

Inpatient Hospitalizations for Vermont Dual Eligible¹ Population
 Calendar Year 2010

Vermont Dual Eligible Population	21,670
Percentage with at least one hospitalization (acute or chronic)	19.9%
Total hospitalizations	7548
Total costs (in millions)	\$76.3
Hospitalization rate (per 1,000 person years)	199
Average length of stay (Days)	4
Average Medicare cost (Per episode)	\$9,730
Average Medicaid cost (Per episode)	\$783

Notes. 1. Dual Eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

Version 2, Source: HP/iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 6/1/2012

Summary Statistics on Vermont Dual Eligible¹ Population and Potentially Avoidable Hospitalizations² (PAH), Calendar Year 2010

Vermont Dual Eligible Population	21,670
Percentage of hospitalizations that were potentially avoidable	35.5%
Percentage of DE with at least one PAH	7.9%
Percentage of all VT DE Medicare hospital costs from PAHs	26.9%
Percentage of VT Medicare hospital costs from DE PAHs	3.6%
Potentially avoidable hospitalizations	2,679
Total costs (in millions)	\$20.6
Hospitalization rate (per 1,000 person-years)	79
Average length of stay (days)	4
Average Medicare cost for PAHs (per episode)	\$7,542
Average Medicaid cost for PAHs (per episode)	\$144

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<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/downloads/costdriverstask2.pdf>

Version 2, Source: HP/iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 6/1/2012

Potentially Avoidable Hospitalizations (PAH)¹ by Source for Dually Eligible² Vermonters
 Hospitalization rate (per 1,000 person-years)

Year	All Duals	NF/SNF	HCBS	Other/ Community
2010	79	209	133	50
2009	80	194	147	51
2008	81	208	150	50
2007	84	196	158	56
2006	82	177	142	60
2005	83	175	146	61

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3. Similar statistics may be found in this September 2011 Policy Insight Brief from CMS

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Insight-Briefs/downloads/PAHInsightBrief.pdf>

Version 2, Source: HP/iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 6/1/2012

Rate and Number of Potentially Avoidable Hospitalizations for Vermont Dually Eligible People
Based on Medicare County of Residence

FIPS County	# of People with PAH	# DE Residing in County	PAH Rate (in 1,000 Person Years)	# of Episodes
ADDISON	79	1,001	79	119
BENNINGTON	153	1,593	96	238
CALEDONIA	87	1,247	70	111
CHITTENDEN	273	3,816	72	417
ESSEX	17	323	53	29
FRANKLIN	106	1,627	65	177
GRAND ISLE	17	175	97	32
LAMOILLE	59	794	74	121
ORANGE	84	959	88	123
ORLEANS	98	1,451	68	139
RUTLAND	235	2,926	80	337
WASHINGTON	172	2,116	81	275
WINDHAM	131	1,583	83	197
WINDSOR	160	1,780	90	269
Non-VT Counties	56	722	78	73
Total^A	1,727	21,670	80	2,657

Notes. 1. Dual Eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

A. Some overlapping in # of People occurs if Medicare county of residence data is not available for an individual moved during the year and Medicaid county of residence data is used.

Dual Eligible¹ Rate and Number of Potentially Avoidable Hospitalizations (PAH)² Overall and By Each Population Group
 Calendar Year 2010, Version 2 053012

Subgroup	# People in Subgroup	# People in Subgroup with PAH	Hospitalization Rate (in 1,000 Person Years)	# of Episodes	# of Inpatient Days	Avg Stay (Days)	Mean Annual Medicare A Payment for individuals with PAH	Mean Annual Medicare A Payment for Overall Subgroup
CFC - NF	2,862	540	189	761	3,461	5	\$39,756	\$14,359
CFC - HCBS	2,680	566	211	890	3,728	4	\$44,382	\$18,712
CFC - ERC	438	85	194	112	428	4	\$35,302	\$13,323
DS	1,576	51	32	81	367	5	\$36,444	\$4,279
CRT	1,560	89	57	142	740	5	\$41,527	\$8,331
TBI	50	*	*	4	18	5	\$34,859	\$6,789
Non-Specialized High Risk	1,051	352	335	718	2,829	4	\$58,272	\$51,721
Unduplicated Overall	21,670	1712	79	2,657	10,962	4	\$38,460	\$8,893

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3. Subgroup Definitions:

CFC - Nursing Facility = Category of Service 0501,0502,&0503

CFC - HCBS = Category of Service 2701

CFC - ERC = Category of Service 2717

CRT = Category of Service 0916

DS HCBS = Category of Service 2703

TBI = Category of Service 2713

Non-Specialized High Risk = **NOT** (0501 OR 0502 OR 0503 OR 2701 OR 2717 OR 0916 OR 2703 OR 2713) with Medicare annual payments ≥ \$25,000.

A Overall provides an unduplicated real total for each column.

Source: iMMRS, VT 2004-2010 DualPayDatIDyymmUnityNHFix0212; AEK 5/24/2012

Potentially Avoidable Hospitalizations¹ (PAH) by Diagnosis Category for All Dually Eligible² Vermonters
Ranked by Person Count, Calendar Year 2010

R A N K	PAH Dx Category	Person Count	Episode Count	Avg Stay/ Episode (Days)	MCR + MCD Payment	Avg Cost/ Day	Inpatient Rate (Per 1000 DE Patient Years)
1	Lower respiratory: pneumonia & bronchitis	539	734	4	\$5,931,957	\$1,875	25
2	Falls and trauma	282	336	4	\$3,527,783	\$2,369	13
3	COPD, chronic bronchitis	248	411	4	\$2,687,478	\$1,857	11
4	Congestive heart failure	193	297	4	\$2,350,867	\$1,984	9
5	UTI	150	173	3	\$1,042,588	\$1,810	7
6	Cellulitis	137	176	5	\$1,492,657	\$1,870	6
7	Acute renal failure	112	137	4	\$1,029,158	\$1,831	5
8	Diarrhea and gastroenteritis	59	66	3	\$412,263	\$2,061	3
9	Asthma	45	62	4	\$361,827	\$1,652	2
10	Anemia	37	45	3	\$274,400	\$2,407	2
11	Seizures	30	42	3	\$221,744	\$1,848	1
12	Hypotension	26	33	3	\$176,451	\$1,983	1
13	Poor glycemic control	23	42	2	\$199,247	\$2,013	1
14	Hyponatremia	22	27	4	\$152,710	\$1,340	1
15	Skin ulcers	20	26	8	\$291,527	\$1,343	1
16	Altered mental status/acute confusion/delirium	18	19	5	\$126,563	\$1,253	1
17	Constipation/fecal impaction/obstipation	18	17	4	\$116,590	\$1,943	1
18	Psychosis, severe agitation, organic brain syndro	14	15	10	\$82,280	\$552	1
19	Failure to thrive weight loss	*	10	4	\$50,128	\$1,355	*
20	Dehydration, volume depletion	*	7	5	\$41,814	\$1,307	*
21	Nutritional deficiencies	*	4	9	\$20,930	\$566	*
	TOTAL	1,712	2,679	4	\$20,590,964	\$1,905	79

Notes 1. As defined in August 2010 Report, prepared by RTI International for Center for Center for Medicare & Medicaid Services Office of Policy. See Appendix B in link:

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2. Dual Eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

* Data not available, due to person counts < 11

Version 2, Source: HP/iMMRS, VT 2004-2010 PayDat1DyymmUnityNHFix0213 AEK 6/1/2012

Potentially Avoidable Hospitalizations¹ (PAH) of Dually Eligible² Vermonters in Nursing Facilities
 Ranked by Episode Count, Calendar Year 2010, Version 1 05042012

Rank	PAH Dx Category	Episode Count	Person Count	Episodes Per Person	Avg Stay/ Episode (Days)	MCR + MCD Payment	Average Inpatient Cost/Day	Inpatient Rate (Per 1000 Patient Years)
1	Lower respiratory: pneumonia & bron	310	230	1.3	5	\$2,731,388	\$1,902	61
2	Falls and trauma	256	209	1.2	5	\$3,022,499	\$2,624	55
3	Congestive heart failure	110	80	1.4	5	\$918,537	\$1,784	21
4	COPD, chronic bronchitis	109	69	1.6	4	\$875,938	\$2,126	18
5	UTI	82	74	1.1	4	\$566,968	\$1,942	20
6	Cellulitis	55	48	1.1	6	\$676,759	\$1,967	13
7	Acute renal failure	50	42	1.2	5	\$404,206	\$1,573	11
8	Diarrhea and gastroenteritis	18	17	1.1	4	\$150,511	\$1,905	5
9	Hypotension	*	*	*	3	\$99,671	\$2,034	*
10	Seizures	*	*	*	3	\$60,881	\$1,691	*
11	Altered mental status/acute confusio	12	12	1.0	6	\$99,951	\$1,514	3
12	Hyponatremia	*	*	*	5	\$96,289	\$1,751	*
13	Anemia	*	*	*	3	\$71,523	\$2,307	*
14	Asthma	*	*	*	4	\$78,435	\$1,705	*
15	Skin ulcers	*	*	*	5	\$101,236	\$2,201	*
16	Failure to thrive/weight loss	*	*	*	4	\$48,658	\$1,390	*
17	Poor glycemic control	*	*	*	3	\$48,669	\$1,947	*
18	Nutritional deficiencies	*	*	*	9	\$21,904	\$592	*
19	Constipation/fecal impaction/obstipati	*	*	*	4	\$12,398	\$1,550	*
20	Dehydration, volume depletion	*	*	*	6	\$14,016	\$1,274	*
21	Psychosis, severe agitation, organic l	*	*	*	38	\$31,261	\$417	*
22	Uncategorized or non-PAH during sta	N/A	406	*	N/A	\$1,407,258	\$980	*
	TOTAL	1,101	762	1.4	5	\$11,538,957	\$2,305	208

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Version 1, Source: HP/iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 5/4/2012

Vermont Dual Eligible¹ Rate and Number of 30-day Readmissions²
 Overall and by Population Subgroups³, Calendar Year 2010, Version 1, 052412

Population and Subgroups	# People with 30-day readmit	# People in Category	Rate (in 1,000 Person Years)	# of Episodes
Overall^A	691	21,670	32	1,329
CFC - NF	151	2,862	53	257
CFC - HCBS	218	2,680	81	421
CFC - ERC	20	438	46	28
DS	22	1,576	14	45
CRT	38	1,560	24	78
TBI	*	50	*	3
Non-Specialized High Risk	276	1,051	263	591

Notes. 1. *Dual eligibility* is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. 30-day Readmissions include any hospitalization within 30 days of a through date on a previous inpatient claim.

3. *Subgroup Definitions:*

CFC - Nursing Facility = Category of Service 0501,0502,&0503

CFC - HCBS = Category of Service 2701

CFC - ERC = Category of Service 2717

CRT = Category of Service 0916

DS HCBS = Category of Service 2703

TBI = Category of Service 2713

Non-Specialized High Risk = **NOT** (0501 OR 0502 OR 0503 OR 2701 OR 2717 OR 0916 OR 2703 OR 2713) with Medicare annual payments ≥ \$25,000.

A Overall provides an unduplicated real total for each column.

Source: iMMRS, VT 2004-2010 DualPayDatI DyymmUnityNHFix0212; AEK 5/24/2012