

# Arrhythmia Burden Revealed by Ambulatory Cardiac Monitoring in a Medicare Advantage Population

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## Background

The capitation payment model for Medicare Advantage plans is dependent on prompt and accurate coding of Hierarchical Condition Categories (HCCs) that impact risk-adjusted payments.

Reporting of disease is critical for clinics to estimate expenditures of Medicare Advantage population with significant cardiac comorbidities.

Cardiac diagnostics like ambulatory cardiac monitoring provide significant diagnostic information but their RAF impact has not been quantified.

## Methods

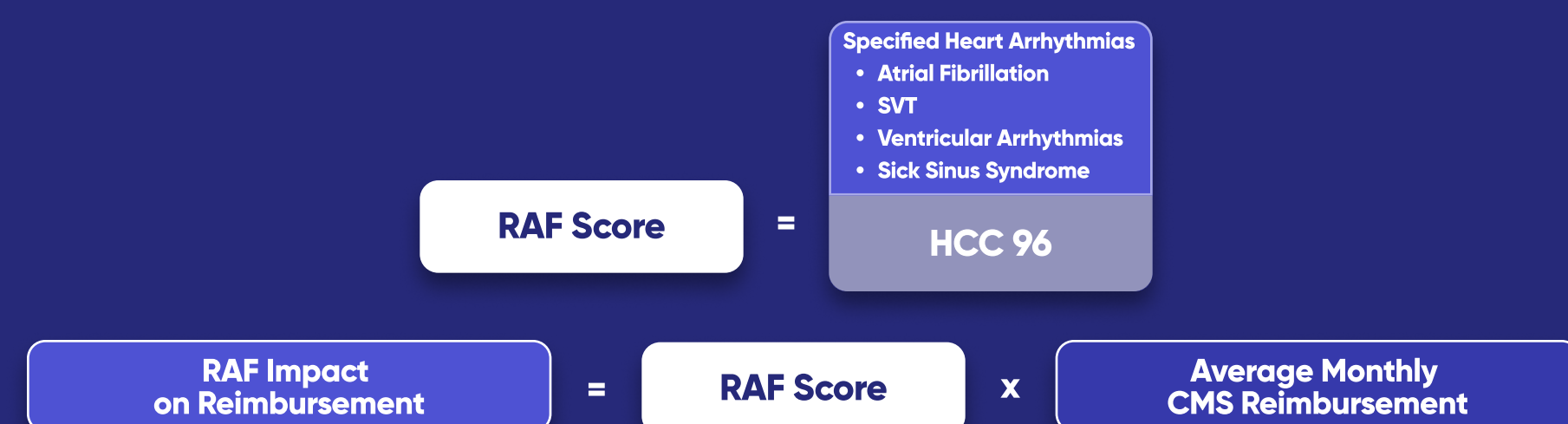
The study constituted 909 Medicare Advantage patients across 19 states.

Each patient had underwent 14 days of outpatient clinically-indicated ambulatory ECG monitoring in 2022

### Diagnostic Findings

Specialists evaluated recorded abnormal events and provided final interpretation using standardized criteria.

1. Atrial Fibrillation (>30 seconds)
2. Other Atrial Arrhythmias
3. 2nd or 3rd degree Heart Block (present at all)
4. Sick Sinus Syndrome (pause >3 seconds)
5. Supraventricular Arrhythmias (>8 continuous beats)
6. Ventricular Arrhythmias (present at all)



Ambulatory ECG monitors reveal a high prevalence of arrhythmias in a Medicare Advantage population.

A clinically-indicated **ambulatory ECG monitor** corresponded to an average potential increase in RAF of **0.165** and **annual CMS reimbursement of \$1,480.**

Quantifying **RAF impact of cardiac diagnostics** is necessary given the growth of **value-based care models.**



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## Results

### Findings

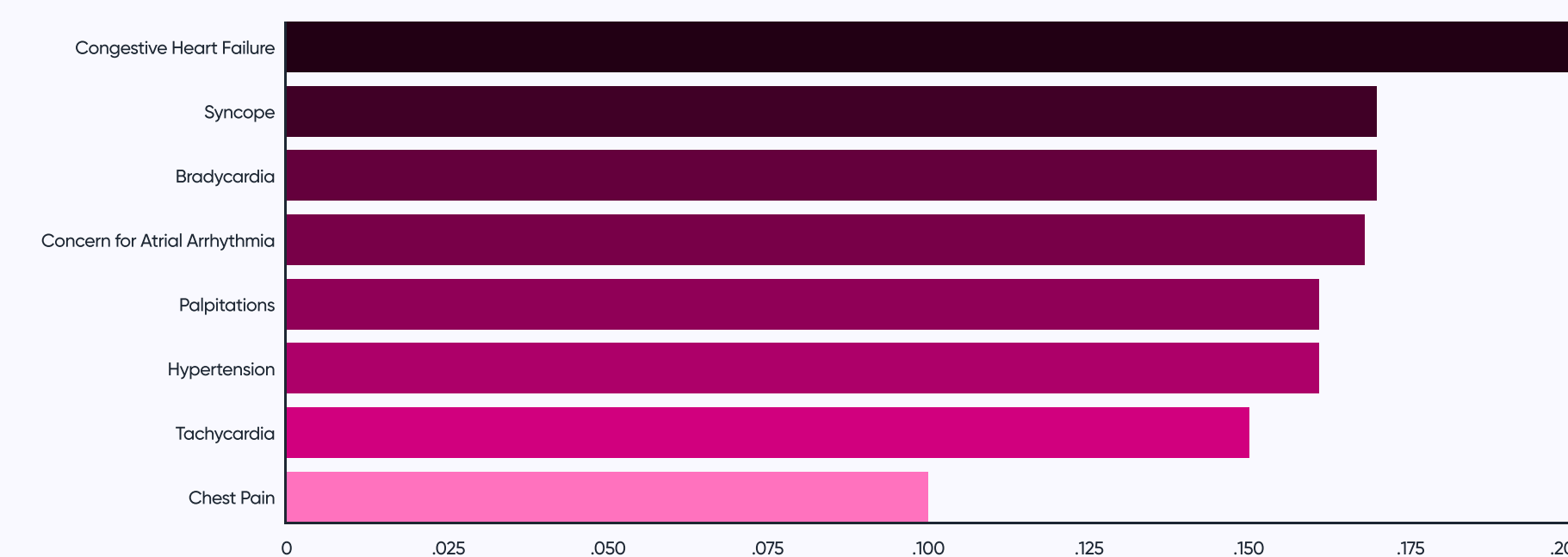
Table 1. Findings across ambulatory ECG monitors

Finding	Prevalence
Supraventricular Tachycardia	59.4%
Nonsustained Ventricular Tachycardia	6.7%
Atrial Fibrillation	3.0%
2nd or 3rd degree Heart Block	1.2%
Sick Sinus Syndrome	2.6%
Ventricular Fibrillation	0%

Table 2. Indications Prevalence

Indications	Prevalence
Palpitations	22%
Syncope	15%
Hypertension	10%
Concern for Atrial Arrhythmia	9%
Congestive Heart Failure	7%
Tachycardia	6%
Chest Pain	6%

Figure 2. Average RAF impact for Study by Indication



Average Age: **71**  
**66%** Female  
**\$1.35 million** annually across **909 patients.**

## Conclusion

Ambulatory ECG monitors reveal a high prevalence of arrhythmias that can have a **significant risk adjustment impact.**

Additional clinical correlation is necessary to confirm the expected change in annual Medicare reimbursement.

Healthcare providers should evaluate the **clinical and economic utility of expanding early screening** in elderly, Medicare Advantage populations.

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