Pediatrician Participation in Medicaid, CHIP and VFC: 50 States and DC

2011/12 AAP Member Survey

Final Report

Updated 09/12/2012
Pediatrician Participation in Medicaid, CHIP and VFC: 50 States and DC

2011/12 AAP Member Survey Report*

A. Survey Sample

1) Pediatricians** in Patient Care 70,734
2) AAP Fellows Surveyed 20,133
3) Returned Surveys Included in this Report 10,138
4) Survey Response Rate*** 50.4%

B. Medicaid and CHIP Enrollment (Ages 0-18), FFY2010

1) Total Medicaid and CHIP Enrollees 42,146,940 (53.6% of US children ages 0-18)
2) Total Title XIX Medicaid Enrollees 34,441,217 (43.8% of US children ages 0-18)
3) CHIP Enrollees (Incl. Title XXI Medicaid Expansions) and Separate CHIP Programs 7,705,723 (9.8% of US children ages 0-18)
4) CHIP Enrollees (Separate CHIP Programs Only) 5,539,773 (7.0% of US children ages 0-18)

C. Medicaid Enrollment and Expenditures****, FFY2009

1) Total Medicaid Program Enrollees (All Ages, incl. Title XXI-funded Medicaid expansions) 65,144,061
2) Medicaid Enrollees (Ages 0-20) 35,294,472 (54.2% of total US Medicaid enrollment, 40.4% of US children ages 0-20)
3) Medicaid Enrollees (Ages 0-5) 13,240,353 (20.3% of total US Medicaid enrollment, 52.2% of US children ages 0-5)
4) HMO Enrollment (Ages 0-20) 20,995,978 (59.5% of US Medicaid-enrolled children ages 0-20)
5) Total Medicaid Expenditures (All Ages) $323,461.5 M
6) Expenditures for Children’s Services (Ages 0-20) $89,899.9 M (27.8% of total US Medicaid expenditure)
7) Per-child Expenditure (Ages 0-20) $2,547
8) Expenditures for Children’s Services (Ages 0-5) $34,370.9 M (10.6% of total US Medicaid expenditure)
9) Per-child Expenditure (Ages 0-5) $2,596

D. Physician Payment for Pediatric Services, 2011

1) Medicaid-to-Medicare Physician Payment Ratio for Children’s Services, 2011 70%
2) Commercial-to-Medicare Physician Payment Ratio for Children’s Services, 2011 142%

* See notes, caveats and data sources on last page of report  ** Self-designated specialty according to AMA Physician Masterfile  *** Denominator adjusted for bad addresses, and retired, deceased or other ineligible survey recipients  **** Annual total enrollment and total provider payment as reported by states on CMS/MSIS2082.

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E. Proportion of Patients by Type of Coverage

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Mean</th>
<th>25th Percentile</th>
<th>Median</th>
<th>75th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Medicaid</td>
<td>30.7%</td>
<td>5.0%</td>
<td>25.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2) CHIP</td>
<td>5.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>3) Private/commercial</td>
<td>57.4%</td>
<td>30.0%</td>
<td>60.0%</td>
<td>84.2%</td>
</tr>
<tr>
<td>4) Other</td>
<td>2.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>5) Uninsured</td>
<td>4.2%</td>
<td>0.0%</td>
<td>2.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

F. Participation in Health Plans Available in Area*

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Participating</th>
<th>Not Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) State-administered Fee-for-service, &quot;straight&quot; Medicaid Plan</td>
<td>87.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>2) Medicaid Managed Care Plans</td>
<td>40.2%</td>
<td>29.2%</td>
</tr>
<tr>
<td>3) CHIP Plans</td>
<td>58.7%</td>
<td>14.9%</td>
</tr>
<tr>
<td>4) Private/commercial Plans</td>
<td>30.0%</td>
<td>59.3%</td>
</tr>
</tbody>
</table>

G. Acceptance of New Patients

[Survey Question: To the best of your knowledge, is your practice currently accepting none, only some, most, or all of new Medicaid, CHIP or private patients who (i) are covered by plans that your practice has signed up with, and (ii) contact your practice for appointment?]

<table>
<thead>
<tr>
<th>Accepting:</th>
<th>All New Patients</th>
<th>Most</th>
<th>Only Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Medicaid</td>
<td>47.3%</td>
<td>13.6%</td>
<td>21.0%</td>
<td>18.1%</td>
</tr>
<tr>
<td>2) CHIP</td>
<td>49.6%</td>
<td>13.3%</td>
<td>14.7%</td>
<td>22.3%</td>
</tr>
<tr>
<td>3) Private/commercial</td>
<td>63.9%</td>
<td>27.8%</td>
<td>5.4%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

H. Medicaid Participation Barrier**

[Survey question: A number of factors have been cited as barriers to physician participation in Medicaid in various parts of the country. Whether or not you currently participate, how important do you feel these factors (listed in the first column below) are as reasons for pediatricians in your geographic area to not participate, or to limit participation, in Medicaid?]

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Low provider payment</td>
<td>74.0%</td>
<td>21.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>2) Unpredictable payment</td>
<td>50.4%</td>
<td>34.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>3) Complex programs and confusing regulations/ payment policies</td>
<td>47.6%</td>
<td>41.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>4) Payment delays</td>
<td>46.3%</td>
<td>37.5%</td>
<td>16.2%</td>
</tr>
<tr>
<td>5) Referral difficulties</td>
<td>44.1%</td>
<td>40.0%</td>
<td>15.8%</td>
</tr>
<tr>
<td>6) Burdensome paperwork</td>
<td>42.2%</td>
<td>45.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>7) Revenue loss due to patients missing appointments</td>
<td>42.2%</td>
<td>44.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>8) Coverage gaps (intermittent coverage)</td>
<td>39.5%</td>
<td>44.2%</td>
<td>16.3%</td>
</tr>
<tr>
<td>9) State requirements for managed care</td>
<td>31.1%</td>
<td>44.2%</td>
<td>24.7%</td>
</tr>
<tr>
<td>10) Excessive ER use by patients</td>
<td>28.0%</td>
<td>41.3%</td>
<td>30.7%</td>
</tr>
<tr>
<td>11) Patients/families less compliant</td>
<td>25.9%</td>
<td>45.1%</td>
<td>29.0%</td>
</tr>
<tr>
<td>12) Language barriers</td>
<td>10.4%</td>
<td>34.4%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>

^ Estimates with relative standard error greater than 30% or with cell size (n) smaller than 5. 'Ø' denotes empty response category or missing data. * Respondents who report participating in the only plan available in their area are shown as participating in 'All Plans'. Nationally, respondents are more likely to report having only a single CHIP plan available in their geographic area than having only a single Medicaid managed care plan, and least likely to report having only a single private/commercial plan. Plan-level participation categories, as a result, are not directly comparable across coverage type. ** Participation barriers as listed are not mutually exclusive. ’Patient/families less compliant’ may overlap with ’Excessive ER use by patients, as an example. 

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## I. Overall Participation based on Plan Participation, New Patient Acceptance and Caseload

<table>
<thead>
<tr>
<th></th>
<th>Estimated* Full Participant</th>
<th>Estimated* Limited Participant **</th>
<th>Non-Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i.e., participating in all available plans and accepting all new patients)</td>
<td>(i.e., rejecting at least some of available plans and/or new patients)</td>
<td>(i.e., no patient (0%) covered by insurance type)</td>
</tr>
<tr>
<td>1) Medicaid</td>
<td>27.2%</td>
<td>[a] 31.9% ; [b] 25.8%</td>
<td>58.1%</td>
</tr>
<tr>
<td>2) CHIP</td>
<td>16.6%</td>
<td>[c] 13.3% ; [d] 9.1%</td>
<td>22.6%</td>
</tr>
<tr>
<td>3) Private/commercial</td>
<td>21.3%</td>
<td>[e] 68.3% ; [f] 6.6%</td>
<td>76.2%</td>
</tr>
</tbody>
</table>

[a] Limited "receptive" Medicaid participants, i.e., those who are open to new Medicaid patients at least as private/commercial patients
[b] Limited "restrictive" Medicaid participants, i.e., those who are more open to private/commercial than Medicaid patients
[c] Limited "receptive" CHIP participants, i.e., those who are open to new CHIP patients at least as private/commercial patients
[d] Limited "restrictive" CHIP participants, i.e., those who are more open to private/commercial than CHIP patients
[e] Limited "receptive" private/commercial insurance participants, i.e., open to new private/commercial at least as Medicaid
[f] Limited "restrictive" private/commercial insurance participants, i.e., more open to new Medicaid patients than private/commercial

## J. Referral Difficulty, by Source of Coverage

Survey Question: To what extent do you experience difficulty securing timely (sub)specialty care (including care provided by pediatric subspecialists or adult specialists who see patients of all ages) for your pediatric patients?

<table>
<thead>
<tr>
<th></th>
<th>No Difficulty</th>
<th>Some Difficulty</th>
<th>Great Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Medicaid</td>
<td>17.1%</td>
<td>51.7%</td>
<td>31.1%</td>
</tr>
<tr>
<td>2) CHIP</td>
<td>23.1%</td>
<td>52.6%</td>
<td>24.3%</td>
</tr>
<tr>
<td>3) Private/commercial</td>
<td>57.5%</td>
<td>40.2%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

## K. Vaccine for Children (VFC) Program

<table>
<thead>
<tr>
<th></th>
<th>Currently Enrolled</th>
<th>Not Enrolled Anymore</th>
<th>Never Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) VFC Participation</td>
<td>82.3%</td>
<td>3.0%</td>
<td>14.7%</td>
</tr>
<tr>
<td>2) Proportion of VFC Vaccine Given, by Patient Source of Coverage</td>
<td></td>
<td></td>
<td>83.5%</td>
</tr>
<tr>
<td></td>
<td>%Given to Medicaid or CHIP Patients</td>
<td>%Given to Uninsured/ underinsured Patients</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

## L. Practice Setting and Average Medicaid/CHIP Patient Load

<table>
<thead>
<tr>
<th></th>
<th>Distribution</th>
<th>Average Medicaid Load</th>
<th>Average Medicaid+ CHIP Load</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Solo or Two-physician Practice</td>
<td>19.3%</td>
<td>32.6%</td>
<td>38.7%</td>
</tr>
<tr>
<td>2) Pediatric Group Practice</td>
<td>40.3%</td>
<td>22.1%</td>
<td>26.3%</td>
</tr>
<tr>
<td>3) Multi-specialty Group Practice</td>
<td>12.4%</td>
<td>27.4%</td>
<td>32.1%</td>
</tr>
<tr>
<td>4) Community Health Centers</td>
<td>4.7%</td>
<td>58.6%</td>
<td>67.8%</td>
</tr>
<tr>
<td>5) Medical Schoos, City/County/ State Hospitals</td>
<td>7.6%</td>
<td>56.2%</td>
<td>63.2%</td>
</tr>
<tr>
<td>6) Other (e.g., Staff-model HMOs, US govt or non-govt hospitals other settings)</td>
<td>15.6%</td>
<td>36.6%</td>
<td>41.5%</td>
</tr>
<tr>
<td>All Settings</td>
<td>Column Total:100.0%</td>
<td>30.7%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

^ Estimates with relative standard error greater than 30% or with cell size (n) smaller than 5. Ø' denotes empty response category or missing data. * Estimate based on distribution of responses to multiple survey questions on plan level participation, new patient acceptance and caseload. ~ Includes a small number of respondents (<1% of ‘Limited’ Medicaid participants, <1% of ‘Limited’ CHIP participants, and <2% of ‘Limited’ private/commercial participants, nationally) who reported not currently accepting any new Medicaid, CHIP or private/commercial patients. © Copyright 2012 American Academy of Pediatrics.
M. Medicaid*, CHIP and Private/commercial Insurance Participation and Medicaid/CHIP Patient Load

1) Medicaid* Participation and Medicaid Patient Load

Any Medicaid patients in your practice?

Yes: 85.3%
- - - - - - - - -
Average Medicaid Load: 36.0%

Participate in All available Medicaid plans* AND accept All new Medicaid patients?

Yes: 31.9%
- - - - - - - - -
Average Medicaid Load: 46.1%

No~: 68.1%
- - - - - - - - -
Average Medicaid Load: 32.0%

More Open to New Private/commercial patients than Medicaid?

Yes: 44.4%
- - - - - - - - -
Average Medicaid Load: 21.1%

No: 14.7%
- - - - - - - - -
Average Medicaid Load: 0.0%

2) CHIP Participation and CHIP Patient Load

Any CHIP Patients** in your practice?

Yes: 39.3%
- - - - - - - - -
Average CHIP Load: 13.4%

Participate in All available CHIP plans AND accept All new CHIP patients?

Yes: 42.4%
- - - - - - - - -
Average CHIP Load: 14.1%

No: 57.6%
- - - - - - - - -
Average CHIP Load: 12.6%

More Open to New Private/commercial patients than CHIP?

Yes: 40.3%
- - - - - - - - -
Average CHIP Load: 10.5%

No: 60.7%
- - - - - - - - -
Average CHIP Load: 0.0%

3) Private/commercial Insurance Participation and Public (Medicaid + CHIP) Patient Load

Any Private/commercial Patients Patients in your practice?

Yes: 97.5%
- - - - - - - - -
Average Medicaid +CHIP Load: 53.1%

Participate in All available private/commercial plans AND accept All new private/commercial patients?

Yes: 21.8%
- - - - - - - - -
Average Medicaid +CHIP Load: 40.0%

No: 78.2%
- - - - - - - - -
Average Medicaid +CHIP Load: 34.0%

More Open to New Medicaid Patients than Private/commercial patients?

Yes: 8.6%
- - - - - - - - -
Average Medicaid +CHIP Load: 55.1%

No~~: 91.4%
- - - - - - - - -
Average Medicaid +CHIP Load: 95.5%

No: 2.5%
- - - - - - - - -
Average Medicaid +CHIP Load: 53.1%

* Estimates with relative standard error greater than 30% or with cell size (n) smaller than 5.
Ø denotes empty response category or missing data.
* Includes state-administered fee-for-service ‘straight Medicaid’ plan and Medicaid managed care plans available in respondent’s geographic area.
** 9.8% of 50 States and DC children were enrolled in Title XXI/CHIP programs during 2010 according to CMS.
~ Does not include a small number of respondents (<1% nationally) who reported not currently accepting any new Medicaid, CHIP or private/commercial patients.
~~ Does not include a small number of respondents (<2% nationally) who reported not currently accepting any new Medicaid, CHIP or private/commercial patients.

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Notes and Caveats

This report summarizes results of the 2011/12 "Survey of Pediatrician Participation in Medicaid, CHIP and VFC", conducted by the American Academy of Pediatrics (AAP). The survey was mailed to a state-stratified random sample of non-retired, non-resident civilian AAP members who were board-certified pediatricians. Data collection started May 2011 and continued through February 2012.

Use caution when interpreting CHIP-related estimates as they are accurate only to the extent that CHIP programs are recognized by survey respondents as such. Recognition of CHIP programs may be uneven across states.

Estimates with relative standard error greater than 30% or with cell size (n) smaller than 5 are denoted with "^" (caret). Empty response categories are marked by the letter "Ø". "Don't-knows", skips and missing responses are excluded from the numerators and denominators in all tabulations in this report.

Sources

Section A.

Section B.
- "FY 2010 Number of Children Ever Enrolled Year - CHIP by Program Type". SCHIP Statistical Enrollment Data System (SEDS) forms CMS-21E, CMS-64.21E, and CMS-21waiver (1/10/11)

Section C.
- FFY 2009 CMS/MSIS2082 (Data for MA, UT and WI from FFY2008). Downloaded from Medicaid Statistical Information System (MSIS) State Summary Datamart, March 2012.

Section D.

Section E-M.

Contact Information

Contact Suk-fong Tang, Department of Practice, for comments on this report. Contact Dan Walter or Wendy Chill, Division of State Government Affairs, for Medicaid questions and advocacy advice. Contact Elizabeth Sobczyk, Division of Pediatric Practice, for pediatric immunization questions and advocacy advice. Contact the Division of Health Care Finance and Quality Improvement at dhcfqi@aap.org for information on child health financing or RBRVS.

Suggested Citation


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