



2013 CVHHH Telemonitor Program Statistics - July-December

of Telemonitor patients (all payers) = 358

of Telemonitor patients admitted to hospital (all payers) = 28 (8%)

of Medicare patients on a telemonitor = 297

of Medicare patients admitted to the hospital that had a telemonitor = 22

- General Hospitalization Rate for Medicare patients on a telemonitor = 7%

of Medicare CHF patients on a Telemonitor = 124

of Medicare CHF patients admitted to the hospital with dx of CHF = 11

- Hospitalization rate for CHF Medicare patients admitted with admit dx of CHF = 9%

of Medicare COPD patients on Telemonitor = 102

of Medicare COPD patients admitted with admit dx related to COPD = 4

- Hospitalization rate for COPD Medicare patients on a telemonitor admitted with dx related to COPD = 4%

Notes:

- For Medicare CHF patients, rates of hospitalization with an admitting dx of CHF are lower than the all-cause 16% national average rate of hospitalization for home care Medicare patients.
- For the last 6 months of 2013, our rate is 9% for CHF patients hospitalized for heart failure and 4% for COPD patients hospitalized for COPD compared to the CMS national all cause rate of 16%. It is reasonable to expect that CHF and COPD hospitalization rates would be higher than the national hospitalization rate since these patients are fragile, chronic, and high risk.
- 8 Medicaid patients were served during the period from July – Dec 2013. This represents only 2% of the total telemonitored patients for the same period. Of these 8, only 1 was hospitalized and this was appropriate and due to early detection through telemonitoring.
- Only 2% (8 of 358) of all telemonitored patients had Medicaid as their primary insurance (Time Period - July-Dec).
- Approximately 7% (16 of 233) of CVHHH Home Health Medicaid patients were on telemonitoring in all of 2013.
- ***For the National Hospitalization Benchmark of 16%, CMS's methodology is as follows:** In a 12-month observation period, the % home health stays in which Medicare patients are admitted to the hospital during the 60 days following the start of the home health stay. Only the first hospitalization in the 60-day period is counted. Patients with fewer than 5 visits are excluded.
- **CVHHH methodology:** All hospitalizations of telemonitored Medicare patients within the time period under review are counted. It is possible for one patient to account for multiple hospitalizations during the time period under review. This contrasts with the CMS formula which counts only the first hospital admission in the initial 60 days of Home H