



Impact of Medicaid Managed Care Expansion on Access to Providers in Mississippi

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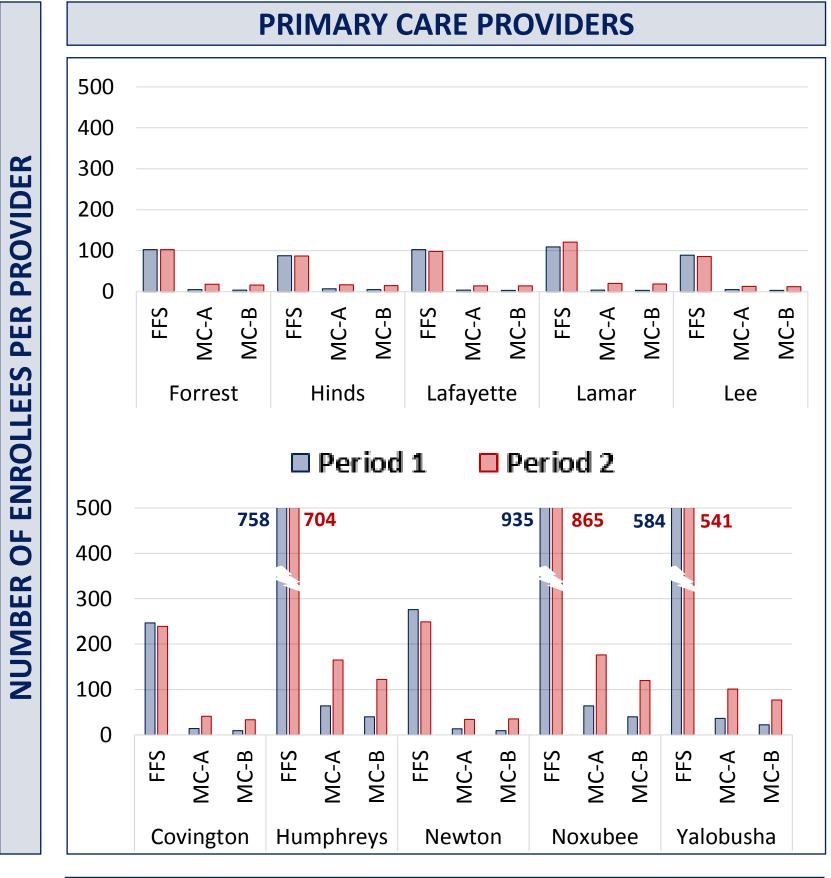
BACKGROUND

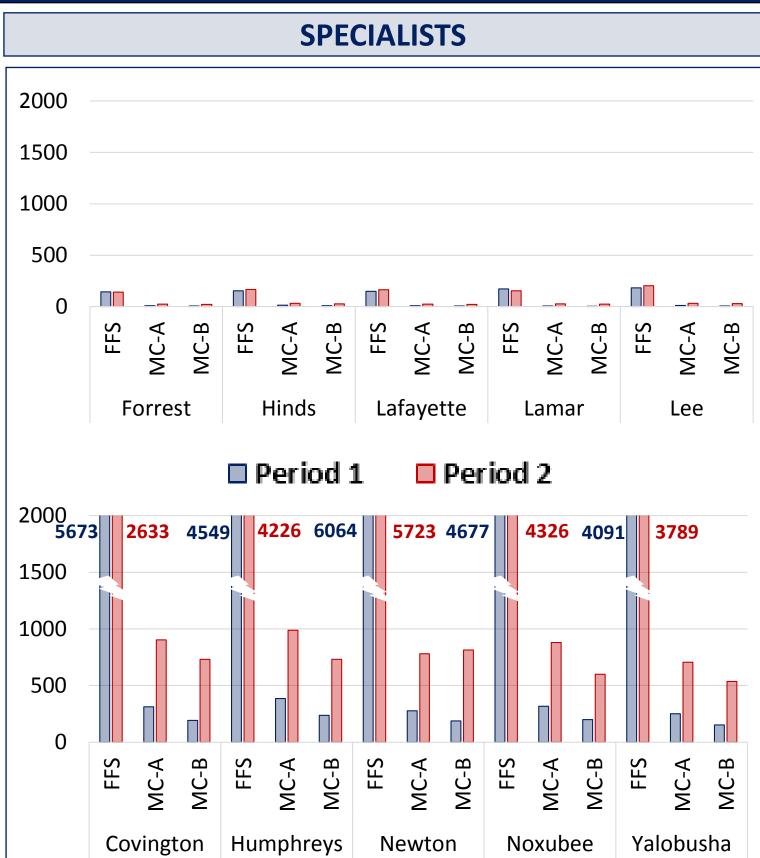
- Like most state Medicaid programs, Mississippi Medicaid has seen a shift of beneficiaries from fee-for-service (FFS) to managed care (MC).
- The shift to MC has been done with the aim of improving health care service quality and reducing public spending.
- A major shift in beneficiaries occurred December 2012.
- This project aimed to evaluate access to health care providers before (Dec 2011 – Nov 2012) and after (Dec 2012 - Nov 2013).

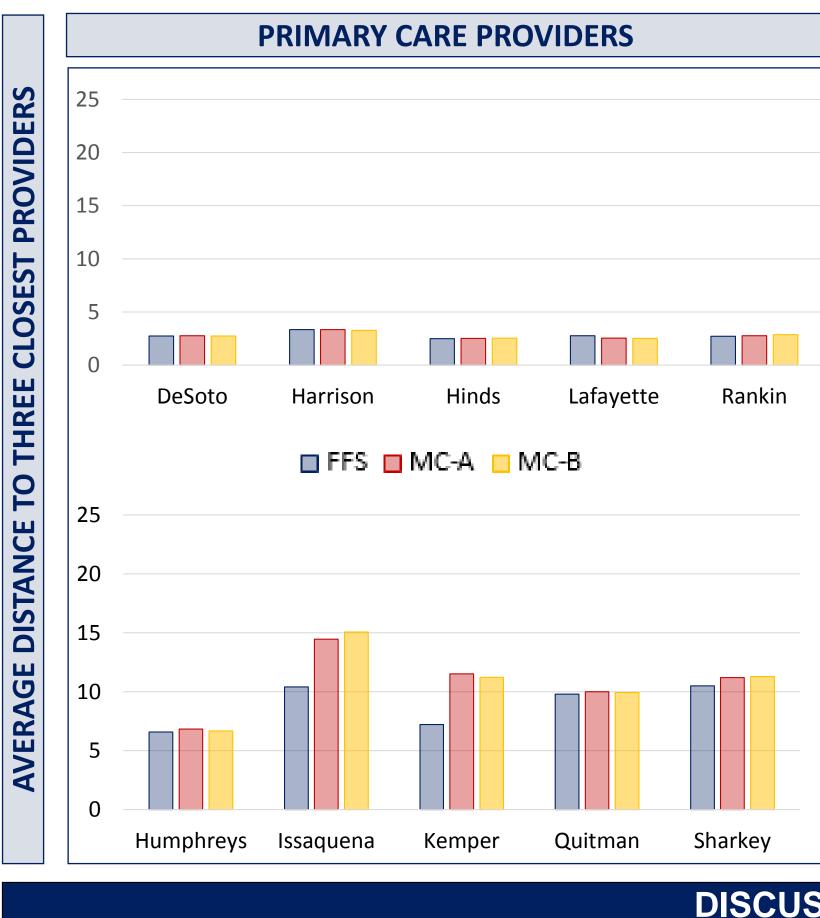
METHODS

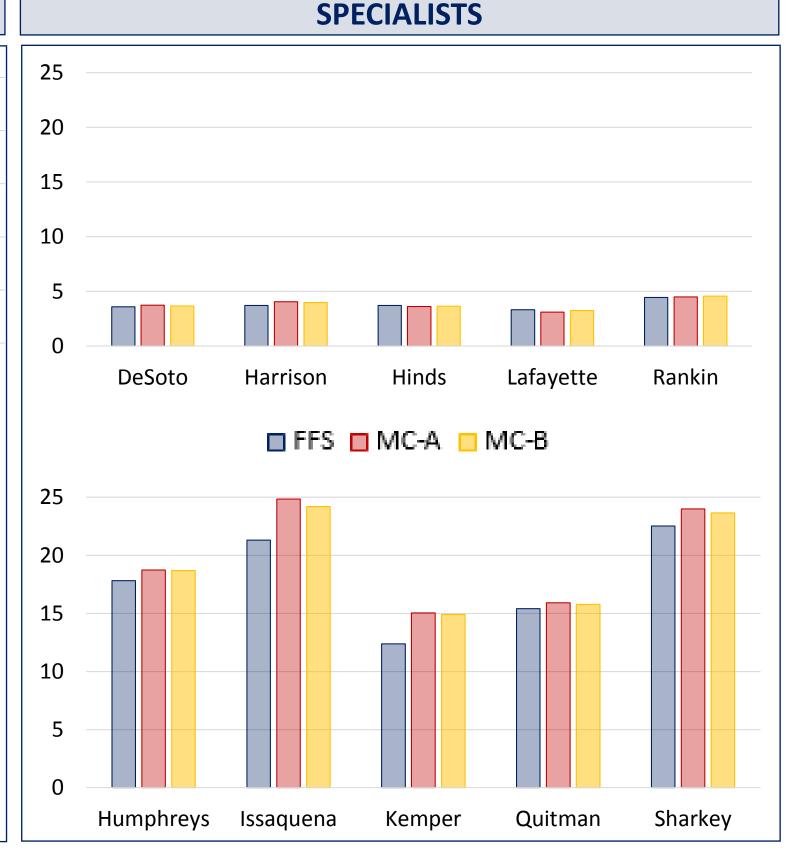
- A retrospective analysis was performed using the Mississippi Medicaid claims data in the period one year prior to (period 1) and one year after (period 2) the December 2012 Medicaid MC expansion.
- Providers were considered to be participating in a plan if at least one pharmacy claim bearing their Medicaid provider identity number was filed during the period.
- Distance from beneficiary to provider was calculated by computing geocodes for their respective zip-codes using the PROC GEOCODE procedure in SAS.

RESULTS









DISCUSSION

- Overall, the average distance beneficiaries would have to travel to see the three closest primary care providers (PCPs) or specialists who accept either FFS or Medicaid MC plans did not change significantly from the pre- to the post-period.
- Overall, the ratio of the number of enrollees per PCP significantly decreased for FFS and significantly increased for MC plans A and B and the ratio of the number of enrollees per specialist did not significantly change for FFS and significantly increased for MC plan A and B from period 1 to period 2.
- Expansion of Medicaid MC has not adversely affected physician participation in Medicaid and in rural areas has slightly improved access to PCPs and specialists.

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