

GEM

American Society of General Surgeons

Arkansas Medical Society

Idaho Medical Association

Iowa Medical Society

Kansas Medical Society

Kentucky Medical Association

Maine Medical Association

Medical Association of the State of Alabama

Minnesota Medical Association

Mississippi State Medical Association

Missouri State Medical Association

Montana Medical Association

Nebraska Medical Association

New Hampshire Medical Association

New Mexico Medical Society

North Dakota Medical Association

Ohio State Medical Society

Oklahoma State Medical Association

Oregon Medical Association

South Dakota Medical Association

Tennessee Medical Association

Utah Medical Association

Vermont Medical Society

Washington State Medical Association

Wisconsin Medical Society

Wyoming Medical Society

Geographic Equity in Medicare (GEM) Coalition

STATEMENT OF PURPOSE

Americans everywhere pay equal premiums to support Medicare, yet there is substantial geographic disparity in patient services and physician reimbursement levels in the Medicare Part B program. The degree of this disparity is unjustified and inherently unfair – and is having an increasingly negative impact on patient care and access in many parts of the United States.

GEM was formed to remedy this alarming inequity. The member organizations believe that federal policymakers must assign a high priority to eliminating Geographic Practice Cost Indices (GPCIs) and other components of the Medicare Part B program that result in this inappropriate and inequitable reimbursement to the tens of thousands of physicians across this country providing medical care to millions of Medicare beneficiaries. The critical nature of this problem compels immediate attention and action.

For over a decade, members of this coalition and others working through the Geographic Coalition have addressed these gross disparities. Productive improvements in Medicare Plus Choice helped lay the foundation to continue to address these inequities experienced by many patients and their physicians.

GEM member organizations are listed to the left.

Ongoing GEM Legislative Goals

- Make the floor of 1.00 for the work GPCI permanent. (The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established the floor of 1.00 for the work GPCI for three years, 1/1/2004 through 12/31/2006.)
- Incrementally increase both the practice expense GPCI and the professional liability insurance GPCI to 1.00 over the next ten years.

Geographic Equity in Medicare Coalition

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FACTS Re: MEDICARE PHYSICIAN REIMBURSEMENT

Problems with using GPCIs:

- Variation in payment for the same medical service performed in different locations is vast, e.g., payment for a mid-level office visit (99213) varies up to 50%.
- Low reimbursement rates have repeatedly had a negative impact upon physician recruitment.
- Patient access is being affected.

Physician payment reform

The move to a Resource Based Relative Value System (RBRVS) physician payment schedule represents the most significant change in Part B since Medicare's inception in 1966.

For 25 years, Medicare physician payment was based on a system of customary, prevailing and reasonable (CPR) charges. Between the mid-1970s through the mid-1980s, government implemented a series of CPR cost controls. The major effect of the price controls was to make permanent the basic pattern of Medicare prevailing charges that existed in the early 1970s. In the mid-1980s, physician dissatisfaction with CPR grew, and government policymakers considered several payment reform proposals, including replacing CPR with a payment schedule based on a relative value scale (RVS).

An RVS is a list of physician services ranked according to "value," with the value defined with respect to the basis of the scale. An RVS can be either charge-based or resource-based. In a charge-based RVS, services are ranked according to the fee for the service. A resource-based RVS ranks services according to the relative costs of the resources required to provide them. An RVS must be multiplied by a dollar conversion factor to become an actual fee. An RBRVS was supported by surgical and nonprocedural specialty societies alike. With funding from the Health Care Financing Administration (HCFA) – now the Centers for Medicare and Medicaid Services (CMS) – the Harvard University School of Public Health began its RBRVS study in December 1985. The Harvard study produced what would become known as the physician work relative value units.

After external review and validation, it was generally agreed that the Harvard study was scientifically sound. However, there were passionate views on all sides. Many rural and primary care physicians called for immediate adoption; surgeons viewed the study more cautiously; and HCFA was concerned that a fee schedule, regardless of how carefully constructed, could not control the growth in the volume and intensity of services.

In 1989, Congress enacted Medicare physician payment reform. The Omnibus Budget Reconciliation Act of 1989 (OBRA 89) called for a payment schedule based on an RBRVS composed of three components: the relative physician work involved in providing the service, practice expense, and malpractice costs. OBRA 89 also defined other key features for physician payment reform:

- A 5-year transition to the new system beginning January 1, 1992;
- Adjusting each component of the three RBRVS components for each service for geographic differences in resource costs;
- Eliminating specialty differentials in payment for the same service;
- Calculating a "budget neutral" conversion factor for 1992 that would neither increase nor decrease Medicare expenditures from what they would have been under a continuation of CPR;
- A process for determining the annual update in the conversion factor;
- Tighter limits on balance billing beginning in 1991; and
- A Medicare Volume Performance Standard (MVPS) to help Congress understand and respond to increases in the volume and intensity of services provided to Medicare beneficiaries.

After a decade of legislation, study, and compromise, the Final Notice implementing physician payment reform appeared in the November 25, 1991 *Federal Register* effective for January 1, 1992 implementation.

RBRVS components

The Medicare RBRVS called for a payment schedule based on three components with each component adjusted for geographic differences in resource costs and a conversion factor (CF) used to transform relative value units (RVUs) into dollars.

Physician work. This refers to the physician's individual effort in providing the service: the physician's time, the technical skill and physical effort, mental effort and judgment, and psychological stress associated with the physician's concern about iatrogenic risk to the patient. Physician work is geographically adjusted by the work GPCI, which represents the cost of living, but this index measures only one quarter of the geographic differences in cost of living.

Practice expense (PE). This refers to the cost of physician practice overhead, including rent, staff salaries and benefits, medical equipment and supplies. Practice expense is geographically adjusted by the PE GPCI.

Professional liability insurance (PLI). This refers to the cost of insurance to protect a physician against professional liability. This is geographically adjusted by the PLI GPCI, which measures differences in premiums across Medicare payment areas.

Conversion factor (CF). This is the factor that transforms the geographically adjusted relative value for a service into a dollar amount under the physician payment schedule. The 2004 CF is \$37.3374, an increase over 2003 because of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). The proposed 2005 CF is \$37.8975. [MMA authorizes at least a 1.5% increase in the CF for 2005, which is what is proposed. Without congressional action, steep cuts to the CF in 2006-2013 are projected due to the reimbursement update formula that includes the Sustainable Growth Rate (SGR) factor, which bases payment updates, in part, on the performance of the national economy.]

GPCIs

Adjustments to each of the payment components are made using the Geographic Practice Cost Indices (GPCIs). There are three GPCIs, corresponding to the three components of the payment schedule – work, practice expense, and professional liability insurance (PLI). Three sets of GPCIs are defined for each of the 89 Medicare physician payment localities that currently exist. OBRA 90 requires that GPCIs be revised at least once every three years, with the next revision due in 2004. The work and PE GPCIs, though, will not be modified until 2005 as the 2000 U.S. census data were not yet available. The MMA, however, established a floor of 1.0 for the work GPCI in 2004, 2005 and 2006. [In 2004, the PLI GPCI for Iowa was decreased from 0.596 to 0.593. The 2005 proposed rule would decrease Iowa's PE GPCI from 0.876 to 0.874.]

Physician work GPCI. The physician work, or cost of living, GPCI is not based on differences in physicians' earnings; rather, it measures geographic differences in the earnings of all college-educated workers, currently still based on 1990 census data.

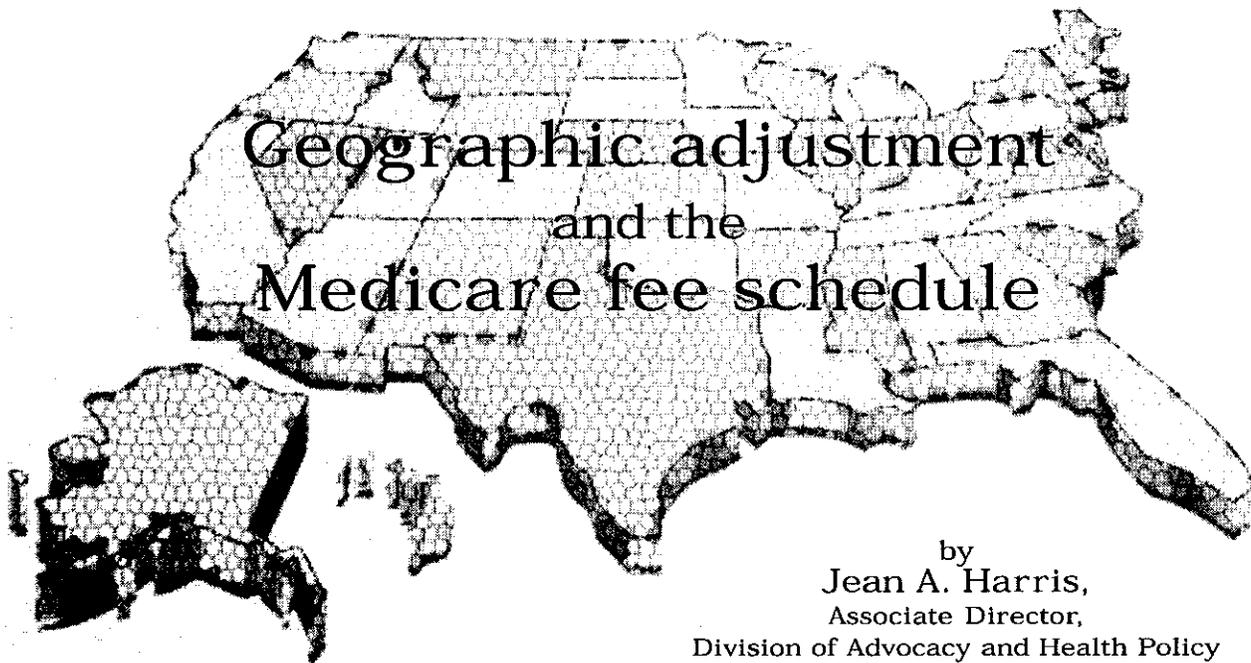
Practice expense GPCI. The practice expense GPCI is designed to measure geographic variation in the prices of inputs to medical practice, e.g., office rent per square foot and hourly wages of staff. It is important to distinguish between the practice expense component of the RVS and the practice expense GPCI. The practice expense relative value reflects average direct and indirect expenses. The practice expense GPCI reflects only the differences in these costs across geographic areas relative to the national average.

The office rent portion of the practice expense GPCI is based on 2000 residential apartment rental data from the Department of Housing and Urban Development. As it did in calculating the original GPCIs, CMS continues to use proxy data to update this index, stating that no national data for physician office rents is available. However, CMS has indicated it would continue to search for alternative sources of commercial rental data.

The employee wage portion comes from 1990 census data on wages of clerical workers, registered nurses and health technicians. The practice expense GPCI does not reflect geographic differences in medical equipment and supply costs. CMS believes a national market exists for these components and that input prices do not vary specifically across geographic areas.

PLI GPCI. The professional liability insurance GPCI reflects geographic differences in premiums for a mature claims-made policy providing \$1 million/\$3 million of coverage. Adjustments are made for mandatory patient compensation funds. The 2001-2003 PLI GPCIs were based on 1996-1998 data. A 3-year average was used, rather than data from the most recent single year, to achieve a more accurate indication of historic malpractice premium trends. The 2004-2006 PLI GPCIs are based on actual premium data from 2001-2002 and projected data for 2003.

Geographic adjustment factor (GAF). The three GPCI components can be combined in a composite GPCI or GAF by weighting each by the share of Medicare payments accounted for by the work, practice expense and PLI components. On average, the work component comprises 52.466% of the total relative value for a service, the practice expense component comprises 43.669%, and the PLI component comprises 3.865%. The GAF indicates how Medicare payments in a locality differ from the national average (with the national average being 1.00). Changes in the GPCIs do not affect total Medicare physician payments but, rather, redistribute payments among the localities.



While the Medicare fee schedule has been in place for a decade, Fellows continue to have questions about payment differences across the country. Much of this variance has to do with geographic contrasts in practice costs. Just as the cost of living varies across the country, the cost of running a practice varies from locality to locality. This article briefly describes how the Medicare program determines and applies the geographic adjustment of payments for services around the country.

Bases of payment

Payment is based on three factors. Two of them are nationally uniform: (1) three sets of relative value units (RVUs) for a service, which represent the total value for physician work, practice expenses, and malpractice premiums; and (2) a dollar conversion factor that translates RVUs into payments. For 2002, the conversion factor is \$36.20, so, this year, each fee schedule RVU is worth \$36.20.

A third factor, called a geographical practice cost index (GPCI, which is pronounced "gypsy") is used to adjust the payment for variations in operating costs of medical practices in different markets. Because there are three RVUs to be adjusted, there are three GPCIs, each measuring different geographic-based costs:

- The *physician work GPCI* measures geographic differences in the earnings of all college-

educated workers based on census data. It is intended to reflect geographic differences in the cost of living. However, the value of the GPCI for work is reduced because the statute specifies that only one-quarter of the value of work has the GPCI applied to it.

- The *practice expense GPCI* measures geographic differences in medical practice costs as determined by office rent and staff wages. The office rent portion of the GPCI is based on apartment rental data from the Department of Housing and Urban Development, and the staff wages portion of the GPCI is derived from census data. According to the Centers for Medicare & Medicaid Services (CMS), the cost of medical equipment and supplies is virtually the same nationwide, so the practice expense GPCI does not reflect differences in those expenditures.

- The *malpractice GPCI* measures the difference in premiums for a \$1 million/\$3 million policy and is based on actual premium data for each state.

For each component of the fee schedule, the national RVUs are multiplied by the appropriate area GPCI to arrive at the adjusted value for the locality. The three locality components are then added together and multiplied by the national conversion factor. A value for the GPCI of 1.000 yields the national average payment amount. Most GPCIs range from 0.85 to 1.10, or within 15 percent below and 10 percent above the national average.

**2008 (1/1 - 6/30) Medicare GPCIs and Payments by Payment Locality
with Comparisons to Highest, Mean and Median Payments
Mid-level Office Visit (99213)**

Locality Name	Work GPCI	PE GPCI	Mal GPCI	Payment	% of Highest Payment	% of Mean Payment	% of Median Payment
San Mateo, CA	1.072	1.486	0.510	\$ 74.97	100.0%	124.1%	127.0%
San Francisco, CA	1.059	1.494	0.526	\$ 74.81	99.8%	123.8%	126.7%
Santa Clara, CA	1.083	1.419	0.485	\$ 73.42	97.9%	121.5%	124.3%
Manhattan, NY	1.064	1.299	1.243	\$ 70.36	93.9%	116.5%	119.2%
Oakland/Berkley, CA	1.053	1.330	0.531	\$ 70.07	93.5%	116.0%	118.7%
NYC Suburbs/Long I., NY	1.051	1.286	1.493	\$ 69.89	93.2%	115.7%	118.3%
Metropolitan Boston	1.029	1.311	0.787	\$ 69.09	92.2%	114.4%	117.0%
Marin/Napa/Solano, CA	1.034	1.304	0.535	\$ 68.77	91.7%	113.8%	116.5%
Northern NJ	1.057	1.225	1.038	\$ 67.85	90.5%	112.3%	114.9%
Queens, NY	1.032	1.235	1.449	\$ 67.83	90.5%	112.3%	114.9%
Anaheim/Santa Ana, CA	1.034	1.254	0.874	\$ 67.76	90.4%	112.2%	114.8%
DC + MD/VA Suburbs	1.047	1.235	0.972	\$ 67.75	90.4%	112.1%	114.7%
Ventura, CA	1.027	1.223	0.749	\$ 66.54	88.8%	110.2%	112.7%
Los Angeles, CA	1.041	1.192	0.871	\$ 66.25	88.4%	109.7%	112.2%
Connecticut	1.038	1.179	0.934	\$ 65.87	87.9%	109.0%	111.6%
Rest of New Jersey	1.042	1.124	1.038	\$ 64.58	86.1%	106.9%	109.4%
Chicago, IL	1.025	1.104	1.888	\$ 64.47	86.0%	106.7%	109.2%
Detroit, MI	1.036	1.048	2.300	\$ 63.73	85.0%	105.5%	107.9%
Metropolitan Philadelphia, PA	1.016	1.102	1.492	\$ 63.69	85.0%	105.4%	107.9%
Suburban Chicago, IL	1.017	1.093	1.628	\$ 63.62	84.9%	105.3%	107.7%
Miami, FL	1.000	1.059	2.703	\$ 63.38	84.5%	104.9%	107.3%
Hawaii/Guam	1.001	1.137	0.726	\$ 63.32	84.5%	104.8%	107.2%
Seattle (King Cnty), WA	1.014	1.109	0.755	\$ 62.98	84.0%	104.3%	106.7%
Alaska	1.017	1.098	0.828	\$ 62.85	83.8%	104.0%	106.4%
Rest of Massachusetts	1.007	1.106	0.787	\$ 62.72	83.7%	103.8%	106.2%
Poughkpsie/N NYC Suburbs, NY	1.014	1.077	0.983	\$ 62.35	83.2%	103.2%	105.6%
Baltimore/Surr. Cntys, MD	1.012	1.069	1.010	\$ 62.10	82.8%	102.8%	105.2%
Rhode Island	1.029	1.040	0.946	\$ 61.74	82.4%	102.2%	104.6%
Atlanta, GA	1.009	1.053	0.892	\$ 61.42	81.9%	101.7%	104.0%
Rest of California	1.007	1.056	0.634	\$ 61.15	81.6%	101.2%	103.6%
Dallas, TX	1.009	1.033	1.077	\$ 61.08	81.5%	101.1%	103.4%
Fort Lauderdale, FL	1.000	1.004	1.965	\$ 61.01	81.4%	101.0%	103.3%
Nevada	1.002	1.036	1.067	\$ 60.94	81.3%	100.9%	103.2%
Delaware	1.011	1.033	0.777	\$ 60.80	81.1%	100.6%	103.0%
Houston, TX	1.016	1.001	1.310	\$ 60.67	80.9%	100.4%	102.7%
New Hampshire	1.000	1.034	0.693	\$ 60.39	80.6%	100.0%	102.3%
Portland, OR	1.002	1.037	0.453	\$ 60.26	80.4%	99.8%	102.1%
Austin, TX	1.000	1.016	0.969	\$ 60.21	80.3%	99.7%	102.0%
Southern Maine	1.000	1.020	0.558	\$ 59.85	79.8%	99.1%	101.4%
New Orleans, LA	1.000	0.995	1.066	\$ 59.73	79.7%	98.9%	101.2%
Virgin Islands	1.000	0.996	0.998	\$ 59.68	79.6%	98.8%	101.1%
Colorado	1.000	1.004	0.715	\$ 59.58	79.5%	98.6%	100.9%
Fort Worth, TX	1.000	0.971	1.077	\$ 59.08	78.8%	97.8%	100.0%
Brazoria, TX	1.019	0.942	1.250	\$ 59.06	78.8%	97.8%	100.0%
Rest of Maryland	1.000	0.981	0.812	\$ 59.05	78.8%	97.8%	100.0%
Arizona	1.000	0.975	0.936	\$ 59.03	78.7%	97.7%	100.0%
Minnesota	1.000	0.994	0.324	\$ 58.86	78.5%	97.4%	99.7%
Galveston, TX	1.000	0.956	1.250	\$ 58.86	78.5%	97.4%	99.7%
Rest of Washington	1.000	0.976	0.748	\$ 58.84	78.5%	97.4%	99.6%

Locality Name	Work GPCI	PE GPCI	Mal GPCI	Payment	% of Highest Payment	% of Mean Payment	% of Median Payment
Metropolitan Kansas City, MO	1.000	0.960	1.061	\$ 58.75	78.4%	97.3%	99.5%
East St. Louis, IL	1.000	0.929	1.757	\$ 58.69	78.3%	97.1%	99.4%
Rest of Florida	1.000	0.937	1.489	\$ 58.60	78.2%	97.0%	99.2%
Vermont	1.000	0.976	0.497	\$ 58.55	78.1%	96.9%	99.2%
Metropolitan St. Louis, MO	1.000	0.943	1.001	\$ 58.21	77.6%	96.4%	98.6%
Ohio	1.000	0.930	1.097	\$ 57.96	77.3%	95.9%	98.2%
Rest of Michigan	1.000	0.922	1.287	\$ 57.96	77.3%	95.9%	98.1%
Virginia	1.000	0.941	0.614	\$ 57.72	77.0%	95.5%	97.7%
Utah	1.000	0.922	0.841	\$ 57.45	76.6%	95.1%	97.3%
Rest of Pennsylvania	1.000	0.914	0.938	\$ 57.33	76.5%	94.9%	97.1%
North Carolina	1.000	0.923	0.632	\$ 57.24	76.3%	94.7%	96.9%
*Rest of Oregon	1.000	0.926	0.453	\$ 57.11	76.2%	94.5%	96.7%
Wisconsin	1.000	0.920	0.592	\$ 57.11	76.2%	94.5%	96.7%
Rest of New York	1.000	0.919	0.544	\$ 57.02	76.1%	94.4%	96.6%
Indiana	1.000	0.912	0.514	\$ 56.79	75.8%	94.0%	96.2%
New Mexico	1.000	0.888	0.989	\$ 56.67	75.6%	93.8%	96.0%
Rest of Illinois	1.000	0.877	1.196	\$ 56.60	75.5%	93.7%	95.9%
Beaumont, TX	1.000	0.868	1.311	\$ 56.48	75.3%	93.5%	95.7%
Rest of Texas	1.000	0.872	1.092	\$ 56.34	75.2%	93.3%	95.4%
South Carolina	1.000	0.899	0.417	\$ 56.32	75.1%	93.2%	95.4%
Rest of Georgia	1.000	0.878	0.889	\$ 56.28	75.1%	93.2%	95.3%
Rest of Maine	1.000	0.889	0.558	\$ 56.21	75.0%	93.0%	95.2%
Tennessee	1.000	0.884	0.615	\$ 56.13	74.9%	92.9%	95.1%
Kansas	1.000	0.881	0.632	\$ 56.07	74.8%	92.8%	94.9%
Rest of Louisiana	1.000	0.863	0.965	\$ 55.95	74.6%	92.6%	94.7%
Idaho	1.000	0.876	0.500	\$ 55.78	74.4%	92.3%	94.5%
Nebraska	1.000	0.882	0.345	\$ 55.77	74.4%	92.3%	94.4%
Iowa	1.000	0.869	0.506	\$ 55.59	74.1%	92.0%	94.1%
Kentucky	1.000	0.857	0.754	\$ 55.54	74.1%	91.9%	94.1%
South Dakota	1.000	0.870	0.390	\$ 55.49	74.0%	91.8%	94.0%
Wyoming	1.000	0.848	0.904	\$ 55.46	74.0%	91.8%	93.9%
West Virginia	1.000	0.823	1.436	\$ 55.37	73.9%	91.7%	93.8%
Mississippi	1.000	0.847	0.760	\$ 55.27	73.7%	91.5%	93.6%
Montana	1.000	0.846	0.780	\$ 55.26	73.7%	91.5%	93.6%
Alabama	1.000	0.850	0.617	\$ 55.19	73.6%	91.4%	93.5%
Oklahoma	1.000	0.853	0.503	\$ 55.14	73.6%	91.3%	93.4%
North Dakota	1.000	0.852	0.490	\$ 55.10	73.5%	91.2%	93.3%
Arkansas	1.000	0.839	0.439	\$ 54.68	72.9%	90.5%	92.6%
Rest of Missouri	1.000	0.812	0.938	\$ 54.50	72.7%	90.2%	92.3%
Puerto Rico	1.000	0.696	0.254	\$ 50.49	67.3%	83.6%	85.5%
Mean Payment				\$ 60.41			
Median Payment				\$ 59.05			

2008 Payment Formula follows:

$$[(\text{Work RVU} \times \text{Budget Neutrality Adjustor (0.8806)} \times \text{Work GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI})] \times \text{CF}$$

* Round the product of the two factors (i.e., the Work RVU and Budget Neutrality Adjustor) to two decimal places.

S. 2499, The Medicare, Medicaid & SCHIP Extension Act of 2007, extended the 1.0 floor on the Work GPCI and provided for a 0.5% increase in the conversion (CF) for six months, through June 30, 2008. Without congressional intervention by June 30, 2008, the 1.0 floor on the Work GPCI will end and the CF will decrease by 10.6% (from \$38.0870 to \$34.0682) effective July 1, 2008.

Data sorted in descending order by Payment, then by Work GPCI, then by PE GPCI.

2008 (1/1 - 6/30) GPCIs and GAF by MEDICARE PAYMENT LOCALITY
(After the Medicare, Medicaid & SCHIP Extension Act of 2007)

Locality Name	Work GPCI	PE GPCI	MP GPCI	GAF
San Mateo, CA	1.072	1.486	0.510	1.231
San Francisco, CA	1.059	1.494	0.526	1.228
Santa Clara, CA	1.083	1.419	0.485	1.207
Manhattan, NY	1.064	1.299	1.243	1.174
NYC Suburbs/Long I., NY	1.051	1.286	1.493	1.171
Oakland/Berkley, CA	1.053	1.330	0.531	1.154
Metropolitan Boston	1.029	1.311	0.787	1.143
Queens, NY	1.032	1.235	1.449	1.137
Marin/Napa/Solano, CA	1.034	1.304	0.535	1.133
Northern NJ	1.057	1.225	1.038	1.130
DC + MD/VA Suburbs	1.047	1.235	0.972	1.126
Anaheim/Santa Ana, CA	1.034	1.254	0.874	1.124
Ventura, CA	1.027	1.223	0.749	1.102
Los Angeles, CA	1.041	1.192	0.871	1.100
Connecticut	1.038	1.179	0.934	1.096
Chicago, IL	1.025	1.104	1.888	1.093
Miami, FL	1.000	1.059	2.703	1.092
Detroit, MI	1.036	1.048	2.300	1.090
Rest of New Jersey	1.042	1.124	1.038	1.078
Suburban Chicago, IL	1.017	1.093	1.628	1.074
Metropolitan Philadelphia, PA	1.016	1.102	1.492	1.072
Hawaii/Guam	1.001	1.137	0.726	1.050
Alaska	1.017	1.098	0.828	1.045
Seattle (King Cnty), WA	1.014	1.109	0.755	1.045
Rest of Massachusetts	1.007	1.106	0.787	1.042
Poughkpsie/N NYC Suburbs, NY	1.014	1.077	0.983	1.040
Fort Lauderdale, FL	1.000	1.004	1.965	1.039
Baltimore/Surr. Cntys, MD	1.012	1.069	1.010	1.037
Rhode Island	1.029	1.040	0.946	1.031
Atlanta, GA	1.009	1.053	0.892	1.024
Dallas, TX	1.009	1.033	1.077	1.022
Houston, TX	1.016	1.001	1.310	1.021
Nevada	1.002	1.036	1.067	1.019
Rest of California	1.007	1.056	0.634	1.014
Delaware	1.011	1.033	0.777	1.012
Austin, TX	1.000	1.016	0.969	1.006
New Hampshire	1.000	1.034	0.693	1.003
New Orleans, LA	1.000	0.995	1.066	1.000
Virgin Islands	1.000	0.996	0.998	0.998
East St. Louis, IL	1.000	0.929	1.757	0.998
Portland, OR	1.002	1.037	0.453	0.996
Brazoria, TX	1.019	0.942	1.250	0.994
Southern Maine	1.000	1.020	0.558	0.992
Colorado	1.000	1.004	0.715	0.991
Rest of Florida	1.000	0.937	1.489	0.991
Fort Worth, TX	1.000	0.971	1.077	0.990
Galveston, TX	1.000	0.956	1.250	0.990
Arizona	1.000	0.975	0.936	0.987
Metropolitan Kansas City, MO	1.000	0.960	1.061	0.985

Locality Name	Work GPCI	PE GPCI	MP GPCI	GAF
Rest of Maryland	1.000	0.981	0.812	0.984
Rest of Washington	1.000	0.976	0.748	0.980
Rest of Michigan	1.000	0.922	1.287	0.977
Metropolitan St. Louis, MO	1.000	0.943	1.001	0.975
Ohio	1.000	0.930	1.097	0.973
Minnesota	1.000	0.994	0.324	0.971
Vermont	1.000	0.976	0.497	0.970
Utah	1.000	0.922	0.841	0.960
Rest of Pennsylvania	1.000	0.914	0.938	0.960
Virginia	1.000	0.941	0.614	0.959
Rest of Illinois	1.000	0.877	1.196	0.954
Beaumont, TX	1.000	0.868	1.311	0.954
North Carolina	1.000	0.923	0.632	0.952
New Mexico	1.000	0.888	0.989	0.951
Wisconsin	1.000	0.920	0.592	0.949
Rest of Texas	1.000	0.872	1.092	0.948
Rest of Oregon	1.000	0.926	0.453	0.947
Rest of New York	1.000	0.919	0.544	0.947
Indiana	1.000	0.912	0.514	0.943
Rest of Georgia	1.000	0.878	0.889	0.942
West Virginia	1.000	0.823	1.436	0.940
Rest of Louisiana	1.000	0.863	0.965	0.939
Rest of Maine	1.000	0.889	0.558	0.934
Tennessee	1.000	0.884	0.615	0.934
Kansas	1.000	0.881	0.632	0.934
South Carolina	1.000	0.899	0.417	0.933
Wyoming	1.000	0.848	0.904	0.930
Kentucky	1.000	0.857	0.754	0.928
Idaho	1.000	0.876	0.500	0.927
Iowa	1.000	0.869	0.506	0.924
Mississippi	1.000	0.847	0.760	0.924
Montana	1.000	0.846	0.780	0.924
Nebraska	1.000	0.882	0.345	0.923
South Dakota	1.000	0.870	0.390	0.920
Alabama	1.000	0.850	0.617	0.920
Oklahoma	1.000	0.853	0.503	0.917
North Dakota	1.000	0.852	0.490	0.916
Rest of Missouri	1.000	0.812	0.938	0.916
Arkansas	1.000	0.839	0.439	0.908
Puerto Rico	1.000	0.696	0.254	0.838

S. 2499, The Medicare, Medicaid & SCHIP Extension Act of 2007, only extended the 1.0 floor on the Work GPCI six months, through June 30, 2008; without congressional intervention by June 30, 2008, the 1.0 floor will end.

Calculation for the GAF: $(0.52466 \times \text{work GPCI}) + (0.43669 \times \text{PE GPCI}) + (0.03865 \times \text{MP GPCI})$

Data sorted in descending order by GAF, then by Work GPCI, then by PE GPCI.

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