INDIANA PROVIDERS: REPORTED BARRIERS TO MEDICAID PARTICIPATION

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY

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PHYSICIANS AND DENTISTS



BARRIERS TO MEDICAID PARTICIPATION

QUALITATIVE ANALYSIS METHODS

COLLECTION OF QUALITATIVE DATA

In both the 2017 physician licensure survey and 2018 dentist licensure survey, respondents were asked to indicate whether they are accepting new Indiana Medicaid patients at any of their practice sites. If respondents indicated that they do not accept new Indiana Medicaid patients, a subsequent open-ended question allowed respondents to provide reasons for not increasing participation in Medicaid. Responses to this question would then be used to determine perceived barriers to participation in Indiana Medicaid.

INITIAL CODING - CYCLE 1

Initial qualitative analysis was conducted during administration of the formal cleaning and coding processes used for storage of longitudinal health workforce data. All responses were printed and examined to identify the most common responses. Based on the responses of those who reported not accepting new Indiana Medicaid patients, ten (10) categories were created for the physician survey and fifteen (15) categories were created for the dentist survey. If a respondent provided multiple reasons for not participating in Indiana Medicaid, the first reason was used for classification assignment. These categories were used for initial reporting of barriers to participation in Indiana Medicaid among physicians and dentists.

RE-CLASSIFICATION - CYCLE 2

After review of the initial categories created for the qualitative responses, there were identified gaps in the assigned categories. In order to ensure a standardized coding method for the reclassification, twelve (12) predetermined categories were created to be used during the second cycle of the qualitative analysis.

Two research assistants reviewed and assigned one of the predetermined categories to each of the qualitative responses made by both physicians and dentists. After all responses were assigned to a category they were matched to determine validity of the new classification. All responses that did not match were further discussed in order to determine the true meaning of the response and an appropriate category assignment. Any responses for which an agreed upon meaning could not be determined were categorized as 'other'. All responses that included responses such as N/A or Not applicable were considered non-respondents and not classified in the second cycle of analysis.

AGGREGATION AND REPORTING

All data were aggregated into reporting tables using SAS 9.4. Non-respondents were not included in the second reporting tables due to the purpose of reporting meaningful responses to perceived barriers in Medicaid participation.

This report highlights Indiana physicians and dentists that responded to the following question:

If you are not accepting new Indiana Medicaid patients, but you are enrolled as an Indiana Medicaid Provider, please describe barriers to participation.

WHO IS INCLUDED IN THIS REPORT?



SAMPLE: PHYSICIANS

In 2017, **27,473** physicians renewed or applied for their Indiana medical license. Of these, **11,085** (40.3%) had an active license, reported actively practicing in a field requiring a medical license and had a valid Indiana license address. Among the reporting sample, **1,683** physicians (15.2%) indicated that they are not accepting any new Indiana Medicaid patients at their practice. When asked to provide a reason for not increasing participation in Indiana Medicaid, **812** provided a reason that was able to be classified during qualitative analysis.

27,473
renewed or applied for their

11,085
active license, actively practicing,
& valid Indiana license address

1,683
reported that they do not accept any new Indiana Medicaid patients

providers described barriers to Medicaid participation that were able to be classified





SAMPLE: DENTISTS

In 2018, **4,001** dentists renewed or applied for their Indiana dentist license. Of these, **2,697** (67.4%) had an active license, reported actively practicing in a field requiring a dental license and had a valid Indiana license address. Among the reporting sample, **1,604** dentists (59.5%) indicated that they are not accepting new Indiana Medicaid. When asked to provide a reason for not increasing participation in Indiana Medicaid, **318** provided a reason that was able to be classified during qualitative analysis.

renewed or applied for their Indiana dental license in 2018.

2,697
active license, actively practicing, & valid Indiana license address

1,604
reported that they do not accept any new Indiana Medicaid patients

318
providers described barriers to Medicaid

participation that were able to be classified

QUALITATIVE ANALYSIS RESPONSES: PHYSICIANS



DATA RESULTS: PHYSICIANS

Just over one-fourth of physicians indicated already having a full patient panel as their reason for not accepting new Indiana Medicaid patients (30.3%). The second most common reason was limited coverage or having a specialty not covered by Medicaid (12.2%).

REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS

30.3%

Full patient panel/no room on patient panel for more Medicaid recipients/limited capacity at clinic /additional workforce capacity needed

12.2%

Limited coverage/limited services covered/procedures not covered/specialty care not covered

11.1%

I practice at a government location/setting such as the VA, state hospital, federal prison, jail, military base

10.0%

I do not provide direct patient care/Researcher, academic, administrator, laboratory

7.6%

Administrative decisions/ characteristics associated with my practice (free clinic, corporate decision, insurance network patients only, just practice policy)

7.4%

Low Reimbursement Rates

7.3%

Other

5.7%

Administrative burden (paperwork, credentialing, billing process, waiting time for reimbursement, changes to Medicaid plans)

5.3%

Not applicable (locum tenens, retiring, resident or fellow)

2.3%

Medicaid patient population characteristics (noncompliance, missed appointments, complexity of patients/treatment)

0.9%

Just not interested



QUALITATIVE ANALYSIS RESPONSES: DENTISTS



DATA RESULTS: DENTISTS

For dentists, over one-third indicated low reimbursement rates as their reason for not accepting new Indiana Medicaid patients (37.7%). The second most common reason was the administrative burden of being a Medicaid provider (14.5%).

REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS

37.7%

Low Reimbursement Rates

14.5%

Administrative burden (paperwork, credentialing, billing process, waiting time for reimbursement, changes to Medicaid plans)

10.4%

Limited coverage/limited services covered/procedures not covered/specialty care not covered

9.4%

Other

7.9%

Full patient panel/no room on patient panel for more Medicaid recipients/limited capacity at clinic/additional workforce capacity needed

6.6%

Medicaid patient population characteristics (noncompliance, missed appointments, complexity of patients/treatment)

5.3%

Administrative decisions/ characteristics associated with my practice (free clinic, corporate decision, insurance network patients only, just practice policy)

3.1%

I do not provide direct patient care/Researcher, academic, administrator, laboratory

2.2%

I practice at a government location/setting such as the VA, state hospital, federal prison, jail, military base

1.6%

<mark>Ju</mark>st not interested

1.3%

Not applicable (locum tenens, retiring, resident or fellow)



QUESTIONS?

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