

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

Yelena Slinin MD, MS^{2,3}, Haifeng Guo, MS¹, Suying Li, PhD¹, Jiannong Liu PhD¹, Robert Foley, MD¹, David Gilbertson PhD¹, Allan Collins, MD¹, Areef Ishani, MD, MS^{1,2,3}
¹U. S. Renal Data System Coordinating Center, MMRF, Minneapolis, MN; ²Minneapolis VAMC, Minneapolis, MN, and ³University of MN, Minneapolis, MN

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.

Figure 1: Visit frequency distribution in 2004

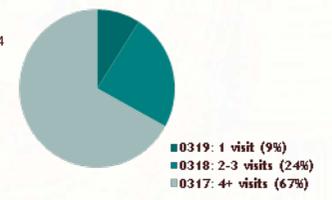


Figure 2: Median monthly amount per claims per provider

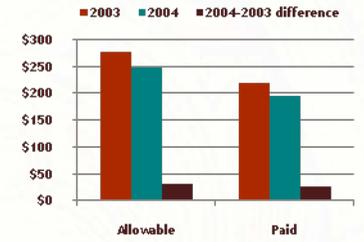


Table 1: Frequency of visits by US Census Divisions

Census Division	Patient-months	4+ visits (%)	2-3 visits (%)	1 visit (%)
East North Central	382,824	64.0	27.3	8.7
East South Central	188,035	68.8	25.0	6.2
Middle Atlantic	339,386	76.5	17.2	6.3
Mountain	109,542	52.8	29.1	18.1
New England	85,391	75.5	16.7	7.9
Pacific	292,110	61.5	26.5	12.0
South Atlantic	575,348	72.3	21.2	6.6
West North Central	130,866	50.9	32.0	17.1
West South Central	344,646	62.8	29.9	7.3
Missing	33,362	86.8	9.2	4.0

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.