Physician Acceptance of New Medicaid Patients

Medicaid and CHIP Payment and Access Commission

Kayla Holgash and Martha Heberlein
Overview

• Background
• Approach
• Results
• Discussion
Background

- MACPAC contracted with the State Health Access Data Assistance Center (SHADAC) to explore physician acceptance of new Medicaid patients.
- Analyzed the National Ambulatory Medical Care Survey (NAMCS):
  - Annual survey sponsored by the National Center for Health Statistics that collects data on ambulatory care services provided by office-based physicians.
  - NAMCS asks if physicians currently accept any new patients and, among those who do, which payment sources they accept (Medicaid, Medicare, private insurance).
Approach

• Assessed state policies that could affect acceptance of new Medicaid patients
  – Managed care penetration
  – Medicaid expansion status
  – Medicaid payment rates (compared to Medicare)
Disclosure

The findings and conclusions in this paper are those of the authors and do not necessarily represent the views of the Research Data Center, the National Center for Health Statistics, or the Centers for Disease Control and Prevention.
Medicaid Acceptance Rates by Coverage Type

- Providers less likely to accept new patients insured by Medicaid (70.8 percent) than those with Medicare (85.3 percent) or private insurance (90.0 percent)
  - Physicians in general/family practice were markedly less likely to accept new Medicaid patients (68.2 percent) than Medicare (89.8 percent) or private insurance (91.0 percent)
  - Psychiatrists also accepted new Medicaid patients at a much lower rate (35.7 percent) than Medicare (62.1 percent) or private insurance (62.2 percent)
  - Pediatricians accepted new Medicaid patients at a lower rate (78.0 percent) than privately insured patients (91.3 percent)
Medicaid Acceptance Rates by Specialty

- Pediatricians (78.0 percent), general surgeons (88.4 percent), and obstetrician/gynecologists (81.1 percent) all accepted new Medicaid patients at a higher rate than physicians overall (70.8 percent).
- Psychiatrists (35.7 percent) accepted new Medicaid patients at a lower rate than physicians overall (70.8 percent).
# Medicaid Acceptance Rates by State Managed Care Penetration Status, 2014-2015

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Physicians in states with high managed care penetration</th>
<th>Physicians in states with low managed care penetration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>66.7%</td>
<td>78.5%*</td>
</tr>
<tr>
<td>General/family practice</td>
<td>62.4</td>
<td>78.0*</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>77.4</td>
<td>79.4</td>
</tr>
<tr>
<td>General surgery</td>
<td>85.0</td>
<td>95.4*</td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td>75.4</td>
<td>90.3*</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>35.4</td>
<td>36.1</td>
</tr>
</tbody>
</table>

**Notes:** Among physicians accepting payments from new patients. Managed care penetration was measured in July 1, 2015 as higher or lower than the state median of 69.5 percent.

* Indicates a statistically significant difference at the 0.05 level.

Medicaid Acceptance Rates by Medicaid Expansion Status

Difference between expansion and non-expansion states (as of January 2015), post-ACA:

• No difference in overall rates of accepting new Medicaid patients
• Statistically significant difference among obstetrician/gynecologists; acceptance rates were higher in non-expansion states (89.6 percent) than in expansion states (73.9 percent)
Medicaid Acceptance Rates by Medicaid Expansion Status

Change over time (pre- and post-ACA):

- No difference before vs. after ACA implementation among *expansion* states
- No difference before vs. after the ACA among *non-expansion* states
# Medicaid Acceptance Rates by State Medicaid Payment Ratio (compared to Medicare), 2014-2015

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Physicians in states with a high Medicaid-to-Medicare payment ratio</th>
<th>Physicians in states with a low Medicaid-to-Medicare payment ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>81.1%</td>
<td>64.5%*</td>
</tr>
<tr>
<td>General/family practice</td>
<td>83.1</td>
<td>58.7*</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>81.6</td>
<td>76.0</td>
</tr>
<tr>
<td>General surgery</td>
<td>97.5</td>
<td>82.9*</td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td>91.1</td>
<td>73.2*</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>37.4</td>
<td>35.3</td>
</tr>
</tbody>
</table>

**Notes:** Among physicians accepting payments from new patients. High and low payment ratios are developed by creating an index of the comparison of state physician fees from Medicaid versus Medicare, then comparing the index the national average of 0.72. Those with ratios above the national average are considered high; those with ratios below the national average are considered low.

* Indicates a statistically significant difference at the 0.05 level.

Multivariate Analysis

- Controlled for confounding factors:
  - State share of population in poverty
  - State share of population with Medicaid coverage
  - State physician supply
  - Physician demographics
  - Physician employment characteristics (e.g., practice size, ownership)
Multivariate Analysis Results

• Medicaid expansion and managed care penetration were not associated with physicians’ decisions to accept new Medicaid patients

• The only policy lever that was associated with Medicaid acceptance was Medicaid fees
  – 1 percentage point increase in the Medicaid-to-Medicare fee ratio would increase acceptance by 0.78 percentage points
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