

A decorative background on the left side of the slide features several spheres of varying shades of gray and black, each mounted on a thin, dark stick. The spheres are arranged in a somewhat vertical line, with some overlapping. The sticks are thin and dark, extending from the bottom of the spheres towards the bottom of the frame. The overall effect is a modern, minimalist aesthetic.

Using Data Effectively

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Presented to:

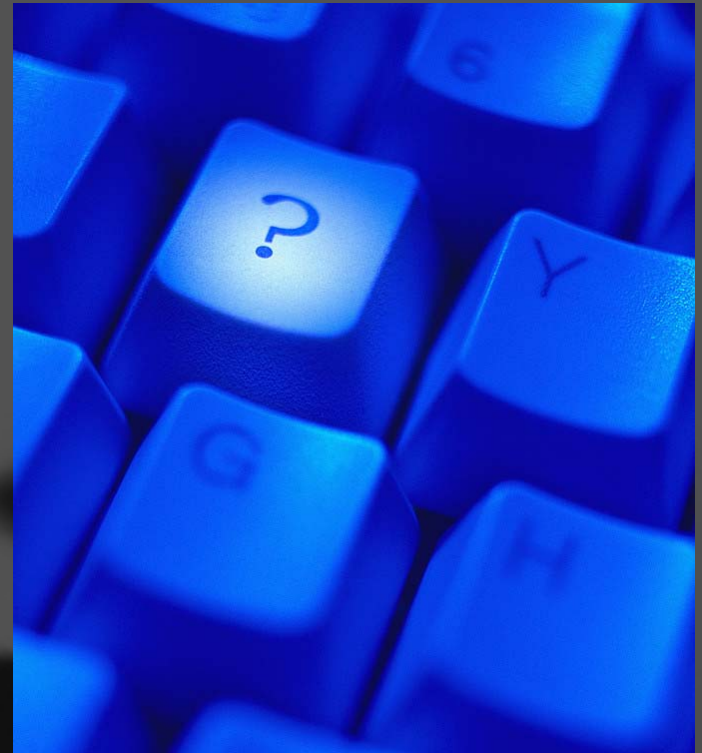
2007 NRHA Rural Health Policy Institute

February 26, 2007

Washington, DC

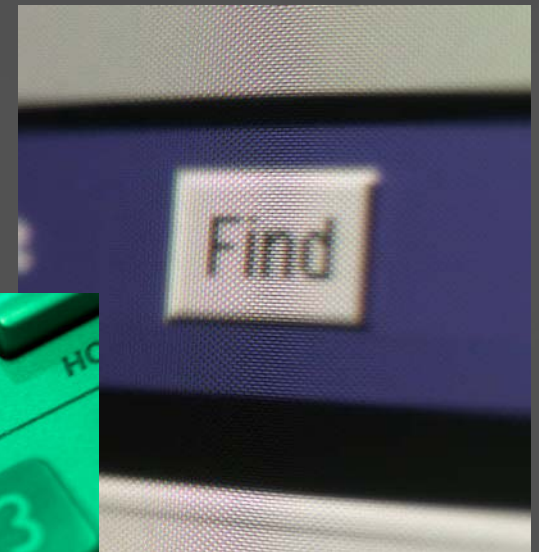
Asking the questions

- Helping to understand an issue
- Specific implications



Know where to find it

- Dr. Wakefield's presentation
- Lifeline call



Have some idea of what
you are seeking



Question: How can we get and keep physicians in our communities?

- **Payment Policy**



Table 1a. Gross Medicare Physician Payment: Prototypical 1.0 FTE Family Physician, Mississippi

CPT Codes	Descriptor	Service Volume	2002		2004	
			Total RVUs	Total Payment	Total RVUs	Total Payment
-	Non-E&M procedures	83	139.58	\$5,053	134.00	\$5,003
99201-05	Office/outpatient visit, new	250	606.53	\$21,956	626.84	\$23,405
99211-15	Office/outpatient visit, est	2,000	2,706.45	\$97,971	2,796.11	\$104,399
99217-20	Observation care	40	94.32	\$3,414	98.32	\$3,671
99221-23	Initial hospital care	60	188.55	\$6,825	193.87	\$7,239
99231-33	Subsequent hospital care	120	153.11	\$5,542	156.89	\$5,858
99238-39	Hospital discharge day	60	107.43	\$3,889	112.81	\$4,212
99291	Critical care, first hour	8	40.47	\$1,465	41.51	\$1,550
992311-13	Nursing fac care, subseq	50	69.89	\$2,530	70.89	\$2,647
TOTALS		2,770	4,106.32	\$148,645	4,231.25	\$157,989

Table 1b. Payment Formula Change Results

	Increase in Payment	Percentage of Total Increase
Conversion factor	\$4,832	50%
Relative value units	\$1,127	13%
Geographic practice cost indexes	\$3,612	37%
TOTALS	\$9,338	100%

Table 1c. Shortage Area Bonuses

	Bonus Payment
Medicare incentive payment	\$16,324
Scarcity area payment	\$8,162
TOTAL	\$24,486

•Source: Rural Policy Brief, Vol 11, #2 (PB2006-2)

Table 2. Percentage of Physician Payment Increase Attributable to Changes in GPCIs, 2002 to 2004 CHANGE COLOR CONTRACT ON THIS ONE

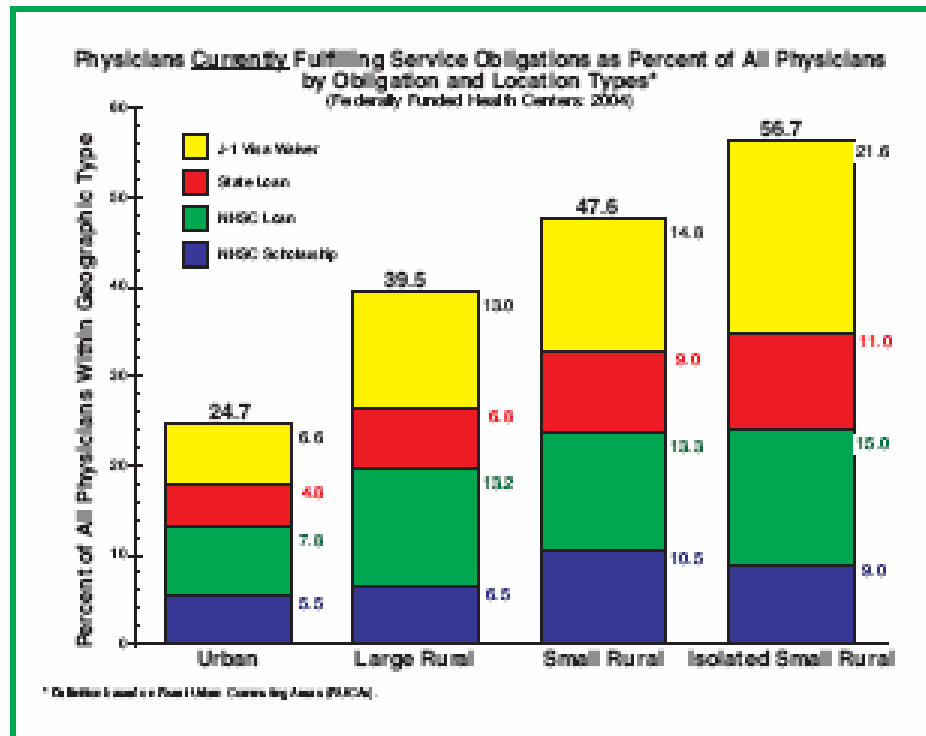
Medicare Payment Locality	Increase in Payment	% of change due to:			Medicare Payment Locality	Increase in Payment	% of change due to:		
		CF	RVU	GPCI			CF	RVU	GPCI
ALABAMA	\$ 7,648	63%	16%	21%	METROPOLITAN ST. LOUIS, MO	\$ 6,850	73%	18%	9%
ALASKA (a)	\$ 102,348	6%	1%	93%	REST OF MISSOURI*	\$ 10,647	43%	11%	45%
ARIZONA	\$ 6,919	74%	17%	8%	MONTANA	\$ 10,559	45%	11%	44%
ARKANSAS	\$ 9,613	48%	12%	39%	NEBRASKA	\$ 10,046	47%	12%	41%
ANAHEIM/SANTA ANA, CA	\$ 6,989	82%	17%	1%	NEVADA	\$ 6,445	83%	19%	-1%
LOS ANGELES, CA	\$ 6,917	82%	17%	1%	NEW HAMPSHIRE	\$ 7,584	69%	16%	15%
MARIN/NAPA/SOLANO, CA	\$ 6,729	86%	18%	-4%	NORTHERN NJ	\$ 7,235	80%	17%	3%
OAKLAND/BERKELEY, CA	\$ 6,762	86%	18%	-4%	REST OF NEW JERSEY	\$ 6,934	80%	17%	3%
SAN FRANCISCO, CA	\$ 7,440	86%	16%	-3%	NEW MEXICO	\$ 8,379	58%	14%	27%
SAN MATEO, CA	\$ 7,288	87%	16%	-3%	MANHATTAN, NY	\$ 7,972	80%	15%	5%
SANTA CLARA, CA	\$ 7,169	87%	17%	-4%	NYC SUBURBS/LONG I., NY	\$ 7,934	77%	15%	8%
VENTURA, CA	\$ 6,525	85%	18%	-3%	POUGHKPSIE/N NYC BURBS, NY	\$ 6,711	81%	18%	1%
REST OF CALIFORNIA*	\$ 6,240	84%	19%	-4%	QUEENS, NY	\$ 7,770	77%	15%	7%
COLORADO	\$ 7,454	69%	16%	15%	REST OF NEW YORK	\$ 5,994	84%	20%	-4%
CONNECTICUT	\$ 6,800	84%	18%	-1%	NORTH CAROLINA	\$ 8,519	58%	14%	28%
DELAWARE	\$ 6,706	79%	18%	3%	NORTH DAKOTA	\$ 9,937	48%	12%	40%
DC + MD/VA SUBURBS	\$ 6,963	82%	17%	1%	OHIO	\$ 7,326	69%	16%	15%
FORT LAUDERDALE, FL	\$ 7,367	72%	16%	11%	OKLAHOMA	\$ 8,121	59%	15%	27%
MIAMI, FL	\$ 7,652	72%	16%	12%	PORTLAND, OR	\$ 6,319	83%	19%	-2%
REST OF FLORIDA	\$ 8,758	58%	14%	29%	REST OF OREGON	\$ 9,031	54%	13%	33%
ATLANTA, GA	\$ 6,621	81%	18%	1%	METRO PHILADELPHIA, PA	\$ 7,133	77%	17%	6%
REST OF GEORGIA	\$ 8,748	56%	14%	31%	REST OF PENNSYLVANIA	\$ 7,032	71%	17%	12%
HAWAII/GUAM	\$ 6,779	81%	18%	2%	PUERTO RICO	\$ 15,134	27%	8%	65%
IDAHO	\$ 8,941	53%	13%	33%	RHODE ISLAND	\$ 6,596	82%	18%	0%
CHICAGO, IL	\$ 7,794	72%	15%	13%	SOUTH CAROLINA	\$ 7,923	61%	15%	24%
EAST ST. LOUIS, IL	\$ 8,160	62%	15%	23%	SOUTH DAKOTA	\$ 10,989	42%	11%	47%
SUBURBAN CHICAGO, IL	\$ 7,362	74%	16%	10%	TENNESSEE	\$ 7,985	61%	15%	24%
REST OF ILLINOIS	\$ 9,508	51%	13%	36%	AUSTIN, TX	\$ 7,792	66%	15%	19%
INDIANA	\$ 7,203	68%	17%	15%	BEAUMONT, TX	\$ 7,103	70%	17%	13%
IOWA	\$ 9,197	52%	13%	35%	BRAZORIA, TX	\$ 7,344	70%	16%	13%
KANSAS*	\$ 9,006	54%	13%	33%	DALLAS, TX	\$ 6,879	78%	17%	4%
KENTUCKY	\$ 7,871	61%	15%	24%	FORT WORTH, TX	\$ 7,752	66%	15%	19%
NEW ORLEANS, LA	\$ 6,563	78%	18%	4%	GALVESTON, TX	\$ 7,662	67%	16%	17%
REST OF LOUISIANA	\$ 8,900	54%	13%	32%	HOUSTON, TX	\$ 6,778	78%	18%	4%
SOUTHERN MAINE	\$ 7,826	65%	15%	19%	REST OF TEXAS	\$ 9,445	51%	13%	36%
REST OF MAINE	\$ 9,139	53%	13%	34%	UTAH	\$ 8,012	62%	15%	23%
BALTIMORE/SURR. CNTYS, MD	\$ 6,578	81%	18%	1%	VERMONT	\$ 8,182	62%	15%	24%
REST OF MARYLAND	\$ 7,471	68%	16%	16%	VIRGIN ISLANDS	\$ 9,539	54%	13%	33%
METROPOLITAN BOSTON	\$ 7,059	83%	17%	0%	VIRGINIA	\$ 7,306	68%	16%	16%
REST OF MASSACHUSETTS	\$ 6,677	82%	18%	0%	SEATTLE (KING CNTY), WA	\$ 6,567	83%	18%	-1%
DETROIT, MI	\$ 8,551	66%	14%	20%	REST OF WASHINGTON	\$ 7,851	64%	15%	20%
REST OF MICHIGAN	\$ 7,022	73%	17%	10%	WEST VIRGINIA	\$ 10,047	48%	12%	40%
MINNESOTA	\$ 6,542	77%	18%	4%	WISCONSIN	\$ 7,468	67%	16%	17%
MISSISSIPPI	\$ 9,338	50%	13%	37%	WYOMING	\$ 8,846	55%	14%	31%
METRO KANSAS CITY, MO	\$ 7,462	68%	16%	16%					

The payment change for Alaska, although large, is accurate and reflects an earmarked change that was specifically written into the legislation.

Source: Rural Policy Brief, Vol 11, # 2 (PB2006-2)

Gap filling – fulfilling future obligations

- WWAMI



Consequences: Access for Medicare Beneficiaries

Findings and Implications

Based on data from published studies, our analysis of the most recent national sample surveys available that include urban and rural respondents, and the results of a survey of state organizations representing physicians, the findings in this brief include the following:

- The trend among all physicians is to *not* accept new Medicare patients. This trend is more pronounced among family practice physicians than among all physicians.
- The percentage of physicians in both urban and rural areas who are accepting new Medicare patients is declining, although it is declining more slowly in rural areas.
- Physicians practicing in rural areas not adjacent to urban areas are the most likely to accept new Medicare patients.

- ¹ Only Medicare fee-for-service patients are discussed in this brief.

- ² In this brief, urban areas are Metropolitan Statistical Areas as defined by the Federal Office of Management and Budget in 2000: areas that include a core city with a population of at least 50,000 prior to the 2000 census, the county within which the core city is located, and the surrounding counties whose populations commute into the core city. Rural areas are all areas outside of the federally recognized MSAs.

- *Source: Rural Policy Brief, Vol 9, # 5 (PB2004-5)*

What do I need to worry about on Medicare Part D?

- Handout

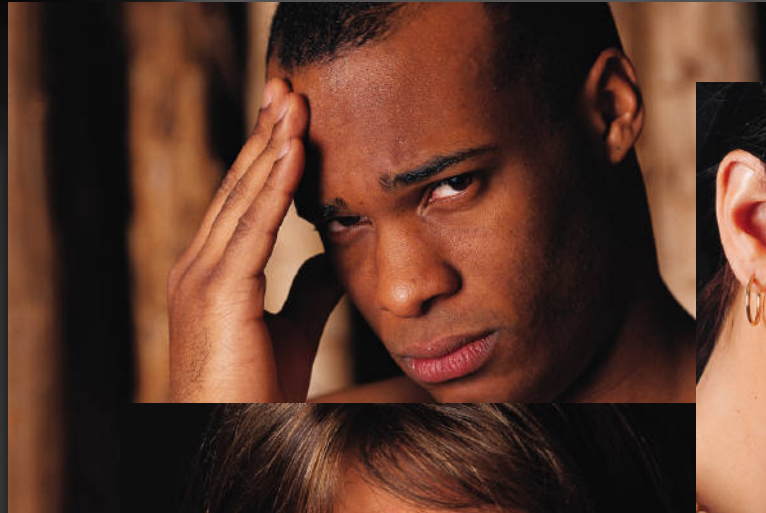


Table 1. Enrollment in Medicare Part D and Other Prescription Drug Coverage as of June 2006, by Location of Residence of Medicare Beneficiary

	Number in Part D				Number with employer, federal coverage	Number with creditable coverage	Medicare eligibles
	TOTAL in Part D	Number in PDPs	Number in MA-PD	Number with dual eligibility			
(Numbers in thousands)							
Rural, total	4,827	3,021	369	1,437	1,927	6,755	9,079
Rural adjacent, total	3,595	2,218	302	1,075	1,473	5,068	6,845
Rural nonadjacent, total	1,233	803	67	363	454	1,687	2,234
Urban, total	17,313	7,297	5,390	4,626	8,376	25,689	33,826
U.S., total	22,141	10,318	5,759	6,063	10,303	32,444	42,904
(Percent of Medicare eligibles)							
Rural, total	53.2%	33.3%	4.1%	15.8%	21.2%	74.4%	100.0%
Rural adjacent, total	52.5%	32.4%	4.4%	15.7%	21.5%	74.0%	100.0%
Rural nonadjacent, total	55.2%	35.9%	3.0%	16.2%	20.3%	75.5%	100.0%
Urban, total	51.2%	21.6%	15.9%	13.7%	24.8%	75.9%	100.0%
U.S., total	51.6%	23.8%	13.9%	13.9%	23.7%	75.3%	100.0%

RUPRI Center for Rural Health Policy Analysis. Analysis of CMS enrollment data released on June 14, 2006, combined with data from USDA/Economic Research Service on county classifications.

Notes: Totals may not add due to rounding, and totals do not include Medicare recipients from U.S. territories or Puerto Rico. Some Medicare recipients may have prescription drug coverage that is not classified as creditable—employer, federal, or Medigap coverage—and CMS does not release that data at the county level, so it is not counted here.

Table 2. Percent of Rural Persons Covered by Medicare Part D or Other Creditable Prescription Drug Coverage, June 2006

State	Percent in Part D				Percent with employer, federal coverage	Percent with creditable coverage
	TOTAL in Part D	Percent in PDPs	Percent in MA-PD	Percent with dual		
OVERALL	53%	33%	4%	16%	21%	74%
	(sorted by percent with Part D coverage)					
SD	76%	62%	1%	13%	13%	90%
ND	74%	60%	2%	12%	10%	84%
NE	67%	52%	2%	13%	11%	78%
IA	65%	50%	3%	12%	11%	76%
MS	64%	31%	1%	32%	12%	77%
MN	63%	44%	11%	9%	13%	76%
KS	61%	48%	1%	12%	14%	75%
TN	61%	27%	6%	29%	17%	78%
GA	61%	40%	3%	18%	17%	77%
MO	58%	33%	4%	21%	17%	76%
AR	58%	38%	3%	17%	18%	76%
NC	58%	31%	6%	20%	23%	80%
VA	57%	38%	5%	14%	18%	76%
ME	57%	34%	0%	22%	22%	79%
OK	55%	37%	1%	17%	18%	74%
KY	55%	35%	2%	18%	20%	75%
IL	55%	38%	2%	15%	23%	78%
AL	55%	36%	3%	15%	23%	77%
TX	53%	36%	2%	15%	25%	78%
LA	53%	30%	1%	22%	19%	72%
MT	53%	38%	4%	11%	19%	72%
ID	53%	38%	4%	11%	19%	72%
WY	53%	43%	2%	8%	19%	71%
UT	52%	34%	7%	11%	22%	74%
OR	52%	38%	7%	7%	18%	70%
VT	52%	35%	0%	17%	21%	73%
SC	51%	27%	3%	21%	24%	76%

Table 2. Continued

State	Percent in Part D				Percent with employer, federal coverage	Percent with creditable coverage
	TOTAL in Part D	Percent in PDPs	Percent in MA-PD	Percent with dual		
OVERALL	53%	33%	4%	16%	21%	74%
CO	51%	32%	7%	12%	23%	74%
IN	50%	36%	2%	12%	23%	73%
CA	50%	27%	4%	19%	24%	74%
FL	50%	31%	5%	14%	31%	80%
HI	48%	8%	27%	13%	26%	75%
NM	48%	28%	4%	16%	26%	74%
AZ	48%	23%	11%	14%	23%	72%
WA	48%	34%	3%	11%	26%	73%
CT	47%	34%	2%	12%	25%	72%
WV	47%	31%	1%	14%	29%	76%
NV	46%	26%	15%	6%	27%	73%
MI	45%	30%	2%	13%	29%	74%
MD	43%	34%	0%	8%	34%	77%
MA	43%	32%	0%	10%	28%	71%
OH	43%	27%	4%	12%	31%	74%
DE	42%	35%	0%	7%	35%	77%
WI	42%	21%	7%	14%	17%	59%
PA	42%	19%	11%	11%	21%	63%
NH	40%	29%	0%	11%	26%	66%
NY	34%	14%	5%	15%	26%	60%

RUPRI Center for Rural Health Policy Analysis. Analysis of CMS enrollment data released June 14, 2006, combined with data from USDA/Economic Research Service on county classifications.

Notes: New Jersey, Rhode Island, and the District of Columbia are not shown as they have no rural counties. Data are also not shown for U.S. territories and Alaska, since rural/urban county classifications are not available for these areas. Some Medicare recipients may have prescription drug coverage that is not classified as creditable—employer coverage, federal coverage, or Medigap coverage—and CMS does not release that data at the county level.

Source: Rural Policy Brief, Vol 1, # 5 (PB2007-1)



Thank you!

For more information, please visit:

<http://www.unmc.edu/rural/>