

**List of Tables for the
New York City Department of Health and Mental Hygiene (NYC DOHMH) Preliminary Review
Team**

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Table 1: Demographic Characteristics of Fee-for-Service Medicare Beneficiaries with Hepatitis C (HCV), With One or More Institutional or Non-Institutional Claim, 2016

Characteristic	All Medicare Beneficiaries		Medicare Beneficiaries with HCV	
	Number	Percent (%)	Number	Percent (%)
All beneficiaries	33,424,861	100%	221,312	100%
Age and sex				
Male <65 years	2,774,061	8.3	72,699	32.8
Male 65-74 years	6,980,422	20.9	49,344	22.3
Male 75-84 years	3,743,865	11.2	7,740	3.5
Male 85+ years	1,524,177	4.6	1,613	0.7
Female <65 years	2,588,795	7.7	47,034	21.3
Female 65-74 years	8,065,519	24.1	30,060	13.6
Female 75-84 years	4,836,005	14.5	9,870	4.5
Female 85+ years	2,912,017	8.7	2,952	1.3
Race				
Non-Hispanic white	26,830,506	80.3	143,565	64.9
Non-Hispanic black	3,056,285	9.1	47,240	21.3
Hispanic	1,855,331	5.6	19,206	8.7
Other	1,682,739	5.0	11,301	5.1
Original reason for entitlement				
Age	25,285,897	75.6	70,897	32.0
Disability	8,079,729	24.2	148,868	67.3
ESRD only	21,229	0.1	434	0.2
ESRD and disability	38,006	0.1	1,113	0.5
Urban/rural Residence				
Super Rural	2,417,659	7.2	11,817	5.3
Rural	6,563,416	19.6	34,262	15.5
Urban	24,443,786	73.1	175,233	79.2
State				
Alabama	664,970	2.0	3,062	1.4
Alaska	77,748	0.2	738	0.3
Arizona	631,470	1.9	3,070	1.4
Arkansas	443,454	1.3	2,326	1.1
California	2,774,623	8.3	29,023	13.1
Colorado	443,753	1.3	2,727	1.2
Connecticut	408,436	1.2	2,905	1.3
Delaware	157,631	0.5	1,244	0.6
DC	58,274	0.2	1,307	0.6
Florida	2,213,073	6.6	14,434	6.5
Georgia	922,651	2.8	5,120	2.3
Hawaii	103,965	0.3	593	0.3
Idaho	183,034	0.5	929	0.4
Illinois	1,454,953	4.4	6,508	2.9
Indiana	814,778	2.4	4,015	1.8
Iowa	455,112	1.4	1,580	0.7
Kansas	395,280	1.2	1,932	0.9
Kentucky	585,535	1.8	3,477	1.6
Louisiana	498,464	1.5	4,328	2.0

Table 1: Demographic Characteristics of Fee-for-Service Medicare Beneficiaries with Hepatitis C (HCV), With One or More Institutional or Non-Institutional Claim, 2016

Characteristic	All Medicare Beneficiaries		Medicare Beneficiaries with HCV	
	Number	Percent (%)	Number	Percent (%)
Maine	214,611	0.6	1,219	0.6
Maryland	747,755	2.2	6,996	3.2
Massachusetts	860,312	2.6	9,125	4.1
Michigan	1,159,132	3.5	7,647	3.5
Minnesota	348,787	1.0	2,168	1.0
Mississippi	450,878	1.3	2,207	1.0
Missouri	734,315	2.2	4,379	2.0
Montana	154,961	0.5	773	0.3
Nebraska	260,834	0.8	784	0.4
Nevada	262,034	0.8	2,039	0.9
New Hampshire	226,370	0.7	1,215	0.5
New Jersey	1,109,803	3.3	8,114	3.7
New Mexico	224,923	0.7	1,869	0.8
New York	1,780,197	5.3	13,376	6.0
North Carolina	1,168,518	3.5	7,509	3.4
North Dakota	89,751	0.3	236	0.1
Ohio	1,217,257	3.6	5,915	2.7
Oklahoma	524,233	1.6	3,508	1.6
Oregon	377,818	1.1	3,730	1.7
Pennsylvania	1,349,622	4.0	9,281	4.2
Rhode Island	103,182	0.3	832	0.4
South Carolina	677,287	2.0	2,624	1.2
South Dakota	116,046	0.3	301	0.1
Tennessee	737,076	2.2	4,437	2.0
Texas	2,180,469	6.5	14,936	6.7
Utah	200,906	0.6	694	0.3
Vermont	116,202	0.3	660	0.3
Virginia	1,002,695	3.0	4,887	2.2
Washington	760,183	2.3	6,328	2.9
West Virginia	290,171	0.9	1,529	0.7
Wisconsin	600,243	1.8	2,295	1.0
Wyoming	89,344	0.3	378	0.2

Source: Medicare Master Beneficiary Summary File, A/B/D, Chronic and Other Disabling Condition File, and 100 percent Fee-for-Service Non-Institutional Claims, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Beneficiaries with Hepatitis C were identified as those with one inpatient or two non-inpatient claims with an ICD-10 diagnosis code of B18.2.

Urban areas are defined as those zip codes located in a metropolitan area; rural areas are defined as those zip codes located in a non-metropolitan area, and "super-rural" is defined as zip codes in rural counties that are among the lowest quartile of all rural counties by population density.

Table 2: Number and Percent of Medicare Fee-for-Service Beneficiaries with Hepatitis C (HCV) with Selected Chronic and Potentially Disabling Conditions, by Original Reason for Medicare Entitlement, 2016

	All Medicare Beneficiaries					Medicare Beneficiaries with HCV				
Condition	All Medicare Beneficiaries	Original Reason for Entitlement				All Medicare Beneficiaries with HCV	Original Reason for Entitlement			
		Age	Disability	ESRD only	Disability & ESRD		Age	Disability	ESRD only	Disability & ESRD
Number of beneficiaries	33,424,861	25,285,897	8,079,729	21,229	38,006	213,386	66,433	145,427	418	1,108
	Percent with Condition (%)					Percent with Condition (%)				
Hypertension	57	59	50	78	83	59	64	57	82	87
Rheumatoid Arthritis/Osteoarthritis	32	32	32	25	24	36	33	38	30	30
Depression	17	13	29	16	19	36	19	44	27	26
Tobacco Use Disorders	8	5	19	7	9	35	14	45	25	22
Liver Disease, Cirrhosis/excludes Hepatitis	4	3	6	9	9	34	33	35	40	42
Chronic Pain, Fatigue and Fibromyalgia	14	11	26	15	18	33	17	41	22	25
Diabetes	27	26	30	47	57	31	30	31	53	63
Hyperlipidemia	45	47	37	53	56	31	35	28	48	52
Anxiety Disorders	16	12	27	13	16	31	15	39	18	20
Anemia	21	21	21	47	48	30	31	29	54	55
Ischemic Heart Disease	27	28	23	35	36	25	28	23	37	38
Chronic Kidney Disease	21	21	21	83	87	23	23	22	85	89
Chronic Obstructive Pulmonary Disease	12	10	16	9	9	22	16	24	17	14
Asthma	13	12	19	10	11	16	11	19	14	11
Obesity	15	12	22	19	24	16	10	18	15	18
Bipolar Disorder	4	2	11	3	4	15	3	21	6	4
Heart Failure	13	13	13	23	24	14	15	14	29	28
Acquired Hypothyroidism	15	16	13	14	13	12	14	11	12	11
Cataract	18	20	9	14	11	12	18	9	13	11
Peripheral Vascular Disease	12	12	11	17	20	11	13	10	22	19
Schizophrenia and Other Psychotic Disorders	3	2	9	2	2	10	3	13	5	4
Benign Prostatic Hyperplasia	7	8	5	7	7	7	10	6	9	11
Alzheimer's Disease/or Senile Dementia	11	12	8	7	6	7	9	6	6	5
Schizophrenia	2	0	7	1	1	7	1	9	1	1
Glaucoma	5	6	3	4	4	6	10	4	7	10
HIV/AIDS	0	0	1	1	1	6	2	8	4	4
Epilepsy	3	1	6	3	4	6	2	7	5	5
Pressure Ulcers and Chronic Ulcers	4	4	5	10	12	6	5	6	12	11
Osteoporosis	6	7	4	10	8	5	8	4	11	9
Atrial Fibrillation	8	9	5	10	8	5	8	3	9	6
Stroke	4	4	4	4	4	4	4	4	5	4
Sensory - Deafness and Hearing Impairment	5	6	4	5	5	4	5	3	4	4

Table 2: Number and Percent of Medicare Fee-for-Service Beneficiaries with Hepatitis C (HCV) with Selected Chronic and Potentially Disabling Conditions, by Original Reason for Medicare Entitlement, 2016

Condition	All Medicare Beneficiaries					Medicare Beneficiaries with HCV				
	All Medicare Beneficiaries	Original Reason for Entitlement				All Medicare Beneficiaries with HCV	Original Reason for Entitlement			
		Age	Disability	ESRD only	Disability & ESRD		Age	Disability	ESRD only	Disability & ESRD
Mobility Impairments	3	2	5	3	4	4	2	4	3	4
Prostate Cancer	3	4	1	3	2	2	3	1	3	2
Leukemia and Lymphomas	2	2	1	2	2	2	2	2	1	1
Breast Cancer	3	3	2	2	1	2	3	1	1	1
Alzheimer's Disease	4	5	2	1	1	1	3	1	1	1
Colorectal Cancer	1	1	1	1	1	1	2	1	2	1
Lung Cancer	1	1	1	1	1	1	1	1	1	1

Source: Medicare Master Beneficiary Summary File, A/B/D, Chronic and Other Disabling Condition File, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Beneficiaries with Hepatitis C were identified as those with one inpatient or two non-inpatient claims with an ICD-10 diagnosis code of B18.2 or Z22.52.

Table 3: Top 50 Primary Diagnoses for Emergency Department Visits by Fee-for-Service Medicare Beneficiaries with Hepatitis C (HCV), 2016

ICD-10	Description of Diagnosis	All Medicare Beneficiaries		Medicare Beneficiaries with HCV	
		Visits (N)	Percent of visits (%)	Visits (N)	Percent of visits (%)
--	All primary diagnoses	15,728,034	100%	312,950	100%
R079	Chest pain, unspecified	457,093	2.9	8,876	2.8
R0789	Other chest pain	449,636	2.9	8,249	2.6
R109	Unspecified abdominal pain	215,645	1.4	6,793	2.2
M545	Low back pain	211,622	1.3	5,932	1.9
J441	Chronic obstructive pulmonary disease w exacerbation	213,481	1.4	5,608	1.8
N390	Urinary tract infection, site not specified	431,282	2.7	4,912	1.6
F10129	Alcohol abuse with intoxication, unspecified	41,709	0.3	4,089	1.3
R51	Headache	197,957	1.3	3,939	1.3
G8929	Other chronic pain	78,759	0.5	3,908	1.2
I10	Essential (primary) hypertension	234,543	1.5	2,804	0.9
F329	Major depressive disorder, single episode, unspecified	49,705	0.3	2,778	0.9
J209	Acute bronchitis, unspecified	154,366	1.0	2,701	0.9
R112	Nausea with vomiting, unspecified	129,654	0.8	2,681	0.9
R45851	Suicidal ideations	35,098	0.2	2,597	0.8
F419	Anxiety disorder, unspecified	84,773	0.5	2,489	0.8
R55	Syncope and collapse	271,589	1.7	2,464	0.8
R1013	Epigastric pain	89,781	0.6	2,436	0.8
R1084	Generalized abdominal pain	70,289	0.4	2,419	0.8
E1165	Type 2 diabetes mellitus with hyperglycemia	69,752	0.4	2,353	0.8
J189	Pneumonia, unspecified organism	143,693	0.9	2,277	0.7
R42	Dizziness and giddiness	238,929	1.5	2,195	0.7
S0990XA	Unspecified head injury, initial encounter	186,413	1.2	2,131	0.7
K5900	Constipation, unspecified	149,426	1.0	2,074	0.7
M549	Back pain, unspecified	71,080	0.5	2,044	0.7
R4182	Altered mental status, unspecified	92,298	0.6	2,038	0.7
R531	Weakness	162,860	1.0	1,947	0.6
K529	Noninfectious gastroenteritis and colitis, unspecified	104,329	0.7	1,857	0.6
J069	Acute upper respiratory infection, unspecified	108,769	0.7	1,832	0.6
R188	Other ascites	8,460	0.1	1,831	0.6
J40	Bronchitis, not specified as acute or chronic	98,696	0.6	1,774	0.6
R1011	Right upper quadrant pain	40,512	0.3	1,689	0.5
Z760	Encounter for repeat prescription	31,627	0.2	1,680	0.5
R0602	Shortness of breath	88,962	0.6	1,676	0.5
L03116	Cellulitis of left lower limb	63,241	0.4	1,642	0.5
M542	Neck pain	61,363	0.4	1,536	0.5
S39012A	Strain of muscle, fascia and tendon of lower back	64,766	0.4	1,505	0.5
E860	Dehydration	119,432	0.8	1,471	0.5
R197	Diarrhea, unspecified	84,736	0.5	1,373	0.4
R05	Cough	69,180	0.4	1,311	0.4
F10120	Alcohol abuse with intoxication, uncomplicated	12,330	0.1	1,308	0.4
R600	Localized edema	52,594	0.3	1,292	0.4
R569	Unspecified convulsions	48,365	0.3	1,240	0.4
G40909	Epilepsy, unspecified, not intractable, without status epilepticus	49,477	0.3	1,224	0.4
M25561	Pain in right knee	49,251	0.3	1,223	0.4
S161XXA	Strain of muscle, fascia and tendon at neck level, initial	54,439	0.3	1,220	0.4
L03115	Cellulitis of right lower limb	53,347	0.3	1,216	0.4
F1010	Alcohol abuse, uncomplicated	11,594	0.1	1,210	0.4
K7460	Unspecified cirrhosis of liver	3,880	0.0	1,210	0.4
J449	Chronic obstructive pulmonary disease, unspecified	47,847	0.3	1,199	0.4

Table 3: Top 50 Primary Diagnoses for Emergency Department Visits by Fee-for-Service Medicare Beneficiaries with Hepatitis C (HCV), 2016

ICD-10	Description of Diagnosis	All Medicare Beneficiaries		Medicare Beneficiaries with HCV	
		Visits (N)	Percent of visits (%)	Visits (N)	Percent of visits (%)
G43909	Migraine, unspecified, not intractable	62,209	0.4	1,173	0.4
	All other primary diagnoses	9,807,195	62.4	185,524	59.3

Source: Medicare Master Beneficiary Summary File, A/B/D, Chronic and Other Disabling Condition File, and 100 percent Fee-for-Service Non-Institutional Claims, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Beneficiaries with Hepatitis C were identified as those with one inpatient or two non-inpatient claims with an ICD-10 diagnosis code of B18.2.

Table 4: Top 50 Inpatient Discharge Diagnoses Related Groups (DRGs), Medicare Fee-for-Service Beneficiaries with Hepatitis C (HCV), 2016

DRG	Description of DRG	All Medicare Beneficiaries		Medicare Beneficiaries with HCV	
		Discharges (N)	Percent of Discharges (%)	Discharges (N)	Percent of Discharges (%)
--	All DRGs	9,644,654	100%	185,795	100%
885	Psychoses	457,093	4.7	21,930	11.8
871	Septicemia or severe sepsis without mv >96 hours with mcc	449,636	4.7	10,108	5.4
897	Alcohol, drug abuse or dependence without rehabilitation therapy without mcc	215,645	2.2	7,631	4.1
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with cc	211,622	2.2	4,145	2.2
603	Cellulitis without mcc	213,481	2.2	3,873	2.1
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without mcc	431,282	4.5	3,495	1.9
470	Major joint replacement or reattachment of lower extremity without mcc	41,709	0.4	3,472	1.9
190	Chronic obstructive pulmonary disease with mcc	197,957	2.1	3,312	1.8
291	Heart failure and shock with mcc	78,759	0.8	3,202	1.7
872	Septicemia or severe sepsis without mv >96 hours without mcc	234,543	2.4	3,027	1.6
189	Pulmonary edema and respiratory failure	49,705	0.5	2,892	1.6
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with mcc	154,366	1.6	2,810	1.5
683	Renal failure with cc	129,654	1.3	2,690	1.4
292	Heart failure and shock with cc	35,098	0.4	2,656	1.4
378	GI hemorrhage with cc	84,773	0.9	2,656	1.4
191	Chronic obstructive pulmonary disease with cc	271,589	2.8	2,549	1.4
917	Poisoning and toxic effects of drugs with mcc	89,781	0.9	2,493	1.3
895	Alcohol, drug abuse or dependence with rehabilitation therapy	70,289	0.7	2,437	1.3
433	Cirrhosis and alcoholic hepatitis with cc	69,752	0.7	2,385	1.3
682	Renal failure with mcc	143,693	1.5	2,096	1.1
432	Cirrhosis and alcoholic hepatitis with mcc	238,929	2.5	2,085	1.1
853	Infectious and parasitic diseases with OR procedure with mcc	186,413	1.9	2,071	1.1
194	Simple pneumonia and pleurisy with cc	149,426	1.5	1,985	1.1
638	Diabetes with cc	71,080	0.7	1,849	1.0
641	Miscellaneous disorders of nutrition, metabolism, fluids & electrolytes w/o mcc	92,298	1.0	1,779	1.0
690	Kidney and urinary tract infections without mcc	162,860	1.7	1,767	1.0
193	Simple pneumonia and pleurisy with mcc	104,329	1.1	1,732	0.9
881	Depressive neuroses	108,769	1.1	1,732	0.9
918	Poisoning and toxic effects of drugs without mcc	8,460	0.1	1,572	0.8
313	Chest pain	98,696	1.0	1,530	0.8
812	Red blood cell disorders without mcc	40,512	0.4	1,495	0.8
981	Extensive OR procedure unrelated to principal diagnosis with mcc	31,627	0.3	1,448	0.8
208	Respiratory system diagnosis w ventilator support <=96 hours	88,962	0.9	1,352	0.7
894	Alcohol, drug abuse or dependence, left AMA	63,241	0.7	1,276	0.7
309	Cardiac arrhythmia and conduction disorders with cc	61,363	0.6	1,198	0.6
439	Disorders of pancreas except malignancy with cc	64,766	0.7	1,191	0.6
101	Seizures without mcc	119,432	1.2	1,169	0.6
192	Chronic obstructive pulmonary disease without cc/mcc	84,736	0.9	1,114	0.6
896	Alcohol, drug abuse or dependence without rehabilitation therapy with mcc	69,180	0.7	1,107	0.6
377	GI hemorrhage with mcc	12,330	0.1	1,097	0.6
948	Signs and symptoms without mcc	52,594	0.5	1,079	0.6
177	Respiratory infections and inflammations with mcc	48,365	0.5	1,075	0.6
57	Degenerative nervous system disorders without mcc	49,477	0.5	1,064	0.6
65	Intracranial hemorrhage or cerebral infarction with cc or tpa in 24 hours	49,251	0.5	1,032	0.6
287	Circulatory disorders except ami, with cardiac catheterization without mcc	54,439	0.6	1,006	0.5
552	Medical back problems without mcc	53,347	0.6	989	0.5
312	Syncope and collapse	11,594	0.1	934	0.5
460	Spinal fusion except cervical without mcc	3,880	0.0	932	0.5
870	Septicemia or severe sepsis with mv >96 hours	47,847	0.5	918	0.5
372	Major gastrointestinal disorders and peritoneal infections with cc	62,209	0.6	861	0.5
--	All other DRGs	3,723,815	38.6	55,497	29.9

Source: Medicare Master Beneficiary Summary File, A/B/D, Chronic and Other Disabling Condition File, and 100 percent Fee-for-Service Non-Institutional Claims, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Beneficiaries with Hepatitis C were identified as those with one inpatient or two non-inpatient claims with an ICD-10 diagnosis code of B18.2.

Table 5: Annual per Beneficiary and Total Medicare Part A, B, and D Fee-for-Service Expenditures for Medicare Beneficiaries with Hepatitis C, 2016.

	Total Annual Expenditures (in \$ millions)			Annual Per Beneficiary Expenditures (\$)		
	All beneficiaries with HCV (N=221,298)	Beneficiaries with HCV & No outpatient hospital visits (N=105,100)	Beneficiaries with HCV & Outpatient hospital visits (N=116,198)	All beneficiaries with HCV (N=221,298)	Beneficiaries with HCV & No outpatient hospital visits (N=105,100)	Beneficiaries with HCV & Outpatient hospital visits (N=116,198)
Part A						
Inpatient	\$2,235.2	\$1,192.9	\$1,042.3	\$10,100	\$11,349	\$8,969
Related to HCV	\$704.2	\$347.2	\$357.0	\$3,182	\$3,303	\$3,072
Skilled nursing facility	\$315.0	\$190.7	\$124.4	\$1,424	\$1,814	\$1,070
Related to HCV	\$58.5	\$31.0	\$27.5	\$264	\$295	\$236
Hospice	\$66.6	\$38.5	\$28.1	\$301	\$366	\$242
Related to HCV	\$16.1	\$7.6	\$8.5	\$73	\$72	\$73
Home health	\$157.2	\$84.2	\$73.1	\$711	\$801	\$629
Related to HCV	\$23.8	\$10.4	\$13.4	\$108	\$99	\$115
Part B						
Outpatient hospital	\$692.6	\$239.4	\$453.2	\$3,130	\$2,278	\$3,900
Related to HCV	\$81.7	\$4.0	\$77.7	\$369	\$38	\$669
Evaluation and Management	\$416.6	\$215.5	\$201.2	\$1,882	\$2,050	\$1,731
Related to HCV	\$34.0	\$14.4	\$19.7	\$154	\$137	\$169
Procedures	\$202.6	\$96.0	\$106.6	\$915	\$913	\$917
Related to HCV	\$3.9	\$1.1	\$2.8	\$18	\$10	\$24
Imaging	\$75.7	\$37.2	\$38.5	\$342	\$354	\$331
Related to HCV	\$2.1	\$0.9	\$1.2	\$9	\$8	\$11
Tests	\$118.3	\$62.5	\$55.7	\$534	\$595	\$479
Related to HCV	\$18.3	\$10.2	\$8.1	\$83	\$97	\$70
Part B drugs	\$244.3	\$77.0	\$167.3	\$1,104	\$733	\$1,440
Related to HCV	\$2.0	\$0.6	\$1.4	\$9	\$5	\$12
Other	\$102.6	\$53.7	\$49.0	\$464	\$511	\$421
Related to HCV	\$1.5	\$0.7	\$0.8	\$7	\$7	\$7
Durable medical equipment	\$85.7	\$38.2	\$47.6	\$387	\$363	\$409
Related to HCV	\$0.5	\$0.1	\$0.4	\$2	\$1	\$3
Part D						
Drugs	\$4,445.6	\$1,530.5	\$2,915.0	\$20,087	\$14,562	\$25,085
Related to HCV	\$3,092.0	\$942.3	\$2,149.7	\$13,971	\$8,965	\$18,500
Parts A, B, and D						
Total	\$9,158.0	\$3,856.2	\$5,301.8	\$41,380	\$36,688	\$45,624
Related to HCV	\$4,038.6	\$1,370.4	\$2,668.3	\$18,249	\$13,038	\$22,962

Source: Medicare Master Beneficiary Summary File, A/B/D, the 100 percent Fee-for-Service Institutional and Non-Institutional Claims files, and the Part D Event File, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Beneficiaries with Hepatitis C were identified as those with one inpatient or two non-inpatient claims with an ICD-10 diagnosis code of B18.2. Expenditures related to Hepatitis C were identified as claims with at least one of these ICD-10 diagnosis codes as a primary or secondary condition.

Outpatient hospital visits were identified as claims with Type of Bill (TOB) code = 13, 43, and 85.

Part D drugs related to Hepatitis C includes: Victrelis, boceprevir, Daklinza, daclatasvir, Zepatier, ilasvir/grazoprevir, Roferon, Interferon alpha-2a, Intron A, Interferon alpha-2b, Infergen, interferon alphacon-1, Harvoni, ledipasvir/sofosbuvir, Technivie, ombitasvir/paritaprevir/ritonavir, Viekira Pak, ombitasvir/paritaprevir/ritonavir/dasabuvir, Pegasys, pegylated interferon, Pegintron, pegylated interferon alpha-2b, CoPegus, ribavirin, Rebetol, Olysio, simeprevir, Sovaldi, sofosbuvir, Eplclusa, sofosbuvir/velpatasvir, Incivek, telaprevir, Rebetol.

Table 6: Annual per Beneficiary Part A, B, and D Fee-for-Service Expenditures for Medicare Beneficiaries with Hepatitis C, by Selected Characteristics, 2016

	Eligible enrollees (N)	Total Expenditures (\$)				Part A Expenditures (\$)				Part B Expenditures (\$)		
		Parts A, B, & D	Part A	Part B	Part D	Inpatient	Skilled Nursing Facility	Home Health	Hospice	Outpatient Hospital	Physician/Supplier	Durable Medical Equipment
All Beneficiaries with HCV	221,312	\$41,380	\$12,536	\$8,759	\$20,087	\$10,100	\$1,424	\$301	\$711	\$3,130	\$5,242	\$387
Gender/Age Subgroups												
Males <65 years	72,699	\$46,798	\$13,494	\$10,186	\$23,119	\$11,503	\$1,207	\$253	\$531	\$3,279	\$6,465	\$442
Males 65-74 years	49,344	\$38,792	\$12,387	\$8,011	\$18,394	\$9,824	\$1,597	\$346	\$620	\$3,126	\$4,562	\$323
Males 75-84 years	7,740	\$38,506	\$15,067	\$9,826	\$13,613	\$11,034	\$2,374	\$583	\$1,076	\$3,347	\$6,133	\$346
Males 85+ years	1,613	\$36,248	\$18,903	\$8,754	\$8,591	\$11,749	\$4,265	\$1,009	\$1,880	\$2,762	\$5,727	\$265
Females <65 years	47,034	\$42,344	\$11,968	\$8,271	\$22,105	\$10,001	\$1,074	\$187	\$706	\$3,251	\$4,581	\$439
Females 65-74 years	30,060	\$35,869	\$10,252	\$7,574	\$18,042	\$7,746	\$1,411	\$264	\$831	\$2,818	\$4,406	\$350
Females 75-84 years	9,870	\$32,649	\$11,555	\$7,491	\$13,604	\$7,922	\$1,926	\$458	\$1,249	\$2,575	\$4,643	\$273
Females 85+ years	2,952	\$31,503	\$16,809	\$7,357	\$7,336	\$9,611	\$3,845	\$1,265	\$2,088	\$2,229	\$4,884	\$244
Race/Ethnicity												
White, non-Hispanic	143,565	\$40,231	\$12,249	\$8,909	\$19,074	\$9,976	\$1,324	\$312	\$637	\$3,098	\$5,427	\$384
Black, non-Hispanic	47,240	\$44,328	\$13,135	\$8,482	\$22,711	\$10,210	\$1,745	\$266	\$914	\$3,299	\$4,776	\$407
Hispanic	19,206	\$46,415	\$14,467	\$9,007	\$22,942	\$11,775	\$1,557	\$322	\$813	\$3,105	\$5,490	\$412
Other	11,301	\$35,105	\$10,376	\$7,592	\$17,137	\$8,371	\$1,113	\$269	\$623	\$2,871	\$4,414	\$307
Original Reason for Entitlement												
Age	70,897	\$34,645	\$10,933	\$7,394	\$16,320	\$8,291	\$1,536	\$363	\$743	\$2,768	\$4,383	\$243
Disability	148,868	\$44,483	\$13,235	\$9,359	\$21,890	\$10,900	\$1,369	\$272	\$694	\$3,275	\$5,644	\$440
ESRD	434	\$51,105	\$19,972	\$14,125	\$17,007	\$17,203	\$1,679	\$118	\$972	\$6,251	\$6,446	\$1,428
Both disability and ESRD	1,113	\$51,640	\$18,076	\$13,351	\$20,212	\$15,544	\$1,461	\$228	\$843	\$5,455	\$5,677	\$2,219
Location of Residence												
Super Rural	11,817	\$36,984	\$10,032	\$8,009	\$18,945	\$8,384	\$963	\$263	\$422	\$3,648	\$3,988	\$373
Rural	34,262	\$38,982	\$10,643	\$8,528	\$19,811	\$8,793	\$1,008	\$291	\$551	\$3,237	\$4,874	\$417
Urban	175,233	\$42,146	\$13,073	\$8,855	\$20,218	\$10,471	\$1,536	\$305	\$761	\$3,074	\$5,398	\$383

Source: Medicare Master Beneficiary Summary File, A/B/D, and 100 percent Fee-for-Service Non-Institutional, Institutional, and Part D Event Files, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States. Beneficiaries with no claims in 2015 or 2016 could not be assigned to this group and thus are excluded.

Urban areas are defined as those zip codes located in a metropolitan area; rural areas are defined as those zip codes located in a non-metropolitan area, and "super-rural" is defined as zip codes in rural counties that are among the lowest quartile of all rural counties by population density.

Table 6a: Annual Per Beneficiary Part A, B, and D Expenditures for Medicare Fee-for-Service Beneficiaries, by Selected Characteristics, 2016

	Eligible enrollees (N)	Total Expenditures (\$)				Part A Expenditures (\$)				Part B Expenditures (\$)		
		Parts A, B, & D	Part A	Part B	Part D	Inpatient	Skilled Nursing Facility	Home Health	Hospice	Outpatient Hospital	Physician/Supplier	Durable Medical Equipment
All Medicare Beneficiaries	33,424,861	\$11,829	\$4,848	\$4,440	\$2,541	\$3,282	\$752	\$490	\$323	\$1,601	\$2,633	\$207
Gender/Age Subgroups												
Males <65 years	2,774,061	\$13,112	\$4,513	\$3,958	\$4,641	\$3,725	\$395	\$296	\$97	\$1,577	\$2,047	\$335
Males 65-74 years	6,980,422	\$9,049	\$3,319	\$3,826	\$1,904	\$2,676	\$327	\$219	\$97	\$1,444	\$2,209	\$172
Males 75-84 years	3,743,865	\$13,304	\$5,766	\$5,380	\$2,158	\$4,112	\$844	\$508	\$303	\$1,935	\$3,224	\$221
Males 85+ years	1,524,177	\$16,529	\$9,491	\$5,314	\$1,725	\$5,263	\$1,999	\$1,163	\$1,066	\$1,745	\$3,387	\$181
Females <65 years	2,588,795	\$15,316	\$4,549	\$5,180	\$5,587	\$3,673	\$394	\$384	\$98	\$2,127	\$2,677	\$376
Females 65-74 years	8,065,519	\$9,144	\$3,013	\$4,032	\$2,099	\$2,273	\$364	\$282	\$95	\$1,424	\$2,438	\$169
Females 75-84 years	4,836,005	\$12,679	\$5,514	\$4,873	\$2,292	\$3,476	\$1,020	\$669	\$349	\$1,647	\$3,037	\$189
Females 85+ years	2,912,017	\$15,841	\$9,459	\$4,464	\$1,918	\$4,338	\$2,293	\$1,324	\$1,503	\$1,438	\$2,880	\$146
Race/Ethnicity												
White, non-Hispanic	26,830,506	\$11,787	\$4,821	\$4,552	\$2,413	\$3,237	\$769	\$472	\$343	\$1,641	\$2,706	\$205
Black, non-Hispanic	3,056,285	\$13,163	\$5,668	\$4,240	\$3,256	\$3,949	\$821	\$637	\$259	\$1,590	\$2,392	\$258
Hispanic	1,855,331	\$11,982	\$4,936	\$3,920	\$3,126	\$3,400	\$634	\$635	\$266	\$1,337	\$2,381	\$201
Other	1,682,739	\$9,916	\$3,677	\$3,603	\$2,636	\$2,670	\$487	\$348	\$172	\$1,271	\$2,185	\$146
Original Reason for Entitlement												
Age	25,285,897	\$10,680	\$4,581	\$4,251	\$1,849	\$2,969	\$767	\$484	\$361	\$1,483	\$2,615	\$153
Disability	8,079,729	\$15,325	\$5,643	\$4,993	\$4,689	\$4,224	\$705	\$509	\$205	\$1,955	\$2,678	\$360
ESRD	21,229	\$25,258	\$10,226	\$10,390	\$4,643	\$8,658	\$894	\$560	\$115	\$4,362	\$4,414	\$1,613
Both disability and ESRD	38,006	\$25,790	\$10,222	\$9,996	\$5,572	\$8,661	\$834	\$633	\$93	\$3,461	\$4,046	\$2,490
Location of Residence												
Super Rural	2,417,659	\$10,548	\$8,485	\$4,190	\$4,295	\$2,946	\$775	\$332	\$243	\$2,066	\$1,905	\$219
Rural	6,563,416	\$11,070	\$8,599	\$4,173	\$4,426	\$3,042	\$692	\$409	\$283	\$1,776	\$2,165	\$232
Urban	24,443,786	\$12,160	\$9,552	\$4,538	\$5,015	\$3,380	\$766	\$527	\$341	\$1,508	\$2,831	\$199

Source: Medicare Master Beneficiary Summary File, A/B/D, and 100 percent Fee-for-Service Non-Institutional, Institutional, and Part D Event Files, 2016.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States.

Urban areas are defined as those zip codes located in a metropolitan area; rural areas are defined as those zip codes located in a non-metropolitan area, and "super-rural" is defined as zip codes in rural counties that are among the lowest quartile of all rural counties by population density.