Table 2.3: Percent of Medicare Home Health Users with 3 or More Chronic Conditions Compared to All Medicare Beneficiaries, by State, 2013

<table>
<thead>
<tr>
<th>State</th>
<th>Percent of HH Users with 3+ CCs</th>
<th>Percent of Medicare Beneficiaries with 3+ CCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>87.72%</td>
<td>26.28%</td>
</tr>
<tr>
<td>Alaska</td>
<td>84.50%</td>
<td>26.02%</td>
</tr>
<tr>
<td>Arizona</td>
<td>85.29%</td>
<td>14.89%</td>
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<tr>
<td>Arkansas</td>
<td>87.64%</td>
<td>26.09%</td>
</tr>
<tr>
<td>California</td>
<td>86.04%</td>
<td>16.42%</td>
</tr>
<tr>
<td>Colorado</td>
<td>84.05%</td>
<td>18.47%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>87.35%</td>
<td>24.50%</td>
</tr>
<tr>
<td>Delaware</td>
<td>90.42%</td>
<td>33.12%</td>
</tr>
<tr>
<td>D.C</td>
<td>85.01%</td>
<td>25.16%</td>
</tr>
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<td>Florida</td>
<td>84.99%</td>
<td>20.40%</td>
</tr>
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<td>Georgia</td>
<td>86.13%</td>
<td>22.60%</td>
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<td>Hawaii</td>
<td>85.22%</td>
<td>10.87%</td>
</tr>
<tr>
<td>Idaho</td>
<td>85.64%</td>
<td>23.74%</td>
</tr>
<tr>
<td>Illinois</td>
<td>91.37%</td>
<td>33.95%</td>
</tr>
<tr>
<td>Indiana</td>
<td>90.39%</td>
<td>28.27%</td>
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<td>Iowa</td>
<td>89.81%</td>
<td>32.15%</td>
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<td>87.49%</td>
<td>29.35%</td>
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<td>Kentucky</td>
<td>88.90%</td>
<td>28.75%</td>
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<td>Louisiana</td>
<td>89.71%</td>
<td>28.21%</td>
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<tr>
<td>Maine</td>
<td>90.82%</td>
<td>36.04%</td>
</tr>
<tr>
<td>Maryland</td>
<td>88.49%</td>
<td>25.11%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>89.41%</td>
<td>29.53%</td>
</tr>
<tr>
<td>Michigan</td>
<td>90.42%</td>
<td>31.66%</td>
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<td>Minnesota</td>
<td>86.45%</td>
<td>25.12%</td>
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<td>Mississippi</td>
<td>88.39%</td>
<td>30.49%</td>
</tr>
<tr>
<td>Missouri</td>
<td>89.47%</td>
<td>28.62%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Percent of HH Users with 3+ CCs</th>
<th>Percent of Medicare Beneficiaries with 3+ CCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>88.11%</td>
<td>31.09%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>87.41%</td>
<td>29.83%</td>
</tr>
<tr>
<td>Nevada</td>
<td>81.99%</td>
<td>15.13%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>89.82%</td>
<td>38.33%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>87.82%</td>
<td>21.69%</td>
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<td>New Mexico</td>
<td>86.12%</td>
<td>22.52%</td>
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<td>New York</td>
<td>87.42%</td>
<td>19.13%</td>
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<tr>
<td>North Carolina</td>
<td>87.30%</td>
<td>26.59%</td>
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<tr>
<td>North Dakota</td>
<td>92.28%</td>
<td>42.87%</td>
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<tr>
<td>Ohio</td>
<td>90.42%</td>
<td>24.44%</td>
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<tr>
<td>Oklahoma</td>
<td>90.20%</td>
<td>29.08%</td>
</tr>
<tr>
<td>Oregon</td>
<td>85.54%</td>
<td>17.14%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>88.75%</td>
<td>21.89%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>87.66%</td>
<td>21.99%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>86.46%</td>
<td>26.41%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>89.43%</td>
<td>37.15%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>87.09%</td>
<td>20.51%</td>
</tr>
<tr>
<td>Texas</td>
<td>89.48%</td>
<td>23.41%</td>
</tr>
<tr>
<td>Utah</td>
<td>80.24%</td>
<td>17.22%</td>
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<tr>
<td>Vermont</td>
<td>89.05%</td>
<td>39.90%</td>
</tr>
<tr>
<td>Virginia</td>
<td>86.84%</td>
<td>26.58%</td>
</tr>
<tr>
<td>Washington</td>
<td>84.96%</td>
<td>21.11%</td>
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<tr>
<td>West Virginia</td>
<td>90.88%</td>
<td>32.00%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>89.71%</td>
<td>23.77%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>83.51%</td>
<td>25.56%</td>
</tr>
</tbody>
</table>

Note: Having a chronic condition is defined as having a Medicare claim with a chronic condition listed in 2013. Medicare beneficiaries without any claims in 2013 are categorized as having no chronic conditions in 2013. Chronic conditions are defined by the Centers for Medicare and Medicaid Services’ Chronic Conditions Data Warehouse.
Top 10 MS-DRG Codes for Home Health Episodes, Iowa

Top 10 Most Common Diagnoses Related Groups (MS-DRGs) for Beneficiaries Discharged from Hospital to Part A Home Health Episodes, 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Major joint replacement or reattachment of lower extremity w/o mcc</td>
<td>1,865</td>
<td>12.59%</td>
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<tr>
<td>Septicemia or severe sepsis w/o mv 96+ hours w mcc</td>
<td>419</td>
<td>2.83%</td>
</tr>
<tr>
<td>Heart failure &amp; shock w cc</td>
<td>338</td>
<td>2.28%</td>
</tr>
<tr>
<td>Hip &amp; femur procedures except major joint w cc</td>
<td>310</td>
<td>2.09%</td>
</tr>
<tr>
<td>Heart failure &amp; shock w mcc</td>
<td>281</td>
<td>1.90%</td>
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<tr>
<td>Simple pneumonia &amp; pleurisy w cc</td>
<td>277</td>
<td>1.87%</td>
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<tr>
<td>Simple pneumonia &amp; pleurisy w mcc</td>
<td>263</td>
<td>1.77%</td>
</tr>
<tr>
<td>Pulmonary edema &amp; respiratory failure</td>
<td>213</td>
<td>1.44%</td>
</tr>
<tr>
<td>Cellulitis w/o mcc</td>
<td>213</td>
<td>1.44%</td>
</tr>
<tr>
<td>Intracranial hemorrhage or cerebral infarction w cc</td>
<td>206</td>
<td>1.39%</td>
</tr>
</tbody>
</table>

Source: Avalere Health, LLC analysis of Medicare Standard Analytic Files, 2012
Data for beneficiaries with a Part A home health episode and a prior short-term acute care hospital stay in 2012.
Note: CC is complication or comorbidity. MCC is major complication or comorbidity.
# Top 10 ICD-9 Diagnoses for Home Health Episodes, Iowa


<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Other orthopedic aftercare</td>
<td>4,140</td>
<td>11.11%</td>
</tr>
<tr>
<td>Other and unspecified aftercare</td>
<td>3,384</td>
<td>9.08%</td>
</tr>
<tr>
<td>Care involving use of rehabilitation procedures</td>
<td>3,352</td>
<td>9.00%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>2,500</td>
<td>6.71%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1,709</td>
<td>4.59%</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>1,184</td>
<td>3.18%</td>
</tr>
<tr>
<td>Disorders of muscle, ligament, and fascia</td>
<td>1,020</td>
<td>2.74%</td>
</tr>
<tr>
<td>Chronic ulcer of skin</td>
<td>922</td>
<td>2.47%</td>
</tr>
<tr>
<td>Late effects of cerebrovascular disease</td>
<td>867</td>
<td>2.33%</td>
</tr>
<tr>
<td>Pneumonia, organism unspecified</td>
<td>865</td>
<td>2.32%</td>
</tr>
</tbody>
</table>

Source: Avalere analysis of the 100% Medicare Standard Analytic Files, 2012
### Medicare FFS Readmissions Among Post-Acute Care Users, Iowa

30-day Readmission Rates for Top 20 Most Common MS-DRGs Discharged from Hospital to Selected Post-Acute Care (PAC) Settings, by Setting, 2014

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>% of Home Health Users Readmitted Within 30 Days</th>
<th>% of SNF Users Readmitted Within 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major joint replacement or reattachment of lower extremity w/o mcc</td>
<td>3.59%</td>
<td>6.02%</td>
</tr>
<tr>
<td>Septicemia or severe sepsis w/o mv 96+ hours w mcc</td>
<td>18.67%</td>
<td>18.67%</td>
</tr>
<tr>
<td>Heart failure &amp; shock w mcc</td>
<td>16.40%</td>
<td>21.53%</td>
</tr>
<tr>
<td>Heart failure &amp; shock w cc</td>
<td>20.69%</td>
<td>16.36%</td>
</tr>
<tr>
<td>Hip &amp; femur procedures except major joint w cc</td>
<td>6.67%</td>
<td>7.37%</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w/o mcc</td>
<td>13.46%</td>
<td>15.66%</td>
</tr>
<tr>
<td>Intracranial hemorrhage or cerebral infarction w cc or tpa in 24 hrs</td>
<td>12.90%</td>
<td>9.23%</td>
</tr>
<tr>
<td>Renal failure w cc</td>
<td>13.86%</td>
<td>18.85%</td>
</tr>
<tr>
<td>Septicemia or severe sepsis w/o mv 96+ hours w/o mcc</td>
<td>5.38%</td>
<td>15.41%</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w mcc</td>
<td>19.53%</td>
<td>20.36%</td>
</tr>
<tr>
<td>Simple pneumonia &amp; pleurisy w cc</td>
<td>17.09%</td>
<td>16.61%</td>
</tr>
<tr>
<td>Cellulitis w/o mcc</td>
<td>6.85%</td>
<td>13.20%</td>
</tr>
<tr>
<td>Renal failure w mcc</td>
<td>15.38%</td>
<td>18.10%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease w mcc</td>
<td>21.62%</td>
<td>18.66%</td>
</tr>
<tr>
<td>Pulmonary edema &amp; respiratory failure</td>
<td>17.32%</td>
<td>17.50%</td>
</tr>
<tr>
<td>Kidney &amp; urinary tract infections w mcc</td>
<td>8.33%</td>
<td>15.05%</td>
</tr>
<tr>
<td>Misc. disorders of nutrition, metabolism, fluids/electrolytes w/o mcc</td>
<td>26.42%</td>
<td>16.56%</td>
</tr>
<tr>
<td>Esophagitis, gastroent &amp; misc. digest disorders w/o mcc</td>
<td>17.91%</td>
<td>17.07%</td>
</tr>
<tr>
<td>Intracranial hemorrhage or cerebral infarction w mcc</td>
<td>17.65%</td>
<td>16.67%</td>
</tr>
<tr>
<td>G.I. Hemorrhage w cc</td>
<td>11.43%</td>
<td>17.80%</td>
</tr>
</tbody>
</table>

Source: Avalere Health, analysis of Medicare Standard Analytic Files, 2014

*Analysis includes Medicare Part A claims only.

Note: FFS is fee-for-service. CC is complication or comorbidity. MCC is major complication or comorbidity. SNF is Skilled Nursing Facilities.
Discharges Post-Inpatient Stay, Iowa

Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries, 2013

- 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.

Percentages may not sum to 100 percent or to total due to rounding.

Source: Avalere Health, LLC analysis of Medicare Standard Analytic Files, 2013
Hospital: Short-Term Acute Care Hospital (STACH).
Community: 61,673 (58%)
Formal Post-Acute Care Settings: 37,228 (35%)
Death: 3,103 (3%)
Other: 4,157 (4%)

SNF: 23,165 (22%)
HHA: 11,533 (11%)
LTACH: 542 (<1%)
IRF: 1,988 (2%)
Post-Acute Care Market Overview

Chart 3.5: Initial Patient Destinations Following an Inpatient Hospital Stay for Medicare Beneficiaries in 2013, for States in Midwestern Region


Note: U.S. Census Bureau defines which states are in the Midwestern Region; includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI.

Hospital: Short-Term Acute Care Hospital (STACH).
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.

39
<table>
<thead>
<tr>
<th>State</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>71,590</td>
</tr>
<tr>
<td>Alaska</td>
<td>2,512</td>
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<tr>
<td>Arizona</td>
<td>39,755</td>
</tr>
<tr>
<td>Arkansas</td>
<td>35,692</td>
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<tr>
<td>California</td>
<td>295,935</td>
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<tr>
<td>Colorado</td>
<td>34,765</td>
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<tr>
<td>Connecticut</td>
<td>51,477</td>
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<tr>
<td>Delaware</td>
<td>13,079</td>
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<tr>
<td>District of Columbia</td>
<td>6,316</td>
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<tr>
<td>Florida</td>
<td>346,434</td>
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<tr>
<td>Georgia</td>
<td>87,149</td>
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<td>Hawaii</td>
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<td>Idaho</td>
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<tr>
<td>Illinois</td>
<td>195,778</td>
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<td>Indiana</td>
<td>62,187</td>
</tr>
<tr>
<td>Iowa</td>
<td>26,934</td>
</tr>
<tr>
<td>Kansas</td>
<td>25,423</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>58,092</td>
</tr>
<tr>
<td>Louisiana</td>
<td>73,755</td>
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<tr>
<td>Maine</td>
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<tr>
<td>Maryland</td>
<td>63,481</td>
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<td>Massachusetts</td>
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<tr>
<td>Minnesota</td>
<td>35,481</td>
</tr>
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<td>Nebraska</td>
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<td>New Jersey</td>
<td>98,335</td>
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<td>New Mexico</td>
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<td>22,455</td>
</tr>
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<td>Pennsylvania</td>
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<td>Rhode Island</td>
<td>13,683</td>
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<tr>
<td>South Carolina</td>
<td>53,939</td>
</tr>
<tr>
<td>South Dakota</td>
<td>4,481</td>
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<tr>
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<td>Utah</td>
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<tr>
<td>Vermont</td>
<td>9,963</td>
</tr>
<tr>
<td>Virginia</td>
<td>95,259</td>
</tr>
<tr>
<td>Washington</td>
<td>42,423</td>
</tr>
<tr>
<td>West Virginia</td>
<td>23,181</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>36,909</td>
</tr>
<tr>
<td>Wyoming</td>
<td>3,738</td>
</tr>
<tr>
<td><strong>Total U.S.</strong></td>
<td><strong>3,518,691</strong></td>
</tr>
</tbody>
</table>


*Total includes 14,749 other or unknown beneficiaries (i.e. beneficiaries from US territories or beneficiaries not attributed to a specific state).
## Economic Contribution of Home Health Agencies

### Table 6.1: Impact of Home Health on Employment, by State, 2012

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Number of HH Employees¹</th>
<th>Multiplier for Employment²</th>
<th>Estimated Jobs Created by HH Industry³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>11,825</td>
<td>1.5991</td>
<td>18,909</td>
</tr>
<tr>
<td>Alaska</td>
<td>1,992</td>
<td>1.3092</td>
<td>2,608</td>
</tr>
<tr>
<td>Arizona</td>
<td>21,812</td>
<td>1.4557</td>
<td>31,752</td>
</tr>
<tr>
<td>Arkansas</td>
<td>6,507</td>
<td>1.3464</td>
<td>8,761</td>
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<td>California</td>
<td>69,734</td>
<td>1.5353</td>
<td>107,063</td>
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<td>15,163</td>
<td>1.4976</td>
<td>22,708</td>
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<td>1.4889</td>
<td>20,767</td>
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<td>Delaware</td>
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<td>1.4677</td>
<td>4,541</td>
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<td>4,875</td>
<td>1.1420</td>
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<td>Florida</td>
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<td>22,200</td>
<td>1.6327</td>
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<td>Hawaii</td>
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1. Quarterly Census of Employment and Wages (QCEW) collected by the U.S. Bureau of Labor Statistics
2. U.S. Bureau of Economic Analysis multipliers
3. Avalere calculation

Note: The QCEW collects employment data monthly. All states report employment figures on privately owned home health agencies, including for-profit and non-profit organizations. Alabama, Arkansas, Iowa, Minnesota, Missouri, North Carolina, Ohio and Virginia submit employment figures for their government-owned facilities, which are included in this analysis. The QWEC does not include jobs for HHA contractors, but the multiplier is intended to account for such jobs.
# Economic Contribution of Home Health Agencies

## Table 6.1: Impact of Home Health on Employment, by State, 2013

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Number of HH Employees</th>
<th>Multiplier for Employment</th>
<th>Estimated Jobs Created by HH Industry</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Number of HH Employees</th>
<th>Multiplier for Employment</th>
<th>Estimated Jobs Created by HH Industry</th>
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3. Avalere calculation.

Note: The QCEW collects employment data monthly. All states report employment figures on privately owned home health agencies, including for-profit and non-profit organizations. Alabama, Arkansas, Iowa, Minnesota, Missouri, North Carolina, Ohio and Virginia submit employment figures for their government-owned facilities, which are included in this analysis. The QWEC does not include jobs for HHA contractors, but the multiplier is intended to account for such jobs.
## Economic Contribution of Home Health Agencies

### Table 6.2: Impact of Home Health on Labor Income, by State, 2013

<table>
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<tr>
<th>State</th>
<th>Estimated Home Health Total Wages</th>
<th>Multiplier for Earnings</th>
<th>Estimated Impact of HH Payroll on Labor Income</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Home Health Total Wages</th>
<th>Multiplier for Earnings</th>
<th>Estimated Impact of HH Payroll on Labor Income</th>
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<td>$506,662,195</td>
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<td>Tennessee</td>
<td>$630,197,472</td>
<td>1.6075</td>
<td>$1,013,042,436</td>
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<td>$4,696,275,646</td>
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<td>$7,814,602,675</td>
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<td>Utah</td>
<td>$228,747,083</td>
<td>1.6235</td>
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<td>Vermont</td>
<td>$70,322,632</td>
<td>1.4040</td>
<td>$98,732,975</td>
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<td>Virginia</td>
<td>$687,126,292</td>
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<tr>
<td>Wisconsin</td>
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<td>$570,663,991</td>
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<td>Wyoming</td>
<td>$16,619,107</td>
<td>1.2900</td>
<td>$21,438,648</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Home Health Total Wages</th>
<th>Multiplier for Earnings</th>
<th>Estimated Impact of HH Payroll on Labor Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total U.S.</td>
<td>$34,408,939,651</td>
<td>N/A</td>
<td>$54,183,223,346</td>
</tr>
</tbody>
</table>

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3. Avalere calculation.

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. Alabama, Arkansas, Iowa, Minnesota, Missouri, North Carolina, Ohio and Virginia submit wage data for their government-owned facilities, which are included in this analysis. The QWECE does not include wage data for HHA contractors, but the multiplier is intended to account for such wages.