Section 8

Medicare Post-Acute Care Episode Payments and Utilization, By Service Type, By CBSA

The tables in this section include data on Medicare post-acute care (PAC) utilization and payments for the 10 core based statistical areas (CBSAs) with the largest number of beneficiaries discharged to PAC. CBSAs include both metropolitan and micropolitan areas. Results are also shown for all areas outside of CBSAs which include all non-metropolitan and non-micropolitan areas (rural areas).

The CBSAs presented in this section are:

- All Areas Outside CBSAs
- New York-Northern New Jersey-Long Island, NY-NJ-PA
- Chicago-Naperville-Joliet, IL-IN-WI
- Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
- Boston-Cambridge-Quincy, MA-NH
- Los Angeles-Long Beach-Santa Ana, CA
- Detroit-Warren-Livonia, MI
- Miami-Fort Lauderdale-Miami Beach, FL
- St. Louis, MO-IL
- Cleveland-Elyria-Mentor, OH
- Washington-Arlington-Alexandria, DC-VA-MD-WV

Beneficiary episodes were assigned to geographic areas based on the location of the index provider for this set of analyses due to the finding in Section 6 that there was little difference in mean payments, length of stay, or percent of beneficiaries discharged to PAC based on assigning episodes to geographic areas based on the location of the index provider or based on beneficiary residence.

Each table in this section presents utilization and payment data for the 18 PAC episode definitions included in our analysis. The PAC episode analyses in this section take a detailed look at the composition of PAC episodes under the different definitions. Specifically, these tables show the percent of beneficiaries with at least one claim for each type of PAC service, the mean length of stay per service type, and the mean payment per beneficiary using each service type. PAC services in episodes of care include home health, IRF, SNF, LTCH, hospital outpatient therapy and acute hospital readmissions. Mean utilization and payment are calculated per service user to demonstrate the level of utilization and payments for beneficiaries using the service during their episode of care. Data here are presented across all MS-DRGs.

Medicare payments were standardized for these analyses to remove payment variation related to geography including wage differences and urban/rural location, as well as other policy

considerations that affect payments such as indirect medical education (IME) and disproportional share (DSH) payments. By comparing standardized payments, it is possible to learn more about differences in patterns of use in the absence of payment adjustments.

Our approach to standardizing payments included using base rate payments and case-mix weights as published in the Federal Register and applying these to claims using the case-mix weight variables in the standard analytic files. We applied rates and weights according to the payment policies in place for each payment system corresponding to the type of PAC service and the claim date. The methods used to standardized payments were as follows:

- Acute hospital standardized payment = Base Rate * DRG weight
- IRF standardized payment = Base Rate * CMG weight
- LTCH standardized payment = Base Rate * LTCH DRG weight
- HHA standardized payment = Base Rate * HHRG weight
- SNF standardized payment = Per Diem * RUG weight * Days
- Hospital Outpatient Therapy standardized payment = Physician Fee Schedule Amount * Unit

Key findings

- The results of these analyses do indicate differences in the types of services used in PAC episodes across CBSAs. For example, in the Chicago-Naperville-Joliet CBSA, 13.7 percent of beneficiaries had at least one claim for IRF during Episode Definition A (30 Day Fixed) and 1.5 percent had at least one claim for LTCH. In contrast, in Boston-Cambridge-Quincy, 6.7 percent of beneficiaries had at least one IRF claim and 5.4 percent had at least one LTCH claim. This demonstrates the differences in utilization across geographic areas based on both supply of different types of PAC providers and differences in practice patterns.
- In general, utilization of PAC services in areas outside of CBSAs was lower than in CBSAs.
 Only 3.6 percent of beneficiaries with episodes outside of CBSA areas had at least one claim
 for IRF, and only 0.6 percent had an LTCH claim in Episode Definition A (30 Day Fixed).
 This is due to the lower supply of PAC providers, and in particular IRF and LTCH
 providers, in rural areas.
- Of the CBSAs presented here, HHA utilization was highest in Boston-Cambridge-Quincy at 66.7 percent in Episode Definition A (30 Day Fixed), 66.0 percent in Los Angeles-Long Beach-Santa Ana, 62.5 percent in Detroit-Warren-Livonia, and 62.5 percent in Miami-Fort Lauderdale-Miami Beach. In general, the use of HHA and SNF services is higher across different geographic area because the large supply of these types of PAC providers across the country. While the availability of IRF and LTCH providers varies significantly, HHA and SNF are widely available in most parts of the country.

- The CBSA with the lowest proportion of beneficiaries using SNF was Los Angeles-Long Beach-Santa Ana at 26.9 percent in Episode Definition A (30 Day Fixed). The CBSA with the highest proportion of beneficiaries using SNF was Cleveland-Elyria-Mentor at 58.1 percent. This comparison highlights the differences in levels of PAC utilization at smaller levels of geography. These differences may be driven by supply of PAC providers or by differences in practice patterns in different areas.
- As in Section 3, the tables in this section allow for a comparison of use of services across episode definitions, but here we can examine the differences within CBSA. Similar to Section 3, the percentage of beneficiaries using services and the level of utilization and payments increases under longer fixed periods or the variable length gap periods of episode definitions, indicating that PAC service use for some beneficiaries extends over long periods of time and may include multiple settings of care.
- Service use for HHA, SNF, hospital outpatient therapy and acute hospital readmissions is
 more sensitive to the episode definitions examined here compared to service use for IRF and
 LTCH. This is due to the fact that IRF and LTCH are generally the first site of PAC for
 beneficiaries that use these services compared to SNF, HHA, and hospital outpatient therapy
 which may be the first site of care for beneficiaries, but may also be a later site of PAC care
 for beneficiaries using LTCH or IRF immediately after discharge from their index
 hospitalization.
- The analyses presented here can inform understanding of episode definitions at small levels of geography and highlight the variation that exists. Payment policy reform discussions will need to consider differences in the composition of episodes, practice patterns, and the supply of PAC providers at different levels of geography in thinking about how changes to payment policy might affect different provider types and different areas of the country.
- Note that the samples sizes at the CBSA level are small due to both the small level of geography and the use of the Medicare claims 5% sample for this analysis. Work by ASPE and RTI to be completed in 2010 will include constructing a larger analytic file using a 30 percent sample to allow for more robust analysis at small levels of geography.

Section 8 - Table 1 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition All Areas Outside CBSAs

												PAC	Users											
7.1.7.7.11	Index Acut	te Hospital ²	Н	ome Heal	th		IRF			SNF			LTCH		Hospita	l Outpatien	t Therapy	Acute I	Hospital Rea	dmissions	Post-Acu	te Care ⁴	Total E	pisode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	5.1	5,910	42.5	16.6	3,128	3.6	13.4	16,667	52.3	30.8	5,506	0.6	29.5	43,074	18.6	21.3	194	14.5	6.0	6,884	37.1	6,027	43.7	11,942
B Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	5.1	5,910	42.0	16.5	3,113	3.5	13.1	16,145	50.9	28.3	5,151	0.5	26.5	45,174	18.3	21.1	192	-	-	-	35.2	4,690	41.8	10,588
C. 30 Day Fixed Following Hospital Discharge (pro rated)	5.1	5,910	42.5	10.5	2,224	3.6	12.9	16,074	52.3	19.5	3,012	0.6	21.2	34,979	18.6	15.7	163	14.5	5.5	6,445	23.3	4,234	29.9	10,140
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	5.1	5,910	42.0	10.1	2,138	3.5	12.6	15,595	50.9	18.8	2,916	0.5	22.8	40,131	18.3	15.6	161	-	-	-	21.4	3,116	28.0	9,015
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	5.1	5,910	45.0	17.1	3,219	3.9	13.5	17,015	53.3	33.5	5,964	0.6	30.5	43,566	22.2	26.9	228	22.2	6.7	7,383	44.0	7,177	50.7	13,091
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	5.1	5,910	44.0	16.8	3,164	3.6	13.2	16,344	51.1	28.9	5,229	0.5	26.8	44,287	21.4	26.2	225	-	-		38.8	4,858	45.4	10,756
G. 60 Day Fixed Following Hospital Discharge (pro rated)	5.1	5,910	45.0	15.5	2,982	3.9	13.2	16,579	53.3	28.0	4,715	0.6	28.7	42,213	22.2	24.2	213	22.2	6.2	7,142	38.4	6,339	45.1	12,250
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	5.1	5,910	44.0	14.4	2,778	3.6	12.8	16,002	51.1	25.3	4,355	0.5	25.2	43,280	21.4	23.6	209	-	-	-	33.0	4,230	39.6	10,128
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	5.1	5,910	46.0	20.3	3,789	4.0	13.9	17,400	54.0	34.8	6,128	0.7	32.9	45,739	24.3	29.0	245	27.6	7.1	7,884	54.3	8,223	61.0	14,137
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	5.1	5,910	44.6	18.9	3,531	3.6	13.2	16,344	51.1	29.0	5,242	0.5	27.0	43,806	22.8	28.0	240	-	-		43.9	5,061	50.5	10,959
K. 90 Day Fixed Following Hospital Discharge (pro rated)	5.1	5,910	46.0	18.2	3,459	4.0	13.8	17,304	54.0	32.8	5,725	0.7	30.5	42,954	24.3	27.6	237	27.6	6.9	7,670	49.7	7,775	56.3	13,687
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	5.1	5,910	44.6	16.2	3,091	3.6	12.8	16,002	51.1	28.4	5,089	0.5	25.5	42,706	22.8	26.8	232	-	-	-	39.0	4,769	45.7	10,667
M. 30 Day Variable Length Episode	5.1	5,910	46.4	25.4	4,611	4.1	14.2	17,677	54.4	35.4	6,257	0.8	33.7	45,961	24.6	35.1	278	26.5	8.1	8,823	61.1	8,949	67.7	14,862
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	5.1	5,910	44.7	22.2	4,055	3.6	13.1	16,321	51.1	29.1	5,269	0.5	27.0	43,806	22.5	30.6	255	-	-	-	48.8	5,319	55.5	11,216
O. 45 Day Variable Length Episode	5.1	5,910	46.7	26.9	4,863	4.2	14.6	18,081	54.8	36.0	6,356	0.8	33.5	46,885	25.6	36.7	292	29.0	8.4	9,271	67.1	9,568	73.7	15,481
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	5.1	5,910	44.9	22.4	4,092	3.6	13.1	16,321	51.2	29.1	5,267	0.5	27.0	43,806	23.0	31.9	266	-	-	-	50.2	5,345	56.8	11,242
Q. 60 Day Variable Length Episode	5.1	5,910	46.9	28.7	5,210	4.3	14.6	18,219	55.2	36.3	6,413	0.9	34.3	46,696	26.6	37.1	298	31.0	8.7	9,754	73.9	10,209	80.5	16,120
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	5.1	5,910	45.0	22.8	4,164	3.6	13.1	16,321	51.2	29.1	5,270	0.5	27.0	43,806	23.5	32.1	270	-		-	51.8	5,387	58.4	11,283

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index actor inspirationalizations are tecrined as inspiration antimission intowing a overally period wintout actor, ETCH, SNT, INT, of ITTA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HTA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).

Section 8 - Table 2 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: New York-Northern New Jersey-Long Island, NY-NJ-PA

												PAG	C Users ¹											
P P. # W	Index Acu	te Hospital²	F	Iome Heal	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute I	Hospital Rea	dmissions	Post-Acu	ite Care ⁴	Total E	pisode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	8.6	8,396	53.8	17.1	3,053	11.4	14.0	15,494	48.6	32.8	5,810	0.8	30.9	36,112	10.7	16.6	179	19.3	9.4	7,590	38.2	7,987	47.6	16,361
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	8.6	8,396	52.5	16.9	3,026	11.2	13.1	14,436	47.4	29.1	5,125	0.8	31.5	36,351	10.4	16.7	180	-	-	-	35.1	5,910	44.5	14,283
C. 30 Day Fixed Following Hospital Discharge (pro rated)	8.6	8,396	53.8	10.4	2,157	11.4	13.4	15,002	48.6	20.6	3,105	0.8	20.5	29,695	10.7	11.2	147	19.3	7.5	6,624	24.7	5,901	34.1	14,276
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	8.6	8,396	52.5	10.1	2,083	11.2	12.8	14,263	47.4	19.5	2,913	0.8	20.8	29,784	10.4	11.3	147	-	-	-	21.9	4,301	31.3	12,675
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	8.6	8,396	60.2	18.2	3,209	11.7	14.2	15,744	50.0	35.8	6,329	0.9	31.6	36,422	13.1	23.2	223	27.9	11.1	8,948	46.7	9,756	56.1	18,136
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	8.6	8,396	57.3	17.5	3,126	11.3	13.1	14,468	47.5	29.5	5,177	0.8	31.5	36,351	12.5	23.0	221	-		-	38.9	6,165	48.3	14,539
G. 60 Day Fixed Following Hospital Discharge (pro rated)	8.6	8,396	60.2	15.8	2,903	11.7	14.1	15,626	50.0	29.5	4,891	0.9	25.6	32,512	13.1	19.8	202	27.9	9.7	8,258	40.2	8,615	49.6	16,994
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	8.6	8,396	57.3	14.4	2,698	11.3	13.0	14,384	47.5	25.9	4,299	0.8	27.9	34,542	12.5	19.9	201	-	-		32.3	5,479	41.7	13,854
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	8.6	8,396	62.5	20.9	3,542	11.9	14.3	15,869	50.9	37.7	6,642	1.0	30.6	36,796	14.7	26.3	248	32.9	11.9	9,835	55.8	11,076	65.2	19,461
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	8.6	8,396	58.7	19.1	3,281	11.3	13.1	14,471	47.6	29.5	5,183	0.8	31.5	36,351	13.6	26.0	244	-			42.1	6,310	51.5	14,686
K. 90 Day Fixed Following Hospital Discharge (pro rated)	8.6	8,396	62.5	18.7	3,308	11.9	14.2	15,742	50.9	35.0	6,053	1.0	28.4	35,085	14.7	24.4	235	32.9	11.1	9,447	51.4	10,474	60.8	18,857
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	8.6	8,396	58.7	16.2	2,929	11.3	13.1	14,398	47.6	28.8	5,004	0.8	30.4	35,772	13.6	24.2	233	-	-	-	37.3	6,006	46.7	14,381
M. 30 Day Variable Length Episode	8.6	8,396	63.2	24.3	3,884	11.9	14.6	16,121	50.9	39.1	6,883	1.0	32.0	37,944	15.3	35.6	325	31.6	13.9	11,345	59.9	11,837	69.3	20,222
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	8.6	8,396	58.9	20.4	3,392	11.3	13.1	14,468	47.6	29.5	5,175	0.8	31.5	36,351	13.5	31.0	292	-	-	-	43.7	6,379	53.1	14,756
O. 45 Day Variable Length Episode	8.6	8,396	63.5	25.8	4,059	12.1	14.7	16,207	51.6	39.6	6,968	1.1	30.7	38,254	16.2	37.0	348	34.2	14.7	12,204	66.0	12,701	75.4	21,092
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	8.6	8,396	59.1	20.6	3,419	11.3	13.1	14,463	47.6	29.5	5,175	0.8	31.5	36,351	14.0	31.8	306	-	-	-	44.9	6,406	54.3	14,783
Q. 60 Day Variable Length Episode	8.6	8,396	63.7	27.1	4,218	12.2	14.9	16,356	52.0	39.9	7,032	1.1	30.5	38,724	16.9	37.6	353	36.5	14.9	12,578	71.6	13,363	81.0	21,753
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	8.6	8,396	59.1	20.8	3,444	11.3	13.1	14,463	47.6	29.5	5,183	0.8	31.5	36,351	14.4	32.6	308	-	-	-	46.0	6,429	55.4	14,806

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index actue nospinal animissions following a ob-day period without actue, ETCH, SNF, IRF, OF IFIA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HHA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2/291).

Section 8 - Table 3 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Chicago-Naperville-Joliet, IL-IN-WI

												PAC	Users1											
Episode Definition	Index Acu	te Hospital²	Н	ome Healt	th		IRF			SNF			LTCH		Hospita	l Outpatien	t Therapy	Acute 1	Hospital Rea	dmissions	Post-Acu	te Care ⁴	Total E	Episode ⁵
Episode Demittion	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	6.7	8,530	53.2	15.4	3,308	13.7	13.0	14,993	48.8	31.9	5,619	1.5	29.9	57,794	12.6	23.4	219	17.7	7.8	8,337	39.9	8,878	47.6	17,397
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,530	52.0	15.2	3,283	13.3	12.4	14,306	47.3	28.5	5,010	1.4	28.8	55,681	12.3	23.2	215	-	-	-	36.9	6,730	44.6	15,250
C. 30 Day Fixed Following Hospital Discharge (pro rated)	6.7	8,530	53.2	9.9	2,353	13.7	12.5	14,619	48.8	20.2	3,016	1.5	22.5	47,983	12.6	16.2	177	17.7	6.4	7,274	25.5	6,720	33.2	15,237
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,530	52.0	9.5	2,271	13.3	12.1	14,051	47.3	19.1	2,838	1.4	23.3	48,944	12.3	16.2	173	-	-	-	22.9	5,057	30.6	13,574
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	6.7	8,530	59.2	16.1	3,458	14.2	13.2	15,448	50.4	34.9	6,079	1.7	31.0	59,561	17.0	31.9	264	26.1	8.6	9,338	49.1	10,712	56.8	19,232
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,530	56.3	15.7	3,377	13.4	12.4	14,363	47.6	29.1	5,108	1.4	28.8	55,681	16.0	32.1	262	-	-	-	41.9	7,017	49.6	15,535
G. 60 Day Fixed Following Hospital Discharge (pro rated)	6.7	8,530	59.2	14.2	3,141	14.2	13.2	15,377	50.4	29.1	4,772	1.7	28.0	55,580	17.0	27.1	238	26.1	8.0	8,848	42.5	9,664	50.3	18,181
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,530	56.3	13.1	2,934	13.4	12.3	14,301	47.6	25.6	4,237	1.4	28.4	55,124	16.0	27.4	238	-	-		35.3	6,338	43.0	14,855
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	6.7	8,530	61.4	18.5	3,910	14.4	13.5	15,702	51.3	36.7	6,347	1.8	30.7	61,137	19.6	37.4	299	31.4	9.3	10,117	60.5	12,186	68.2	20,702
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,530	57.5	17.1	3,639	13.4	12.4	14,414	47.6	29.2	5,139	1.4	28.8	55,681	17.7	37.6	294	-	-	-	47.4	7,246	55.1	15,764
K. 90 Day Fixed Following Hospital Discharge (pro rated)	6.7	8,530	61.4	16.6	3,581	14.4	13.4	15,602	51.3	34.3	5,866	1.8	29.7	59,442	19.6	34.1	281	31.4	9.0	9,858	55.4	11,610	63.1	20,126
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,530	57.5	14.7	3,205	13.4	12.4	14,371	47.6	28.5	4,943	1.4	28.8	55,681	17.7	34.7	280	-	-	-	41.9	6,895	49.6	15,414
M. 30 Day Variable Length Episode	6.7	8,530	62.2	22.1	4,576	14.6	13.7	15,876	51.7	38.1	6,615	2.0	35.4	62,460	20.4	50.0	373	31.5	11.3	12,076	69.5	13,630	77.2	22,143
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,530	57.8	19.0	3,969	13.4	12.5	14,441	47.6	29.2	5,140	1.4	28.8	55,681	17.7	45.0	339	-	-	-	51.9	7,460	59.6	15,977
O. 45 Day Variable Length Episode	6.7	8,530	62.4	23.3	4,829	14.6	13.7	15,902	52.2	38.4	6,645	2.1	35.8	61,980	21.7	51.8	383	33.6	11.6	12,594	76.1	14,309	83.8	22,821
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,530	58.0	19.4	4,064	13.4	12.5	14,441	47.6	29.2	5,147	1.4	28.8	55,681	18.5	46.0	342	-	-	-	54.1	7,530	61.8	16,048
Q. 60 Day Variable Length Episode	6.7	8,530	62.8	24.3	5,079	14.9	13.8	16,097	52.9	39.0	6,762	2.1	35.3	61,211	22.8	53.0	392	35.9	12.0	13,303	83.8	15,247	91.5	23,757
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,530	58.1	19.6	4,116	13.4	12.5	14,441	47.6	29.2	5,147	1.4	28.8	55,681	18.9	46.0	343	0.0	-	-	55.7	7,565	63.4	16,083

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Indies of service as reported on the outpatient claims for SNF, IRF, LTCH, HA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2/291).

Section 8 - Table 4 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Philadelphia-Camden-Wilmington, PA-NJ-DE-MD

												PAG	C Users ¹											
	Index Acu	te Hospital ²	H	Iome Healt	th		IRF			SNF			LTCH		Hospita	al Outpatien	Therapy	Acute l	Hospital Rea	dmissions	Post-Acu	ite Care ⁴	Total E	Episode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	7.0	8,225	56.6	14.0	2,976	11.1	12.3	14,136	46.6	28.0	4,493	1.0	42.9	51,192	11.4	19.0	208	19.1	8.5	7,968	35.0	7,351	42.8	15,569
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.0	8,225	55.5	13.7	2,943	10.7	11.6	13,540	45.1	25.0	4,010	0.9	42.0	53,051	11.2	18.7	206	-	-	-	32.6	5,354	40.4	13,574
C. 30 Day Fixed Following Hospital Discharge (pro rated)	7.0	8,225	56.6	9.5	2,263	11.1	11.7	13,699	46.6	19.2	2,717	1.0	21.7	35,502	11.4	13.7	172	19.1	6.7	6,661	24.1	5,677	31.9	13,897
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.0	8,225	55.5	9.1	2,190	10.7	11.1	13,238	45.1	18.2	2,572	0.9	23.6	37,832	11.2	13.5	172		-		21.5	4,128	29.3	12,348
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	7.0	8,225	62.5	15.0	3,142	11.4	12.9	14,864	48.0	31.3	4,987	1.0	42.8	50,404	15.4	23.7	241	26.7	9.3	9,058	43.3	8,972	51.1	17,190
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.0	8,225	59.6	14.4	3,041	10.7	11.6	13,540	45.3	25.3	4,053	0.9	42.0	53,051	14.6	23.8	240		-		36.5	5,574	44.3	13,793
G. 60 Day Fixed Following Hospital Discharge (pro rated)	7.0	8,225	62.5	13.4	2,898	11.4	12.6	14,561	48.0	26.5	4,014	1.0	32.3	45,461	15.4	20.6	222	26.7	8.7	8,570	38.3	8,141	46.1	16,359
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.0	8,225	59.6	12.3	2,698	10.7	11.4	13,428	45.3	23.1	3,538	0.9	33.1	48,237	14.6	20.7	221	-	-	-	31.0	5,082	38.8	13,302
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	7.0	8,225	63.6	16.7	3,436	11.7	13.2	15,159	49.1	32.6	5,153	1.1	42.4	49,973	17.6	28.2	272	31.8	9.9	9,790	52.0	10,137	59.8	18,354
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.0	8,225	60.4	15.0	3,149	10.8	11.7	13,607	45.4	25.3	4,069	0.9	42.0	53,051	16.0	28.7	273	-	-	-	39.7	5,692	47.5	13,911
K. 90 Day Fixed Following Hospital Discharge (pro rated)	7.0	8,225	63.6	15.4	3,245	11.7	13.1	15,031	49.1	30.9	4,817	1.1	37.3	47,892	17.6	26.1	259	31.8	9.6	9,517	48.9	9,727	56.7	17,945
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.0	8,225	60.4	13.4	2,871	10.8	11.5	13,466	45.4	25.0	3,981	0.9	37.8	51,833	16.0	26.9	262	-	-	-	35.6	5,457	43.4	13,676
M. 30 Day Variable Length Episode	7.0	8,225	64.5	18.7	3,767	11.9	13.6	15,612	49.2	34.0	5,333	1.1	45.4	49,846	17.3	35.5	331	30.4	11.8	11,426	54.8	10,949	62.6	19,166
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.0	8,225	60.5	15.6	3,224	10.8	11.7	13,612	45.5	25.3	4,067	0.9	42.0	53,051	15.2	33.0	305	-	-	-	40.2	5,745	48.0	13,964
O. 45 Day Variable Length Episode	7.0	8,225	64.7	19.6	3,950	12.0	13.8	15,831	49.7	34.6	5,458	1.2	44.7	48,992	18.7	37.1	342	32.7	12.3	11,985	60.7	11,665	68.5	19,882
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.0	8,225	60.6	15.7	3,265	10.8	11.7	13,658	45.5	25.3	4,070	0.9	42.0	53,051	16.0	33.5	308	-	-	-	41.6	5,782	49.4	14,001
Q. 60 Day Variable Length Episode	7.0	8,225	64.8	20.4	4,091	12.1	13.9	15,950	50.2	35.0	5,532	1.2	45.0	50,867	19.6	38.2	351	34.6	12.9	12,580	66.3	12,340	74.1	20,556
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.0	8,225	60.6	16.0	3,303	10.8	11.7	13,658	45.5	25.3	4,070	0.9	42.0	53,051	16.5	34.5	318	-	-	-	43.0	5,809	50.8	14,028

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index actue Inspiratazionica ac using the admissions following a co-usy person without actue. PEAR without a control actue. PEAR control actue.

Section 8 - Table 5 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Boston-Cambridge-Quincy, MA-NH

												PAG	C Users ¹											
7	Index Acu	te Hospital²	H	Iome Heal	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute 1	Hospital Rea	dmissions	Post-Acu	ıte Care ⁴	Total E	2pisode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	6.2	8,059	67.2	15.3	2,870	6.7	16.8	16,459	50.0	26.3	4,547	5.4	26.4	30,522	8.4	12.7	163	14.9	6.8	8,132	39.9	8,168	46.8	16,215
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.2	8,059	65.9	15.2	2,857	6.2	16.2	15,300	48.5	24.6	4,295	5.0	25.0	29,422	8.0	12.5	156	-	-	-	38.8	6,395	45.7	14,443
C. 30 Day Fixed Following Hospital Discharge (pro rated)	6.2	8,059	67.2	9.2	1,944	6.7	15.5	15,567	50.0	18.1	2,876	5.4	21.2	26,951	8.4	9.1	132	14.9	6.0	7,427	25.6	6,353	32.5	14,401
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.2	8,059	65.9	8.8	1,889	6.2	15.0	14,641	48.5	17.5	2,788	5.0	21.4	27,169	8.0	9.1	129	-	-		23.6	4,873	30.4	12,922
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	6.2	8,059	72.6	16.3	3,003	7.0	17.4	16,907	52.3	28.8	5,000	5.8	27.4	32,824	12.9	18.6	204	21.7	7.3	8,633	48.0	9,768	54.9	17,813
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.2	8,059	70.0	15.9	2,944	6.3	16.2	15,315	49.4	25.3	4,380	5.1	24.9	29,503	12.1	17.9	197	-	-	-	43.4	6,693	50.3	14,741
G. 60 Day Fixed Following Hospital Discharge (pro rated)	6.2	8,059	72.6	14.3	2,724	7.0	16.7	16,417	52.3	24.3	4,048	5.8	25.1	31,150	12.9	14.8	177	21.7	7.1	8,450	41.7	8,895	48.6	16,941
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.2	8,059	70.0	13.2	2,567	6.3	15.5	15,026	49.4	22.5	3,775	5.1	23.8	29,084	12.1	14.4	171	-	-		36.0	6,089	42.9	14,137
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	6.2	8,059	74.0	18.7	3,403	7.0	17.5	16,876	53.1	30.7	5,265	6.1	28.2	33,143	16.0	21.9	230	26.7	8.0	9,343	59.6	11,029	66.5	19,073
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.2	8,059	71.1	17.0	3,156	6.3	16.2	15,315	49.5	25.5	4,409	5.1	24.9	29,503	14.5	21.5	222	-	-	-	48.8	6,903	55.6	14,951
K. 90 Day Fixed Following Hospital Discharge (pro rated)	6.2	8,059	74.0	17.0	3,149	7.0	17.3	16,814	53.1	28.5	4,825	6.1	26.4	31,978	16.0	20.0	214	26.7	7.7	9,166	54.4	10,483	61.3	18,528
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.2	8,059	71.1	14.8	2,822	6.3	15.6	15,095	49.5	24.9	4,264	5.1	23.8	29,087	14.5	19.8	210		-	-	42.9	6,558	49.8	14,606
M. 30 Day Variable Length Episode	6.2	8,059	74.6	21.4	3,833	7.2	18.5	17,954	53.4	31.8	5,439	6.1	29.6	34,826	16.2	31.5	307	26.7	9.9	11,309	65.3	12,242	72.2	20,285
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.2	8,059	71.3	18.0	3,341	6.3	16.2	15,301	49.5	25.5	4,406	5.1	24.9	29,503	14.1	28.5	282	-	-	-	52.1	7,036	58.9	15,084
O. 45 Day Variable Length Episode	6.2	8,059	74.9	23.1	4,094	7.3	18.6	18,293	54.2	32.5	5,551	6.3	30.3	35,498	17.5	32.1	311	29.0	10.4	12,015	73.1	13,184	79.9	21,226
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.2	8,059	71.4	18.2	3,371	6.3	16.2	15,315	49.5	25.5	4,408	5.1	24.9	29,503	14.9	29.0	288	-	-	-	53.9	7,076	60.8	15,124
Q. 60 Day Variable Length Episode	6.2	8,059	75.1	24.0	4,255	7.4	18.7	18,451	54.5	32.9	5,566	6.5	30.7	36,131	18.5	33.7	319	30.6	10.9	12,505	79.2	13,786	86.1	21,828
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.2	8,059	71.5	18.3	3,389	6.3	16.2	15,315	49.6	25.6	4,409	5.1	24.9	29,503	15.6	29.9	289	-	-	-	55.3	7,095	62.2	15,142

^{1.} PAC users are defined as beneficiaries discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Indies of service as reported on the outpatient claim.

3. Units of service as reported on the outpatient claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute the hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).

Section 8 - Table 6 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Los Angeles-Long Beach-Santa Ana, CA

												PAC	Users1											
	Index Acu	te Hospital ²	H	Iome Heal	th		IRF			SNF			LTCH		Hospita	l Outpatien	t Therapy	Acute F	Iospital Rea	dmissions	Post-Act	ite Care ⁴	Total I	Episode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	7.3	8,614	66.0	15.7	3,315	12.1	14.2	16,460	26.9	40.7	8,124	5.2	37.4	41,367	9.8	19.3	246	16.3	7.9	8,310	39.6	9,771	48.5	18,376
B Within 30 Days After Hospital Poischarge Excluding Acute Hospital Readmissions	7.3	8,614	65.1	15.3	3,278	11.8	13.6	15,829	26.1	37.3	7,495	4.9	37.4	40,806	9.6	18.7	223	-	-		38.1	7,857	47.0	16,465
 30 Day Fixed Following Hospital Discharge (pro rated) 	7.3	8,614	66.0	10.4	2,482	12.1	13.7	16,057	26.9	21.4	3,567	5.2	22.8	31,949	9.8	14.6	202	16.3	6.3	7,155	24.2	7,290	33.1	15,897
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.3	8,614	65.1	10.0	2,392	11.8	13.2	15,578	26.1	20.5	3,446	4.9	23.0	31,525	9.6	14.2	185	-	-	-	22.1	5,760	31.0	14,369
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	7.3	8,614	69.5	16.4	3,442	12.2	14.4	16,670	28.3	44.8	9,070	5.7	37.7	42,022	12.6	24.6	267	23.1	8.8	9,458	46.6	11,466	55.5	20,072
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.3	8,614	67.5	15.7	3,337	11.8	13.7	15,821	26.8	38.2	7,776	4.9	37.4	40,806	11.9	24.3	249	-		-	41.2	8,110	50.1	16,721
G. 60 Day Fixed Following Hospital Discharge (pro rated)	7.3	8,614	69.5	15.0	3,222	12.2	14.2	16,511	28.3	33.4	6,192	5.7	29.5	38,202	12.6	20.9	238	23.1	8.1	9,044	40.1	10,178	49.0	18,786
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.3	8,614	67.5	13.6	2,983	11.8	13.4	15,689	26.8	30.3	5,697	4.9	30.2	38,157	11.9	20.7	221	-	-	-	34.1	7,175	43.0	15,787
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	7.3	8,614	70.7	19.1	3,946	12.5	14.5	16,839	29.1	46.7	9,280	5.8	39.2	43,352	15.0	28.0	290	28.1	10.0	10,647	58.4	13,001	67.3	21,607
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.3	8,614	68.4	17.3	3,634	11.8	13.7	15,821	27.0	38.4	7,817	4.9	37.4	40,806	13.6	27.7	270	-	-	-	46.7	8,369	55.6	16,982
K. 90 Day Fixed Following Hospital Discharge (pro rated)	7.3	8,614	70.7	17.3	3,658	12.5	14.5	16,764	29.1	41.9	8,144	5.8	33.4	41,321	15.0	25.3	267	28.1	9.4	10,273	52.7	12,241	61.6	20,847
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.3	8,614	68.4	15.1	3,238	11.8	13.6	15,730	27.0	36.1	7,205	4.9	32.7	39,762	13.6	25.4	253		-	-	40.5	7,874	49.4	16,486
M. 30 Day Variable Length Episode	7.3	8,614	71.0	23.7	4,399	12.5	14.6	17,061	29.7	47.6	9,393	5.7	39.3	43,940	15.3	41.3	371	27.8	11.2	11,926	64.0	13,767	72.9	22,373
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.3	8,614	68.3	20.5	3,860	11.8	13.7	15,821	27.2	38.5	7,812	4.9	37.4	40,806	13.5	35.4	319		-	-	50.1	8,539	59.1	17,152
O. 45 Day Variable Length Episode	7.3	8,614	71.3	25.2	4,751	12.6	14.7	17,187	30.2	48.0	9,374	5.9	40.1	44,392	16.5	42.2	391	30.1	12.4	13,036	72.8	14,840	81.8	23,444
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.3	8,614	68.5	20.7	3,917	11.8	13.7	15,821	27.2	38.5	7,812	4.9	37.4	40,806	13.9	35.8	324	-	-	-	51.7	8,588	60.6	17,200
Q. 60 Day Variable Length Episode	7.3	8,614	71.7	27.4	5,052	12.8	14.8	17,406	30.5	48.6	9,528	6.0	40.8	45,253	17.9	42.0	395	31.8	13.1	13,730	81.8	15,793	90.8	24,396
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.3	8,614	68.7	21.0	3,980	11.8	13.7	15,821	27.2	38.5	7,812	4.9	37.4	40,806	14.8	35.7	322	-	-		54.2	8,643	63.1	17,255

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index actor inspirationalizations are tecrined as inspiration antimission intowing a overally period wintout actor, ETCH, SNT, INT, of ITTA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HTA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).

Section 8 - Table 7 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Detroit-Warren-Livonia, MI

												PAC	Users1											
E : I De :	Index Acu	te Hospital ²	Н	Iome Healt	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute I	Iospital Rea	dmissions	Post-Acu	ıte Care ⁴	Total F	Episode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	6.9	8,480	62.5	15.6	3,498	10.7	12.0	15,419	37.7	34.2	5,960	1.4	24.7	53,680	15.3	17.0	203	18.8	8.0	8,820	38.3	8,503	46.3	16,982
B. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.9	8,480	61.2	15.4	3,463	10.3	11.4	14,571	36.0	30.5	5,235	1.1	23.7	50,761	14.6	17.2	201	-		-	35.7	6,081	43.8	14,561
 30 Day Fixed Following Hospital Discharge (pro rated) 	6.9	8,480	62.5	10.4	2,601	10.7	11.5	14,932	37.7	21.5	3,075	1.4	19.0	43,842	15.3	10.3	155	18.8	6.9	8,048	25.0	6,521	33.0	15,000
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.9	8,480	61.2	10.0	2,508	10.3	11.2	14,429	36.0	20.5	2,887	1.1	18.0	43,209	14.6	10.3	153	-	-	-	22.3	4,556	30.4	13,035
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	6.9	8,480	69.5	16.8	3,703	11.0	12.1	15,713	39.2	37.0	6,459	1.6	24.5	53,948	20.3	47.8	250	27.5	9.1	10,068	47.7	10,486	55.7	18,965
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.9	8,480	66.3	16.2	3,592	10.3	11.4	14,571	36.2	30.8	5,316	1.1	23.7	50,761	18.6	50.5	247	-	-	-	40.8	6,398	48.8	14,878
G. 60 Day Fixed Following Hospital Discharge (pro rated)	6.9	8,480	69.5	14.7	3,360	11.0	12.1	15,640	39.2	30.9	5,037	1.6	23.7	52,449	20.3	36.9	231	27.5	8.3	9,378	41.5	9,469	49.6	17,948
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.9	8,480	66.3	13.5	3,119	10.3	11.3	14,491	36.2	27.4	4,425	1.1	20.2	46,261	18.6	39.1	229	-	-	-	34.1	5,703	42.1	14,184
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	6.9	8,480	71.4	18.9	4,104	11.3	12.3	15,864	40.4	38.6	6,722	1.9	24.0	53,487	22.5	49.5	285	32.6	9.8	10,825	58.3	11,999	66.3	20,477
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.9	8,480	67.3	17.0	3,767	10.3	11.4	14,571	36.2	31.0	5,330	1.1	23.7	50,761	19.9	52.8	279	-	-	-	45.1	6,564	53.1	15,044
K. 90 Day Fixed Following Hospital Discharge (pro rated)	6.9	8,480	71.4	17.2	3,821	11.3	12.3	15,810	40.4	36.0	6,151	1.9	22.5	52,267	22.5	47.8	274	32.6	9.4	10,511	53.8	11,434	61.9	19,912
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.9	8,480	67.3	15.0	3,388	10.3	11.3	14,491	36.2	30.2	5,136	1.1	20.3	46,315	19.9	51.4	269		-	-	40.0	6,179	48.0	14,659
M. 30 Day Variable Length Episode	6.9	8,480	72.2	20.9	4,513	11.7	12.3	15,987	40.7	40.8	7,094	2.2	23.2	51,429	23.8	56.2	352	31.7	11.6	12,243	62.9	13,030	70.9	21,508
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.9	8,480	67.3	17.5	3,888	10.3	11.4	14,571	36.2	31.0	5,320	1.1	23.7	50,761	20.2	58.7	332	-	-	-	46.6	6,652	54.6	15,132
O. 45 Day Variable Length Episode	6.9	8,480	72.6	22.1	4,766	11.8	12.5	16,149	41.2	41.6	7,222	2.3	26.5	52,585	25.4	56.4	358	34.5	12.2	13,138	70.8	14,114	78.8	22,590
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.9	8,480	67.4	17.7	3,932	10.3	11.4	14,571	36.2	31.1	5,335	1.1	23.7	50,761	20.9	58.7	333	-	-	-	48.3	6,691	56.3	15,171
Q. 60 Day Variable Length Episode	6.9	8,480	72.9	23.2	5,012	11.9	12.6	16,248	41.5	42.3	7,346	2.4	26.1	52,318	26.3	56.8	362	36.4	12.6	13,572	77.9	14,836	85.9	23,313
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.9	8,480	67.5	17.8	3,975	10.3	11.4	14,571	36.2	31.1	5,335	1.1	23.7	50,761	21.3	58.6	334	-	-	-	50.0	6,729	58.0	15,209

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-

period without acute, LTCH, SNF, IRF, or HHA service use.
2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Indies of service as reported on the outpatient claims for SNF, IRF, LTCH, HA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2/291).

Section 8 - Table 8 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Miami-Fort Lauderdale-Miami Beach, FL

												PAG	C Users ¹											
	Index Acu	te Hospital ²	Н	ome Heal	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute I	Iospital Rea	dmissions	Post-Act	ıte Care ⁴	Total E	pisode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	7.1	8,127	62.5	22.7	3,418	11.3	13.1	15,678	35.2	35.6	7,035	1.6	32.0	40,476	14.5	21.8	263	16.5	8.3	8,490	36.5	8,382	44.6	16,515
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.1	8,127	61.5	22.4	3,393	11.1	12.4	14,933	34.4	31.6	6,190	1.4	32.9	38,748	14.1	21.8	261	-		-	33.6	6,361	41.8	14,497
C. 30 Day Fixed Following Hospital Discharge (pro rated)	7.1	8,127	62.5	15.5	2,664	11.3	12.6	15,446	35.2	21.3	3,491	1.6	21.8	29,588	14.5	16.8	224	16.5	6.6	7,337	24.6	6,295	32.7	14,422
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.1	8,127	61.5	15.1	2,602	11.1	12.0	14,773	34.4	20.3	3,295	1.4	24.2	32,467	14.1	16.9	222	-	-		22.3	4,793	30.4	12,922
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	7.1	8,127	69.7	24.3	3,671	11.9	13.6	16,155	36.6	38.6	7,556	1.9	32.3	43,185	19.8	29.9	320	24.0	9.6	8,974	46.0	10,161	54.1	18,298
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.1	8,127	66.5	23.4	3,545	11.1	12.4	14,994	34.6	32.0	6,236	1.4	32.9	38,748	18.4	30.1	319	-	-	-	38.7	6,688	46.9	14,824
G. 60 Day Fixed Following Hospital Discharge (pro rated)	7.1	8,127	69.7	21.4	3,342	11.9	13.2	15,893	36.6	31.7	5,795	1.9	29.4	39,366	19.8	26.1	292	24.0	8.6	8,569	40.0	9,097	48.1	17,229
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.1	8,127	66.5	19.9	3,166	11.1	12.2	14,908	34.6	27.8	5,087	1.4	30.9	37,215	18.4	26.5	291	-	-	-	33.0	6,012	41.2	14,145
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	7.1	8,127	72.2	29.1	4,065	12.1	13.7	16,384	38.1	39.1	7,579	2.0	31.7	43,760	23.1	35.4	362	29.1	10.2	9,884	56.2	11,498	64.3	19,645
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.1	8,127	68.2	26.3	3,768	11.1	12.4	14,994	34.7	32.0	6,241	1.4	32.9	38,748	20.5	35.4	364	-	-		43.7	6,923	51.8	15,058
K. 90 Day Fixed Following Hospital Discharge (pro rated)	7.1	8,127	72.2	25.4	3,774	12.1	13.7	16,339	38.1	36.9	7,072	2.0	31.5	43,411	23.1	32.7	346	29.1	9.8	9,647	52.1	11,013	60.2	19,160
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.1	8,127	68.2	22.4	3,408	11.1	12.3	14,930	34.7	31.1	6,003	1.4	32.9	38,748	20.5	33.1	350	-	-	-	39.4	6,586	47.5	14,722
M. 30 Day Variable Length Episode	7.1	8,127	72.7	40.6	4,527	12.1	13.8	16,639	38.3	40.7	7,827	2.1	31.5	46,269	24.8	48.5	448	27.4	11.9	11,279	62.2	12,358	70.4	20,491
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.1	8,127	68.1	34.8	4,035	11.1	12.4	14,994	34.7	32.0	6,241	1.4	32.9	38,748	20.5	41.5	406	-	-	-	46.6	7,105	54.7	15,240
O. 45 Day Variable Length Episode	7.1	8,127	73.3	46.3	4,889	12.2	13.9	16,743	39.1	41.0	7,886	2.2	31.3	45,880	26.5	51.5	472	30.6	12.3	11,739	70.9	13,291	79.0	21,424
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.1	8,127	68.5	35.5	4,094	11.1	12.4	14,994	34.7	32.0	6,241	1.4	32.9	38,748	21.4	43.4	420	-	-		48.6	7,167	56.7	15,302
Q. 60 Day Variable Length Episode	7.1	8,127	73.5	50.2	5,165	12.3	13.9	16,833	39.7	41.5	7,940	2.2	31.3	45,880	27.8	55.1	492	33.0	12.7	12,183	78.9	14,030	87.0	22,173
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.1	8,127	68.6	36.5	4,160	11.1	12.4	14,994	34.7	32.0	6,241	1.4	32.9	38,748	22.0	46.8	439	-	-	-	51.0	7,225	59.1	15,359

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HHA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute thospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).

Section 8 - Table 9 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: St. Louis, MO-IL

												PAC	Users ¹											
	Index Acu	te Hospital ²	Н	Iome Heal	th		IRF			SNF			LTCH		Hospita	l Outpatien	t Therapy	Acute I	Iospital Rea	dmissions	Post-Act	ıte Care ⁴	Total F	Episode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	6.5	9,059	56.6	14.8	3,163	10.2	13.5	15,220	39.6	31.0	5,307	0.8	25.6	51,831	17.5	25.0	277	19.0	7.5	8,877	35.2	7,556	42.9	16,601
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.5	9,059	56.1	14.8	3,166	10.0	13.0	14,537	38.2	27.7	4,865	0.7	26.9	53,872	16.9	24.8	269	-	-	-	34.2	5,486	41.8	14,529
C. 30 Day Fixed Following Hospital Discharge (pro rated)	6.5	9,059	56.6	10.3	2,449	10.2	13.2	14,943	39.6	19.9	2,820	0.8	24.4	50,387	17.5	17.7	224	19.0	5.8	7,214	23.8	5,810	31.5	14,858
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.5	9,059	56.1	9.8	2,346	10.0	12.6	14,215	38.2	18.8	2,721	0.7	23.1	50,339	16.9	18.0	223	-	-	-	21.4	4,151	29.0	13,195
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	6.5	9,059	60.4	15.6	3,297	10.6	13.9	15,548	41.2	35.4	6,091	1.0	23.5	48,063	22.3	29.8	302	27.2	8.6	9,642	44.1	9,290	51.8	18,332
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.5	9,059	58.8	15.3	3,244	10.1	13.1	14,598	38.5	29.0	5,182	0.7	26.9	53,872	20.6	28.5	283	-	-	-	38.5	5,781	46.1	14,823
G. 60 Day Fixed Following Hospital Discharge (pro rated)	6.5	9,059	60.4	14.2	3,068	10.6	13.7	15,368	41.2	29.4	4,706	1.0	21.6	45,860	22.3	26.2	278	27.2	8.2	9,329	38.5	8,453	46.2	17,497
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.5	9,059	58.8	12.8	2,824	10.1	12.8	14,413	38.5	25.6	4,272	0.7	23.5	51,117	20.6	25.6	261	-	-	-	31.3	5,145	39.0	14,188
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	6.5	9,059	61.6	17.4	3,677	10.9	14.1	15,693	42.2	37.3	6,243	1.1	27.4	52,894	24.7	33.8	327	32.4	9.4	10,403	53.9	10,592	61.6	19,633
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.5	9,059	59.4	16.2	3,406	10.1	13.0	14,549	38.6	29.1	5,165	0.7	26.9	53,872	22.2	32.2	302		-	-	42.4	5,909	50.0	14,951
K. 90 Day Fixed Following Hospital Discharge (pro rated)	6.5	9,059	61.6	16.1	3,459	10.9	13.8	15,518	42.2	34.9	5,744	1.1	24.5	49,040	24.7	31.8	315	32.4	9.0	10,130	50.0	10,097	57.6	19,138
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.5	9,059	59.4	14.1	3,040	10.1	12.8	14,401	38.6	28.4	4,977	0.7	23.5	51,117	22.2	30.4	292		-	-	36.6	5,583	44.2	14,625
M. 30 Day Variable Length Episode	6.5	9,059	62.4	18.5	3,917	11.0	14.1	15,715	42.5	38.8	6,482	1.1	28.2	53,423	25.4	48.4	410	31.0	10.7	11,590	57.6	11,190	65.2	20,230
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.5	9,059	59.7	16.6	3,488	10.1	13.1	14,598	38.4	29.2	5,195	0.7	26.9	53,872	21.7	38.0	338	-	-	-	43.7	5,970	51.3	15,012
O. 45 Day Variable Length Episode	6.5	9,059	62.8	19.6	4,128	11.1	14.1	15,714	43.1	39.2	6,687	1.1	28.2	53,423	26.9	51.8	453	33.6	11.5	12,348	65.4	12,055	73.0	21,094
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.5	9,059	59.9	16.8	3,546	10.1	13.0	14,549	38.5	29.1	5,187	0.7	26.9	53,872	22.5	39.6	350	-	-	-	45.9	6,022	53.5	15,064
Q. 60 Day Variable Length Episode	6.5	9,059	62.9	20.6	4,320	11.3	14.1	15,718	43.5	39.4	6,736	1.2	29.7	55,127	28.0	52.9	466	35.3	12.2	13,402	72.3	12,896	79.9	21,934
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.5	9,059	59.9	17.0	3,586	10.1	13.0	14,549	38.6	29.1	5,171	0.7	26.9	53,872	23.0	40.4	364	-	-	-	47.8	6,048	55.4	15,090

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HHA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute thospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).

Section 8 - Table 10 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Cleveland-Elyria-Mentor, OH

												PAC	Users1											
Episode Definition	Index Acu	ite Hospital ²	H	Iome Healt	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute H	Iospital Rea	dmissions	Post-Act	ıte Care ⁴	Total F	Episode ⁵
Episode Deliniuon	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	6.7	8,772	50.6	14.1	3,147	8.5	12.6	13,892	58.1	27.6	4,761	2.4	32.9	49,161	13.6	19.2	197	17.4	7.1	8,920	37.7	8,217	45.3	17,027
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,772	48.8	14.2	3,137	8.5	12.1	13,227	56.3	24.6	4,241	2.2	30.4	47,037	13.2	19.6	196	-	-	-	35.0	5,995	42.6	14,779
 30 Day Fixed Following Hospital Discharge (pro rated) 	6.7	8,772	50.6	8.8	2,232	8.5	12.2	13,622	58.1	18.9	2,961	2.4	22.2	37,656	13.6	14.1	161	17.4	5.9	7,521	25.1	6,183	32.6	14,980
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,772	48.8	8.6	2,182	8.5	11.6	12,849	56.3	17.9	2,780	2.2	23.5	39,952	13.2	14.4	161		-	-	22.5	4,527	30.1	13,313
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	6.7	8,772	55.8	14.9	3,300	8.8	12.7	14,156	60.4	30.3	5,270	2.7	36.3	57,488	18.8	26.0	240	26.2	8.6	10,544	47.2	10,482	54.8	19,299
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,772	53.2	14.6	3,240	8.5	12.1	13,227	56.6	25.1	4,343	2.2	30.4	47,037	17.6	26.4	238			-	39.9	6,273	47.5	15,056
G. 60 Day Fixed Following Hospital Discharge (pro rated)	6.7	8,772	55.8	13.1	2,998	8.8	12.6	14,076	60.4	26.1	4,352	2.7	30.1	50,005	18.8	21.9	215	26.2	7.7	9,817	41.0	9,374	48.6	18,184
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,772	53.2	12.2	2,825	8.5	11.9	13,065	56.6	23.1	3,864	2.2	28.3	45,292	17.6	22.5	215	-			33.7	5,729	41.2	14,513
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	6.7	8,772	58.9	17.1	3,624	8.9	12.6	14,125	61.2	32.2	5,537	2.8	38.7	62,901	22.1	29.1	261	31.2	9.7	11,797	57.7	12,168	65.2	20,982
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	6.7	8,772	55.2	15.6	3,383	8.5	12.1	13,227	56.6	25.2	4,348	2.2	30.4	47,037	20.2	29.9	262	-	-	-	44.4	6,430	52.0	15,213
K. 90 Day Fixed Following Hospital Discharge (pro rated)	6.7	8,772	58.9	15.2	3,345	8.9	12.6	14,055	61.2	30.2	5,143	2.8	35.0	58,441	22.1	26.7	246	31.2	9.1	11,331	53.1	11,491	60.6	20,301
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	6.7	8,772	55.2	13.3	3,016	8.5	11.9	13,065	56.6	24.9	4,278	2.2	29.8	46,139	20.2	27.5	247	-	-	-	39.6	6,152	47.2	14,936
M. 30 Day Variable Length Episode	6.7	8,772	59.7	19.4	4,041	8.9	12.8	14,492	61.0	34.2	5,917	3.0	37.9	61,040	22.9	37.5	331	31.2	11.2	13,452	64.1	13,315	71.7	22,127
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,772	55.2	16.2	3,522	8.5	12.1	13,227	56.7	25.3	4,401	2.2	30.4	47,037	19.9	34.8	305	-	-	-	46.6	6,548	54.1	15,331
O. 45 Day Variable Length Episode	6.7	8,772	60.0	20.4	4,203	8.9	12.9	14,620	61.7	34.6	5,980	3.2	39.9	60,148	24.4	37.9	334	32.7	11.8	14,491	70.1	14,086	77.7	22,900
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,772	55.4	16.3	3,531	8.5	12.1	13,227	56.7	25.3	4,401	2.2	30.4	47,037	21.0	34.8	303		-	-	47.7	6,561	55.3	15,344
Q. 60 Day Variable Length Episode	6.7	8,772	60.1	21.2	4,378	9.1	13.1	14,812	62.3	35.2	6,032	3.3	40.0	60,620	25.2	38.3	347	34.6	12.3	15,025	76.3	14,881	83.8	23,694
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	6.7	8,772	55.5	16.4	3,550	8.5	12.1	13,227	56.7	25.3	4,401	2.2	30.4	47,037	21.3	35.1	309	-	-	-	48.8	6,577	56.3	15,359

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

^{2.} Index actue nospinal animissions following a ob-day period without actue, ETCH, SNF, IRF, OF IFIA service use.

3. Units of service as reported on the outpatient department claim.

4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HHA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.

5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.

SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2/291).

Section 8 - Table 11 Medicare Post-Acute Care Episode Payments and Utilization for PAC Users, By Service Type, By Episode Definition CBSA: Washington-Arlington-Alexandria, DC-VA-MD-WV

												PAG	C Users ¹											
	Index Acu	te Hospital²	F	Iome Heal	th		IRF			SNF			LTCH		Hospita	al Outpatien	t Therapy	Acute l	Hospital Rea	dmissions	Post-Acu	ıte Care ⁴	Total E	pisode ⁵
Episode Definition	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Visits	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Percent with Claim (%)	Mean Units of Service ³	Mean Payment (\$)	Percent with Claim (%)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)	Mean Length of Stay (days)	Mean Payment (\$)
A. 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge	7.5	8,904	54.3	13.4	3,190	7.1	13.3	14,879	52.3	28.2	4,472	1.1	29.4	46,059	11.5	21.3	206	16.9	9.3	8,167	35.5	6,941	44.0	15,859
30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.5	8,904	52.6	13.4	3,164	7.0	12.7	14,111	51.3	25.6	4,031	1.0	27.5	41,048	11.2	20.8	204	-	-	-	32.8	5,102	41.4	14,002
C. 30 Day Fixed Following Hospital Discharge (pro rated)	7.5	8,904	54.3	9.0	2,417	7.1	13.1	14,749	52.3	19.7	2,667	1.1	23.9	38,046	11.5	15.2	163	16.9	6.7	7,066	24.3	5,323	32.8	14,221
30 Day Fixed Following Hospital D. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.5	8,904	52.6	8.7	2,340	7.0	12.6	13,980	51.3	18.8	2,518	1.0	22.6	34,772	11.2	14.9	162	-	-		21.8	3,831	30.3	12,725
E. 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge	7.5	8,904	60.8	14.0	3,340	7.3	13.8	15,339	53.4	30.8	4,888	1.1	33.9	53,670	16.0	27.6	248	25.0	10.7	9,428	44.5	8,734	53.0	17,649
60 Day Fixed: Any Claim Starting F. Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.5	8,904	57.6	13.7	3,260	7.1	12.8	14,181	51.5	25.8	4,049	1.0	27.5	41,048	15.3	26.8	240	-	-		37.4	5,365	45.9	14,265
G. 60 Day Fixed Following Hospital Discharge (pro rated)	7.5	8,904	60.8	12.6	3,079	7.3	13.4	14,991	53.4	26.8	4,011	1.1	31.7	50,093	16.0	23.9	225	25.0	9.1	8,656	38.8	7,854	47.4	16,762
60 Day Fixed Following Hospital H. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.5	8,904	57.6	11.4	2,855	7.1	12.6	13,973	51.5	23.7	3,553	1.0	27.5	41,048	15.3	23.3	219	-	-		31.9	4,858	40.4	13,759
I. 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge	7.5	8,904	63.5	15.7	3,669	7.3	13.8	15,339	54.0	32.5	5,068	1.1	33.9	53,670	18.2	33.3	291	30.1	11.6	10,174	53.9	9,879	62.5	18,792
90 Day Fixed: Any Claim Starting J. Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions	7.5	8,904	59.2	14.6	3,429	7.1	12.8	14,181	51.5	25.9	4,070	1.0	27.5	41,048	16.9	31.7	275	-	-		41.3	5,538	49.8	14,437
K. 90 Day Fixed Following Hospital Discharge (pro rated)	7.5	8,904	63.5	14.2	3,415	7.3	13.8	15,339	54.0	30.7	4,719	1.1	33.9	53,670	18.2	30.8	275	30.1	10.6	9,771	50.0	9,407	58.5	18,319
90 Day Fixed Following Hospital L. Discharge (pro rated) Excluding Acute Hospital Readmissions	7.5	8,904	59.2	12.4	3,051	7.1	12.8	14,181	51.5	25.6	3,978	1.0	27.5	41,048	16.9	29.8	263	-	-	-	37.1	5,264	45.6	14,164
M. 30 Day Variable Length Episode	7.5	8,904	64.0	17.3	4,005	7.5	14.1	15,456	54.0	33.5	5,147	1.2	35.1	56,567	18.3	41.8	341	28.8	13.1	11,829	57.0	10,614	65.5	19,527
N. 30 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.5	8,904	59.1	14.8	3,471	7.1	12.8	14,181	51.5	25.9	4,070	1.0	27.5	41,048	16.3	36.1	300	-	-	-	41.7	5,560	50.3	14,460
O. 45 Day Variable Length Episode	7.5	8,904	64.4	18.0	4,145	7.5	14.1	15,456	54.5	34.1	5,274	1.3	34.3	54,770	20.1	44.1	364	31.0	13.8	12,427	63.6	11,291	72.1	20,202
P. 45 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.5	8,904	59.3	14.9	3,473	7.1	12.8	14,181	51.5	25.9	4,070	1.0	27.5	41,048	17.3	37.7	318	-	-	-	43.3	5,574	51.8	14,474
Q. 60 Day Variable Length Episode	7.5	8,904	64.5	19.0	4,348	7.5	14.1	15,456	55.0	34.6	5,400	1.3	34.3	54,770	21.5	45.8	387	32.6	14.4	13,051	70.7	11,933	79.2	20,844
R. 60 Day Variable Length Episode Excluding Acute Hospital Readmissions	7.5	8,904	59.5	14.9	3,487	7.1	12.8	14,181	51.5	25.9	4,070	1.0	27.5	41,048	17.9	37.7	323	-	-	-	44.5	5,591	53.0	14,490

^{1.} PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-period without acute, LTCH, SNF, IRF, or HHA service use.

2. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

Units of service as reported on the outpatient department claim.

^{3.} Units or service as reported on the outpatient department claim.
4. Post-acute care includes Medicare payments for SNF, IRF, LTCH, HHA, and hospital outpatient therapy and acute hospital readmissions. Post-acute care length of stay is defined as the difference between the admission date on the first PAC episode claim and the discharge date on the last PAC episode claim.
5. Total episode payment and length of stay include index acute hospital, physician services during the index acute hospital stay, and post-acute care.
SOURCE: RTI Analysis of 2006 Medicare claims 5% sample (mm2y291).