



Providers Serving Medicaid Patients



Medicaid and CHIP Payment and Access Commission

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Medicaid Physician Participation

- Main data source is National Ambulatory Medical Care Survey (NAMCS)
- Measures are self-reported by physicians
- Survey sample is office-based physicians
- NAMCS estimates state-level participation, but cannot estimate specialty-specific estimates

Knowledge Gaps

- Number of providers who treat Medicaid patients
- Number of Medicaid patients seen by participating providers
- Other patient caseload characteristics
- Variation in participation levels by specialty
- Supply of other practitioners
 - e.g., nurse practitioners, psychologists, dentists
- Distribution of supply within states

MSIS Supports Provider Analysis

- Every provider who bills third parties must use a national provider identifier (NPI) on every claim
- CMS data warehouse (NPPES) maintains NPIs
 - Standard taxonomy of provider type
- MACPAC conducted extensive work on NPI fields in MSIS
 - Completeness of NPI fields
 - Consistency with provider data in NPPES
 - Record-level variation in reporting for individual NPIs

Practitioner Data in 2012 MSIS

- Participating provider defined as individual NPI on at least one Medicaid claim or encounter
- Physician supply and participation measures
 - Number of practicing physicians
 - Physician supply relative to size of Medicaid population
 - Median patient caseload of participating physicians
 - Percent of physicians serving five or fewer patients
- By state and specialty in 34 states
- Less reliable data on other practitioners, professionals

Key Findings

- Participation by physicians is higher than other published estimates
 - NAMCS shows 69 percent accepted new Medicaid patients in 2011
 - MSIS estimates 84 percent served at least one patient in 2012
- MSIS sample and definition of participation are broader

Key findings

- Physician supply and participation varies widely
 - Within each specialty across states, and
 - Within states across specialties
- Many physicians serve 5 or fewer Medicaid patients
- A majority of physicians serve both managed care and fee-for-service patients

Participation by Specialty and Provider Type

Pediatric Surgical Specialists

- Twenty states had supply ratios of less than one pediatric surgeon per 10,000 children.
- The number of enrolled children per surgeon ranged from 2,200 to 49,800 children per surgeon.
- Median caseload ranged from 1 to 398 Medicaid patients, but was more than 100 patients in a few states.

Behavioral Health Professionals

- Between 9 and 61 percent of psychiatrists served 5 or fewer Medicaid patients across states.
- Median caseload of psychiatrists ranged from 2 to 125 Medicaid patients.
- Psychologists, counselors, licensed clinical social workers, marriage and family therapists, behavioral analysts also participate in Medicaid.
 - In many states their numbers exceed those of psychiatrists.

Women's Health Professionals

- Between 8 and 53 percent of obstetrician-gynecologists served 5 or fewer patients across states.
- Supply ratios ranged from 95 and 1,061 enrolled women per obstetrician-gynecologist.
- Median caseload of physicians ranged from 5 to 200 Medicaid patients.
- Number of nurse practitioners, nurse midwives, physician assistants ranged from 63 to 2,707.

Practitioners and Professionals

- At least 400,000 practitioners other than physicians served Medicaid patients.
 - This is a lower bound estimate.
- Medicaid workforce includes at least:
 - 104,900 advanced practice nurse practitioners
 - 37,300 physician assistants
 - 58,700 dentists
 - 42,300 respiratory, developmental, rehabilitative
 - 23,600 speech, language, and hearing service providers

Fee-for-Service vs. Managed Care

- We classified providers as participating in:
 - Comprehensive managed care (CMC) if they had any encounter data submissions
 - Fee-for-service if they had any FFS claims
- Focused on 16 states with 30 to 90 percent of population in CMC
- In these states, over 60 percent of general internal medicine and surgical specialists participated in both FFS and CMC

Next Steps

- Refine participation measures
 - Investigate use of out-of-state physicians
 - Identify practitioners providing primary care
 - Identify non-pediatric specialists serving children
- Other possible analyses:
 - Contact with specialists among enrollees with shared diagnoses (e.g., severe mental illness, diabetes)
- Explore capacity for substate analyses



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