Chart Book: *Preliminary* COVID-19 Medicare Claims Analysis

March 2021
Overview
This chart book focuses on the national hospital discharge trends evidenced during the months of the COVID-19 Public Health Emergency (PHE). ATI Advisory will update this chart book quarterly as new data are released.

Data Source
100% Medicare FFS claims incurred January 2019 – August 2020 and paid through September 2020.

See last slide for details on methodology.
National Short-Term Acute Care Hospital (STACH) Discharges
Nationally, STACH discharges considerably declined in 2020 as compared to 2019.

Beginning in March 2020, STACH discharges were considerably lower than in 2019. April 2020 showed the largest disparity, reaching a 41% decrease as compared to April 2019. Although STACH discharge volume has increased since April, May through August 2020 did not rebound to corresponding 2019 levels – the smallest gap was seen in July 2020 with a 14% decrease.
National STACH Discharges to Skilled Nursing Facilities (SNFs)
Substantially fewer patients were discharged from a STACH to a SNF in March-August 2020 as compared to 2019

National Hospital Discharges to SNF

While total STACH discharges were lower in March through August of 2020 than in 2019, SNFs were receiving disproportionally less volume from STACHs in these months.

In April 2020, STACH discharges to SNFs declined by 50% as compared to April 2019. In August 2020, that number was still 33% lower than August 2019 levels.

Data Source: 100% Medicare FFS claims incurred January 2019 – August 2020 and paid through September 2020
National STACH Discharges by Care Setting
STACH discharges shifted from SNF and Home to Death, HHA, IRF, and Hospice in March-August 2020 as compared to 2019

March – August 2019 Hospital Discharges
- Home, 52%
- HHA, 17%
- IRF, 3%
- SNF, 19%
- LTACH, 1%
- Hospice, 3%
- Death, 3%
- Other, 2%

March – August 2020 Hospital Discharges
- Home, 50%
- HHA, 18%
- IRF, 4%
- SNF, 16%
- LTACH, 1%
- Hospice, 4%
- Death, 5%
- Other, 2%

Total STACH discharge volume March – August 2019 = 4,656,432
Total STACH discharge volume March – August 2020 = 3,574,930

The STACH discharge trends changed between March through August 2019 and 2020. The share of discharges to:
- **SNF and Home decreased** (by 3% and 2%, respectively)
- **Death** (by 2%), **HHA, IRF, and Hospice increased** (all by 1%)

Data Source: 100% Medicare FFS claims incurred January 2019 – August 2020 and paid through September 2020
Share of STACH discharges to SNF further decreased in the second quarter of the PHE

While the share of STACH discharges to SNF decreased overall from March through August 2020 compared to 2019, the SNF share of STACH discharges further decreased from 17% in March through May 2020 to 15% in July through August 2020.

Data Source: 100% Medicare FFS claims incurred January 2019 – August 2020 and paid through September 2020
National STACH COVID-19 Discharges by Care Setting
SNFs received the highest share of COVID-19 discharges (among post-acute care settings)

COVID-19 hospital discharges followed a much different trend than total across all discharges:

- **33% of COVID-19 discharges went home** compared to the 50% of total discharges
- Although overall STACH discharges shifted away from SNFs in 2020, **SNFs received the highest share of COVID-19 discharges (among post-acute care settings)** at 23%
- More than 20% of COVID-19-positive beneficiaries expired at a STACH compared to 5% of the general STACH population
However, HHA, Hospice, and LTACH saw increases in COVID-19 discharges in the second quarter of the PHE.

Though SNFs consistently received the highest share of COVID-19 discharges among post-acute care settings, the share of COVID-19 discharges to the post-acute care settings of HHA, Hospice, and LTACH increased in the second quarter of the PHE as compared to the first quarter of the PHE.
Data Source and Methodology

This chart book reflects the experiences of Medicare fee-for-service beneficiaries only. All analyses were created using 100% Medicare claims files for claims incurred January 2019 – August 2020 and paid through September 2020.

Data files were overlapped to create the most complete view of patient movement and trends. Increased lack of visibility is experienced in Quarter 3 2020 data as this is the end of the time period of currently available data.

Please use caution when interpreting this data analysis due to “claims lag” and manual manipulation of data. All data will be updated retroactively as additional quarters of data are released.