



Cost of Care for Pennsylvania’s Heart Failure Patients

This research brief examines Pennsylvania residents hospitalized for heart failure and the medical services they received for up to a year after hospitalization. Since the goal was to examine one-year episodes of care for these patients, including services extending beyond the inpatient setting, data files used for this brief were obtained from the Centers for Medicare and Medicaid Services (CMS) and reflect the time period FFYs 2014-2015 (Federal Fiscal Years span October 1 through September 30). “Cost” is measured as payments made by the CMS Medicare fee-for-service program.

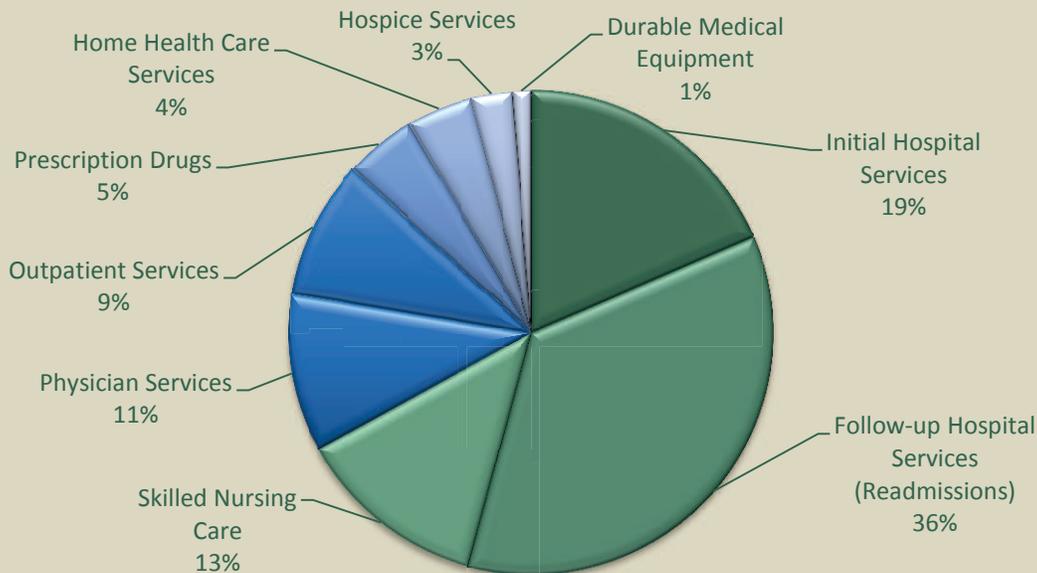
15,070 patients

This brief examines the cost of care provided to 15,070 Pennsylvania adult patients with heart failure who were insured by the Medicare fee-for-service program. These patients were hospitalized in a Pennsylvania general acute care hospital for heart failure in FFY 2014, marking the starting point of the analysis. Health care costs for these patients were examined for one year following the initial hospitalization.*

\$920 million

The one-year total for the heart failure patients included in this analysis amounted to \$920 million.

Total Payments: \$920 Million**



* 6.1% of these patients died during this hospital stay and were therefore excluded from the remaining part of the study.

**Percentages do not add exactly to 100% due to rounding.

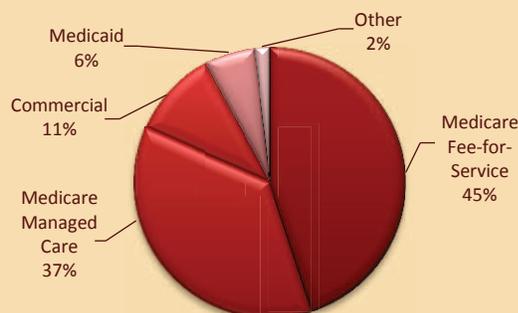
Medicare Fee-for-Service Payments by Type of Service

Hospital Admissions	Skilled Nursing Care
<p>\$498.9 million was paid for initial hospital services (\$170.4 million) and readmissions (\$328.4 million). 69% of the patients were readmitted at least once to an inpatient setting.</p> <p><i>Together, hospital admissions and skilled nursing care comprise 67% of the total costs.</i></p>	<p>\$117.9 million was paid for skilled nursing care. Includes ongoing full-time nursing care, therapy, supplies, and equipment. 43% of patients had at least one skilled nursing claim.</p>
Physician Services	Outpatient Services
<p>\$96.9 million was paid for physician or other “carrier” services following the initial hospital service. 98% of patients had at least one such claim from physicians, physician assistants, clinical social workers, nurse practitioners, etc.</p>	<p>\$84.9 million was paid for outpatient services including outpatient surgery, emergency department, renal dialysis, outpatient rehabilitation, etc. 88% of patients had at least one outpatient claim.</p>
Prescription Drugs	Home Health Services
<p>\$44.3 million was paid for prescription drugs. 94% of patients with Medicare Part D coverage* had at least one prescription drug event.</p> <p>*Only 68% of heart failure patients had Medicare Part D coverage.</p>	<p>\$40.8 million was paid for home health care services. 58% of patients had at least one home health claim.</p>
Hospice Services	Durable Medical Equipment
<p>\$25.3 million was paid for hospice services. 21% of patients had at least one claim for hospice service.</p>	<p>\$11.2 million was paid for durable medical equipment. 56% of patients had at least one claim for durable medical equipment.</p>

Why study Medicare fee-for-service patients...

The 15,070 patients covered by Medicare fee-for-service represent the largest payer category (45%) of all 33,421 adult patients with heart failure in FFY 2014.

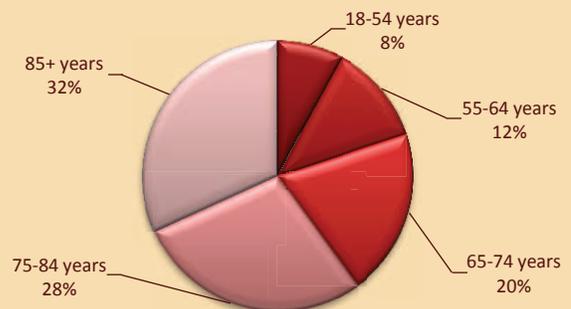
Patients with Heart Failure, by Payer



(Percentages do not add exactly to 100% due to rounding.)

More than 80% (or 26,770) of all 33,421 adult patients with heart failure in FFY 2014 were age 65 and older.

Patients with Heart Failure, by Age



Heart Failure Hospitalization Rate and Average Medicare Payments for Health Care Services within One Year, by County of Residence

County	Hospitalization Rate per 1,000 Medicare Fee-for-Service Beneficiaries	Number of Medicare Fee-for-Service Beneficiaries Hospitalized	Average Medicare Fee-for-Service Payment
Statewide	9.5	15,070	\$61,062
Adams	8.2	118	\$68,643
Allegheny	10.1	1,004	\$67,015
Armstrong	8.8	59	\$53,654
Beaver	8.8	132	\$56,793
Bedford	6.2	39	\$71,424
Berks	10.8	576	\$60,017
Blair	10.4	171	\$63,499
Bradford	10.3	112	\$60,412
Bucks	8.2	688	\$59,794
Butler	7.6	132	\$48,339
Cambria	11.2	161	\$61,270
Cameron	12.8	14	\$69,844
Carbon	10.9	137	\$52,096
Centre	7.8	95	\$44,035
Chester	8.2	525	\$62,831
Clarion	6.7	39	\$57,999
Clearfield	10.8	131	\$50,667
Clinton	12.4	57	\$65,973
Columbia	8.8	81	\$55,859
Crawford	7.6	111	\$69,960
Cumberland	8.0	260	\$60,480
Dauphin	9.0	248	\$62,890
Delaware	8.9	672	\$65,554
Elk	13.9	89	\$52,528
Erie	10.1	322	\$56,165
Fayette	9.0	130	\$55,420
Forest	NR	NR	NR
Franklin	9.3	233	\$54,955
Fulton	6.1	17	\$57,265
Greene	7.7	33	\$68,659
Huntingdon	9.5	63	\$45,118
Indiana	10.0	75	\$57,763
Jefferson	12.7	92	\$51,554

County	Hospitalization Rate per 1,000 Medicare Fee-for-Service Beneficiaries	Number of Medicare Fee-for-Service Beneficiaries Hospitalized	Average Medicare Fee-for-Service Payment
Juniata	13.9	39	\$45,616
Lackawanna	10.3	379	\$54,365
Lancaster	9.9	664	\$48,824
Lawrence	11.3	115	\$63,361
Lebanon	7.4	138	\$46,583
Lehigh	10.0	496	\$61,361
Luzerne	10.9	619	\$57,120
Lycoming	8.4	150	\$50,108
McKean	8.5	67	\$50,957
Mercer	10.5	164	\$51,245
Mifflin	8.5	54	\$54,687
Monroe	9.4	240	\$56,147
Montgomery	8.2	949	\$62,226
Montour	11.5	26	\$66,291
Northampton	13.3	626	\$56,064
Northumberland	11.9	182	\$52,698
Perry	9.0	47	\$53,652
Philadelphia	10.5	1,555	\$83,269
Pike	5.5	47	\$62,019
Potter	9.9	32	\$42,957
Schuylkill	10.9	276	\$57,609
Snyder	6.9	31	\$61,086
Somerset	10.0	81	\$66,012
Sullivan	11.6	15	\$49,913
Susquehanna	7.9	59	\$46,639
Tioga	7.0	54	\$62,352
Union	7.0	37	\$47,471
Venango	8.6	79	\$50,555
Warren	9.5	75	\$55,267
Washington	10.1	195	\$59,224
Wayne	5.5	81	\$60,464
Westmoreland	10.2	323	\$54,191
Wyoming	7.4	36	\$46,369
York	9.0	515	\$59,141

NR: Not reported due to low volume.

FFY 2014-2015 Data