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
Providers Serving Medicaid Patients

Medicaid and CHIP Payment and Access Commission

Anna Sommers