Sample AAP Chapter Survey Questions on Medicaid Payment Increase

Practice Characteristics

1. Please enter your state below. Entering your name and contact information is optional; we will not use this information for any other purpose than to collect experiences with Medicaid in this survey. We may contact you for answer clarification or additional information.
   a. Name: __________
   b. State: __________
   c. Email Address: ______________
   d. Phone Number: __________

2. Please enter today’s date: __________

3. Please indicate whether you are a:
   a. Primary care pediatrician
   b. Pediatric medical subspecialist or pediatric surgical specialist, please indicate specialty
   c. Other primary care physician
   d. Other specialist or subspecialist
   e. If applicable, please indicate specialty: ______________

4. Please indicate your practice setting:
   a. Private, office-based setting
   b. Health system-based office setting (ie, office of an integrated health system)
   c. Hospital setting
   d. Federally Qualified Health Center (FQHC)
   e. Rural Health Center (RHC)
   f. Other, please specify: ______________

5. Please indicate your regional setting:
   a. Urban
   b. Suburban
   c. Rural
   d. Other, please specify: ______________

Medicaid Participation

6. Does your practice currently accept Medicaid patients [as of DATE HERE]?
   a. Yes
   b. No

7. If your practice currently accepts Medicaid patients, please indicate which type of Medicaid payment it accepts:
a. Medicaid fee-for-service only
b. Medicaid managed care only
c. Both Medicaid managed care and fee-for-service
d. N/A

8. Did your practice accept Medicaid patients prior to the 2013-2014 Affordable Care Act (ACA) Medicaid payment increase?
   a. Yes
   b. No

9. If your practice accepted Medicaid patients prior to the 2013-2014 ACA Medicaid payment increase, approximately what percentage of your patient panel was comprised of Medicaid patients at that time? (Drop down menu)
   a. 10% Medicaid patients
   b. 20% Medicaid patients
   c. 30% Medicaid patients
   d. 40% Medicaid patients
   e. 50% Medicaid patients
   f. 60% Medicaid patients
   g. 70% Medicaid patients
   h. 80% Medicaid patients
   i. 90% Medicaid patients
   j. 100% Medicaid patients

10. Did you qualify for and receive increases in Medicaid payment per the ACA 2013-2014 Medicaid payment increase?
    a. Yes
    b. No

11. If your practice received the ACA Medicaid payment increase, your practice raise the number of Medicaid patients you see because of the ACA Medicaid payment increase?
    a. Yes
    b. No
    c. N/A

12. If you qualified for and received the ACA Medicaid payment increase and also increased the number of Medicaid patients your practice accepts because of it, by what approximate percentage did your practice increase acceptance of Medicaid patients? (Drop down menu:)
    a. 10% increase in Medicaid patients
    b. 20% increase in Medicaid patients
    c. 30% increase in Medicaid patients
    d. 40% increase in Medicaid patients
    e. 50% increase in Medicaid patients
    f. 60% increase in Medicaid patients
    g. 70% increase in Medicaid patients
h. 80% increase in Medicaid patients
i. 90% increase in Medicaid patients
j. Began accepting all Medicaid patients

13. Did your practice add other patient services as a result of the ACA Medicaid payment increase?
   a. Yes
   b. No
   c. N/A

14. If yes, please check all that apply:
   a. Increased practice service offerings
   b. Increased practice staffing (clinical and/or non-clinical staff)
   c. Increased care coordination services
   d. Upgraded information technology or other practice infrastructure
   e. Extended practice hours
   f. Expanded to additional practice location(s)
   g. Used the increased payments to stabilize practice finances
   h. Other: ___________________________________________________

15. Is your state continuing the Medicaid payment increase with state funds in 2015?
   a. Yes
   b. No

16. If your state is not extending the Medicaid payment increase, have you noticed a change in wait times for patient care as a result of the end of the Medicaid payment increase? If so in what context?
   a. Increase in wait times for patients in primary care
   b. Increase in wait times for patients in specialty care
   c. Decrease in wait times for patients in primary care
   d. Decrease in wait times for patients in specialty care
   e. No change
   f. Don’t know
   g. N/A

17. If your state is not continuing the Medicaid payment increase with state funds, how will the end of the ACA 2013-2014 Medicaid payment increase impact your practice with respect to your acceptance of Medicaid patients? (Check all that apply)
   a. My practice will stop seeing new Medicaid patients
   b. My practice will stop seeing all Medicaid patients
   c. My practice will reduce its Medicaid caseload by capping the number of Medicaid patients seen
   d. My practice will continue seeing the same amount of Medicaid patients
   e. My practice will see more Medicaid patients
   f. No change
   g. N/A
18. If your state is not continuing the Medicaid payment increase with state funds, how else will the end of the ACA 2013-2014 Medicaid payment increase impact your practice:
   a. My practice will reduce service offerings
   b. My practice will reduce staff
   c. My practice will limit extended hours
   d. My practice will reduce care coordination
   e. My practice will close
   f. My practice will be sold
   g. N/A
   h. Other, please provide details: _________________________________________

19. If your state were to finance an ongoing continuation of Medicaid payment at Medicare rates, would you be able to avoid the actions noted in Questions #15 and #16?
   a. Yes
   b. No
   c. N/A

20. If your state were to finance an ongoing continuation of the Medicaid payment at Medicare rates, how else would this impact your practice? (Check all that apply)
   a. My practice would begin seeing Medicaid patients, which it has not done before
   b. My practice would see Medicaid patients at an increased rate, as it did under the ACA Medicaid payment increase
   c. My practice would see Medicaid patients at an increased rate, even though I did not receive the ACA Medicaid payment increase
   d. My practice would see the same amount of Medicaid patients as it did before the ACA Medicaid payment increase
   e. My practice would offer additional services
   f. My practice would hire or maintain new staffing that it would not otherwise
   g. My practice would provide additional care coordination
   h. My practice would limit the amount of Medicaid patients it sees
   i. My practice would offer fewer services
   j. My practice would reduce staffing
   k. My practice would offer less care coordination
   l. No change

21. Please provide any additional details on the impact of Medicaid payment rates on your practice: ________________________________________________________________