

Medicaid Workforce Tracker: Focus on Medicaid Eligibility Groups

Qian (Eric) Luo, Candice Chen, Mandar Bodas, Anushree Vichare, Clese Erikson

ISSUE: People covered by Medicaid are a distinct and important population that faces access challenges related to Medicaid participation of the health workforce. The Medicaid population is not monolithic and includes children, adults, the disabled, and the elderly. Each of these distinct sub-populations may face different challenges in health care access associated with providers' Medicaid participation. This study aimed to examine the Medicaid workforce providing services to the different Medicaid eligibility groups (children, non-expansion adults, Medicaid expansion adults, people with disabilities, and elderly adults/dual-eligible).

METHODS: We used the 2016 Transformed Medicaid Statistical Information (T-MSIS) Other Service (OT) and Pharmacy (RX) files (Release 2) and the National Plan and Provider Enumeration System (NPPES). Our final sample consisted of about 1,520,349 individual health providers serving patients from 43 states with the highest data quality. We employed a multi-pronged approach by summarizing 1) the proportion of providers from a certain specialty/profession participating in Medicaid programs for specific eligibility groups in each state, 2) the provider to population ratio in a state for specific eligibility group and provider specialty/profession participating in Medicaid programs, and 3) the risk of loss of access to providers of a given specialty/profession (workforce risk) at the zip code tabulation area (ZCTA) level which is based on the likelihood of major disruption in access in the event of losing the principal provider in a ZCTA. For the workforce risk analysis, we calculated the Herfindahl-Hirschman Index (HHI) of service provision by provider specialty/profession and beneficiary eligibility groups. We adapted the Federal Trade Commission's categorization of HHIs, to measure the risk of access disruption at the ZCTA level.

FINDINGS: We found that Medicaid participation for different eligibility groups varies widely across provider specialties and states. Using pediatricians for Medicaid children as an example, nationally, on average, 83.97% of pediatricians see at least one Medicaid child. Yet, the participation rate varies from the highest in Oklahoma at 91.78% to the lowest in Hawaii at 74.72%. The national average participating pediatrician to Medicaid children ratio is 15.05 pediatricians per 10,000 Medicaid children, with the highest in Wyoming at 56.2 and the lowest in Oklahoma at 12.17. We also found tremendous variation in provider densities across states. Comparative analysis from the three approaches of this study showed that while certain states seem to rank higher using one approach, they fare much worse with another approach.

DISCUSSION: While provider participation rates and provider-to-population density are important parameters to consider in developing health workforce policy that addresses equity issues for the underserved population, our risk analysis provided an additional lens to examine the access to care issue for workforce planning purposes.

Key Words: Medicaid, Health Workforce, Health Care Access, Risk Analysis