Impact of Medicare policy change on provider-patient visit frequency during hemodialysis

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Introduction

- Individuals with end-stage renal disease (ESRD) have exceedingly high rates of morbidity and mortality.
- In January 2004, in an attempt to improve patient outcomes, the Centers for Medicare & Medicaid Services (CMS) tied physician reimbursement for outpatient hemodialysis services to the number of times a month providers see their patients on dialysis.

Methods

- The study population consists of prevalent patients as of January 1 of 2004, aged 20 or older.
- HCPCS codes for in-center hemodialysis in the Part B (outpatient) Medicare claims were used to identify visit frequency per month: G0317 = 4+ visits; G0318 = 2-3 visits; G0319 = 1 visit.
- Patient’s zip code was used to determine distribution of the visit frequency by US census regions.
- Statistical analysis:
  - Total frequency and percentage of visit frequency.
  - Frequency and percentage of physician visit frequency by US census divisions.
  - Mean and median allowable and received payments for outpatient dialysis services per monthly claim were calculated for 2003 and 2004.

Results

- 6,309 providers billed Medicare for 2,485,092 patient-months of outpatient in-center dialysis care during 2004.
- 67% of monthly bills were for ≥4 visits per month, 24.3% for 2-3 visits per month, and 8.7% for 1 visit a month.
- Frequency of provider-patient visits during dialysis varied geographically across US census divisions, with the highest visit frequency in the Middle Atlantic division, and the lowest in the Mountain division.
- In 2004, physicians’ median payment for outpatient dialysis monthly claim was $219.2 compared to $195.9 in 2003, representing an 11.9% increase.

Limitations

- Analysis was based on the Medicare claims data, not on actual visits.
- All visits per months were attributed to the provider whose UPIN number was used for comprehensive visit.
- We were unable to identify providers of non-comprehensive visits, such as physician extenders.

Conclusions

- In 2004, the majority of all outpatient dialysis service providers billed for four or more visits per month.
- Provider visit frequency varied geographically.
- Reimbursement policy change was associated with higher Medicare outpatient dialysis provider payments.
- The effect of the policy on patients’ outcomes needs to be determined.

Table 1: Frequency of visits by US Census Divisions

<table>
<thead>
<tr>
<th>Census Division</th>
<th>Patient-months</th>
<th>4+ visits (%)</th>
<th>2-3 visits (%)</th>
<th>1 visit (%)</th>
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<tr>
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<td>162,824</td>
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<td>17.2</td>
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