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6 Maps of Hospital Charges for Stroke Hospitalizations

Hospital Charges for Stroke Hospitalizations

This section documents the geographic patterns of Medicare Part A total charges for stroke hospitalizations among Medicare beneficiaries ages 65 and older in 1995 and 2000. The maps depict the average hospital charge for each county that Medicare received per stroke hospitalization in 1995 and in 2000. The data are not adjusted for variations in cost of living.

Total charges are defined by Medicare as what the hospital charges for room, board, and ancillary services (e.g., nursing services, inpatient prescription drugs, operating and recovery room use, laboratory tests) as recorded on the billing form. Total charges are not the same as covered charges or Medicare program payments. For additional information regarding the types of Medicare costs, see the 2004 *Health Care Financing Review, Medicare and Medicaid Statistical Supplement*, available at http://www.cms.hhs.gov/HealthCareFinancingReview.

Total Charges for Stroke Hospitalizations, 1995

In 1995, a total of $6.34 billion was charged to Medicare for stroke hospitalizations. The average charge to Medicare for a stroke hospitalization was $12,477. Among the 3,187 counties examined in this *Atlas*, the average charge per stroke hospitalization per county ranged from $1,923 to $82,251. The frequency distribution indicates that for the majority of counties, the average charge per stroke hospitalization ranged from $8,000 to $15,000.

Counties with the highest average charges per stroke hospitalization (i.e., those in the top quintile, for which the average charge was $12,019 or higher) were located in many parts of the United States, including Florida, California, Arizona, and Hawaii. Counties in the top quintile were located both in rural areas (e.g., central Alabama, southwest Texas, northwest Arizona) and urban areas (e.g., New York City, Philadelphia, Chicago, Houston, Los Angeles).

Total Charges for Stroke Hospitalizations, 2000

In 2000, a total of $7.04 billion was charged to Medicare for stroke hospitalizations. The average charge to Medicare for a stroke hospitalization was $15,818. Among the 3,187 counties examined in this *Atlas*, the average charge per stroke hospitalization per county ranged from $1,162 to $101,118. The frequency distribution indicates that for the majority of counties, the average charge per stroke hospitalization ranged from $6,000 to $24,000.

Counties with the highest average charges per stroke hospitalization (i.e., those in the top quintile, for which the average charge was $15,484 or higher) were located in many parts of the United States, including Florida, California, Arizona, Hawaii, and Alaska. Counties in the top quintile were located both in rural areas (e.g., central Alabama) and urban areas (e.g., New York City, Philadelphia, Chicago, Houston, Los Angeles).

A Note on Methods

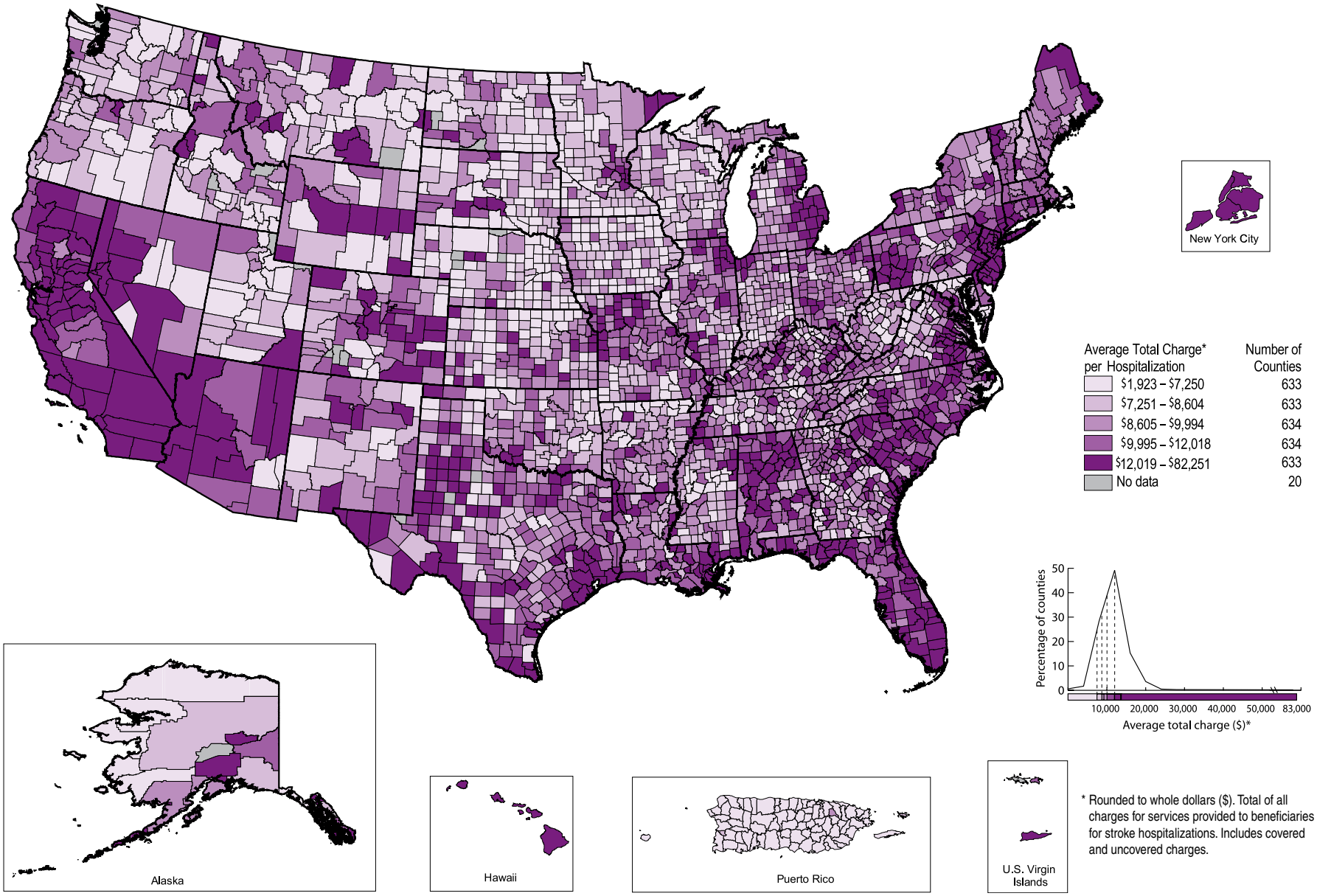
Stroke charges were obtained from the 1995 and 2000 Medicare Provider Analysis and Review (MEDPAR) Part A data sets. Strokes were defined as those for which the principal diagnosis on the Medicare hospital claim form was cerebrovascular disease, indicated by codes 430–434 and 436–438 according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM). Hospitalizations for which the principal diagnosis was transient ischemic attacks (ICD-9-CM code 435) were excluded.

For each map, the counties are categorized according to quintile; the darkest color represents counties with the highest charges, and the lightest color represents counties with the lowest charges. Counties are categorized as having "no data" if there were no stroke hospitalizations in 1995 or 2000.

The frequency distribution in the bottom right corner of each map shows the range of charges observed among counties on the corresponding map. The vertical dotted lines and the graded color bar along the x-axis illustrate the quintiles into which counties were divided on the basis of these charges. For a detailed explanation of the methods, see Appendix B.

Medicare Beneficiaries Ages 65 and Older

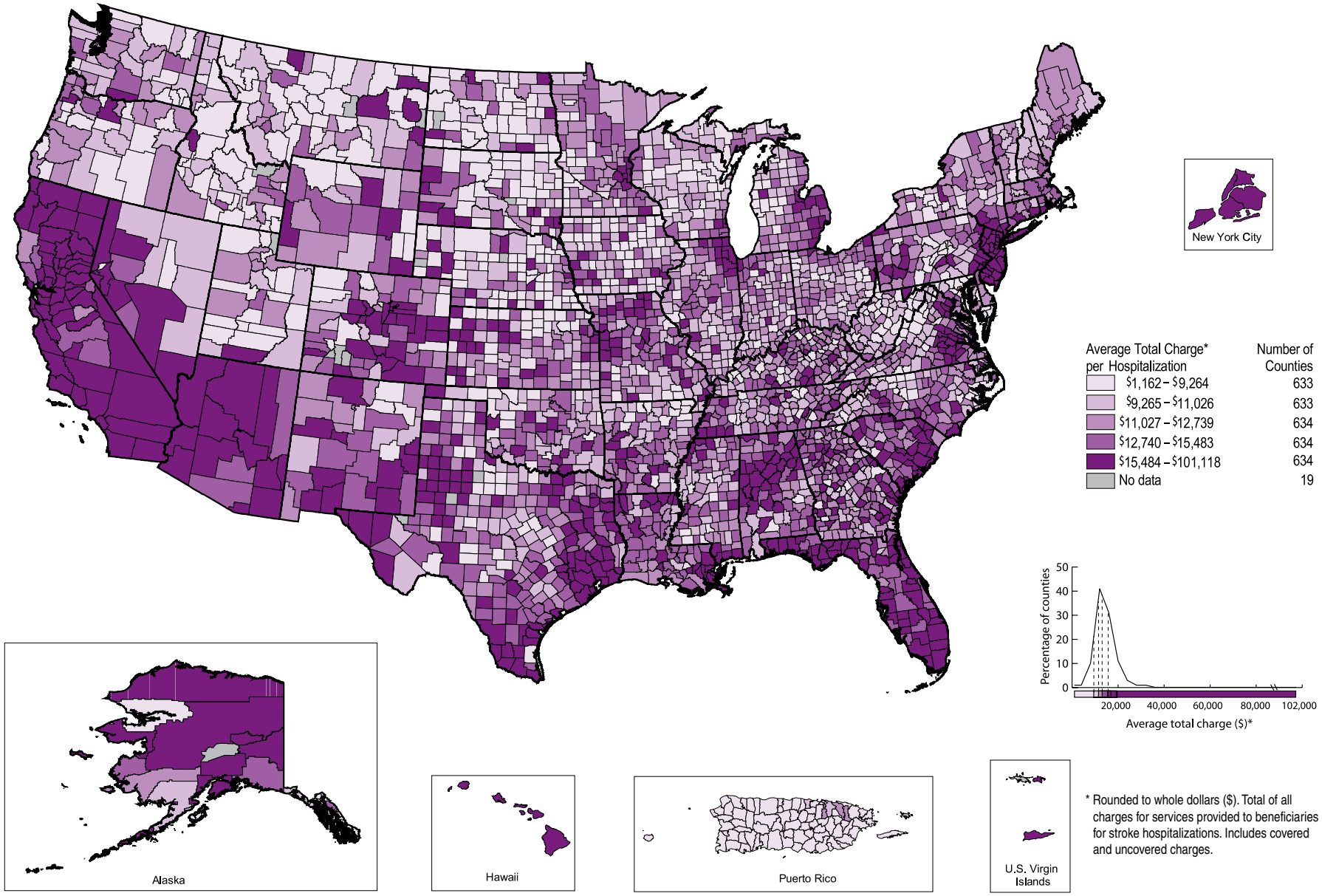
Average Total Charge per Stroke Hospitalization, 1995



* Rounded to whole dollars ($). Total of all charges for services provided to beneficiaries for stroke hospitalizations. Includes covered and uncovered charges.

Medicare Beneficiaries Ages 65 and Older

Average Total Charge per Stroke Hospitalization, 2000



* Rounded to whole dollars ($). Total of all charges for services provided to beneficiaries for stroke hospitalizations. Includes covered and uncovered charges.