Health Workforce Abstract

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Providers Billing Medicaid in Non-Traditional Sites

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ISSUE: Transportation barriers are a major barrier for Medicaid beneficiaries leading to patients missing or postponing appointments, contributing to avoidable complications. New payment models such as Accountable Care Organizations incentivize health care providers to address social determinants of health to lower the cost of care and improve outcomes. This study examines provider participation in billing Medicaid for services provided at patient homes and school-based clinics and asks whether Medicaid policies supporting value-based care are associated with a greater likelihood of seeing patients in these non-traditional locations.

METHODS: The main data sources include 2016 Transformed Medicaid Statistical Information (T-MSIS) Other Service (OT) (Release 2) and the National Plan and Provider Enumeration System (NPPES). We use the place of service code to identify claims in school-based clinics (03) and patient homes (12), excluding Minnesota due to data quality issues for POS codes. We identified unique National Provider Identifiers (NPIs) in the OT files and matched them with NPPES data to determine provider specialty/profession. We limit our study to primary care providers (PCP)[a] and behavioral health providers (BHP)[b]. State Medicaid policies come from the Kaiser Family Foundation and the National Association of Accountable Care Organizations. Community health and look-alike center NPIs are compiled from the Health Resources & Services Administration (HRSA) and T-MSIS data. We conducted logistic regression analyses at the provider level to 1) determine the associations between state Medicaid policies and if the Medicaid-billing providers conduct any visits inside a patient's home and 2) control for state and provider characteristics.

FINDINGS: We find 41,500 PCPs (8.8%) and 21,217 BHPs (14.4%) conducted visits inside the patient's home; and 11,215 PCPs (2.4%) and 7,368 (5%) BHPs conducted school-based visits. Providers located in a state with an ACO are 2.4 times more likely to conduct home visits than those in states without ACOs (OR: 2.400, $p < 0.001$). Medicaid penetration rates are statistically significant and positively associated with providers conducting visits in the patient's home (OR: 1.004, $p < 0.001$). Medicaid expansion status is negatively associated with home visits (OR: 0.402, $p < 0.001$). Providers in rural locations (OR: 1.166, $p < 0.001$), as well as those affiliated with CHCs (OR: 2.065, $p < 0.001$) are more likely to see patients in the home compared to those who are not. Behavioral specialists are twice as likely to see patients in the home than PCPs (OR: 2.276, $p < 0.001$). Practice size also matters, with providers in the top quintile based on patient volume over two times more likely to conduct home visits than providers in the bottom quintile (OR: 2.875, $p < 0.001$).

DISCUSSION: We find that a small proportion of PCPs and BHPs are billing Medicaid for services provided in the home and school. State policies that support value-based care are associated with greater home-based services. As health care providers become increasingly involved in value-based payment models that offer greater flexibility in how care is delivered, home visits are likely to grow as part of efforts to improve the quality of care at a lower cost.

Key Words: Medicaid, Home-based care, School-based care, Health Workforce, Access

[a] Primary care providers (PCP) = family medicine, internal medicine, pediatrics, nurse practitioners, and physician assistants

[b] Behavioral health providers (BHP) = counselors, psychologists, social workers, psychiatrists, and neurologists

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