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Contribution of the National Health Service Corps Providers and Recent Alumni to Medicare Beneficiaries in 2015

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ISSUE

Medicare beneficiaries are increasingly seeking care at community health centers and other health professional shortage areas (HPSAs) that can be challenging to adequately staff. The National Health Service Corps (NHSC) is a primary federal strategy to increase the supply of primary care providers in HPSAs. This study uses Medicare Part D provider billing data to document the role that NHSC participants and recent alumni play in caring for Medicare patients, including dual eligible Medicare and Medicaid beneficiaries, in HPSAs.

METHODS

Using 2011-2015 NHSC participant data linked with the 2015 Medicare Provider Utilization and Payment Data: Part D Prescriber data obtained from the CMS website2, this study identifies the number of active NHSC primary care providers fulling service obligations in 2015 and recent alumni (completed obligation during 2011-2014) serving Medicare beneficiaries in HPSAs in 2015. We defined NHSC alumni practicing in HPSAs as providers whose 2015 practice zip code overlaps 80% or more with a geographic or population based HPSA. We also examined the number of Medicare beneficiaries (including dual eligible) served by NHSC providers and recent alumni. Primary care providers include physicians with a specialty of family medicine, internal medicine, OB/GYN, and advanced practice clinicians (including nurse practitioners, physician assistants, and certified midwives).

RESULTS

Collectively, active NHSC participants and recent alumni served approximately 1 million Medicare beneficiaries in HPSAs in 2015 and nearly half were duals. In 121 of the zip codes, they provided 100% of the Part D billings. Recent alumni are more likely to practice in HPSAs compared to other PCPs that bill Medicare Part D (51% vs 29%). Lastly, NHSC and alumni are practicing in high need HPSAs with HPSA scores 14 and above and with higher percentages of uninsured and unemployed populations, Blacks, Hispanics, immigrants, and people living in poverty compared to HPSAs with no active NHSC participants or recent alumni.

CONCLUSIONS

Our findings suggest that the NHSC plays an important role in providing access to care for Medicare beneficiaries in high need HPSAs. Furthermore, the majority of recent alumni continue to serve Medicare beneficiaries in high need HPSAs post completion of their service obligation, demonstrating a lasting impact of this important mechanism for improving access to care for underserved populations.

Key Words: National Health Service Corps, retention, underserved, rural, Medicare