

MEDICAID PROVIDERS; A SNAPSHOT

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

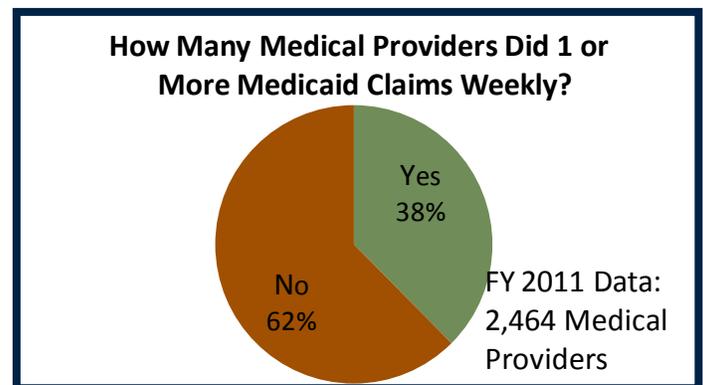
SUMMARY

The number of providers submitting 50% of all fee-for-service Medicaid claims has been increasing for dentists and decreasing for physicians from FY 2008 to FY 2011. This issue brief provides a snapshot of how many Medicaid providers (physicians, dentists, and pharmacies) participated in the Medicaid fee-for-service program from FY 2008 through FY 2011 and how many claims they submitted. The fee-for-service program for physician services serves about 60% of all Medicaid clients. The fee-for-service program for dental and pharmacy services serves 100% of Medicaid clients. This brief also discusses how many claims are submitted by publicly-funded clinics. Participation in the Medicaid program by providers is optional and qualifying providers can start or stop serving clients at will. The objective of this brief is to show the changes over time in the participation of physicians, doctors, and pharmacies in the Medicaid program. This brief is for informational purposes only and requires no Legislative action.

DISCUSSION AND ANALYSIS

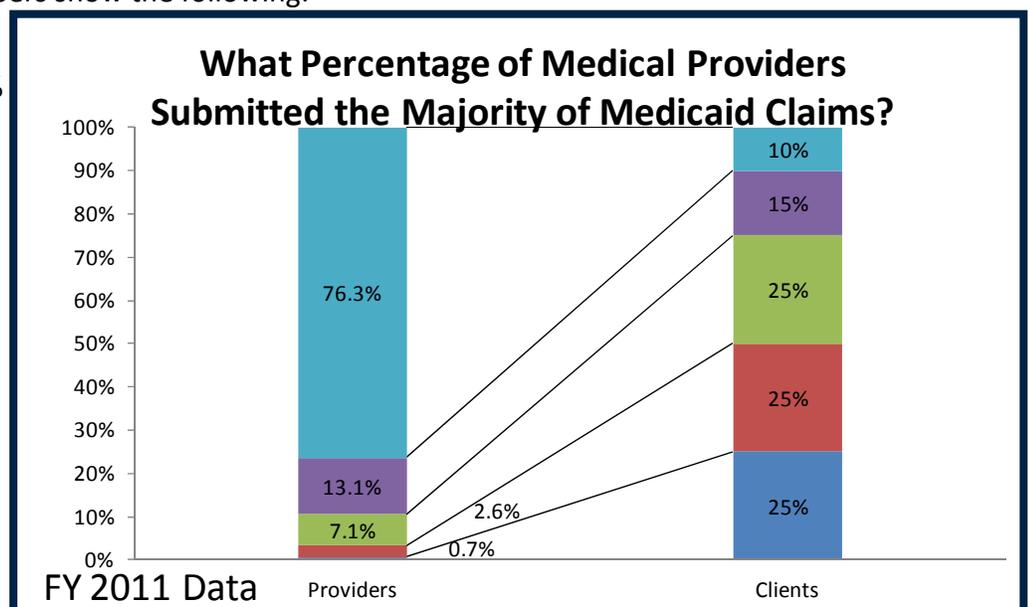
Physiciansⁱ

FY 2011 Medicaid billing showed that 2,464 medical doctors or clinics (urgent/instacare, physician groups, emergency rooms, etc.) helped with at least 1 of 486,232 Medicaid claims. Out-of-state providers submitted about 1% of all claims. Of those 2,464 providers, 38% or 926 providers submitted at least 1 Medicaid claim per week (52 per year). The chart to the right shows this information:



The chart below illustrates what percentage of the 2,464 medical providers submitted 25%, 50%, 75% and 90% of all Medicaid claims. The numbers show the following:

- 18 or 0.7% of all providers submitted 25% of all Medicaid claims.
- 83 or 3.4% of all providers submitted 50% of all Medicaid claims.
- 259 or 10.5% of all providers submitted 75% of all Medicaid claims.
- 583 or 23.7% of all providers submitted 90% of all Medicaid claims.
- 1,881 or 76.3% of all providers submitted the remaining 10% of Medicaid claims.



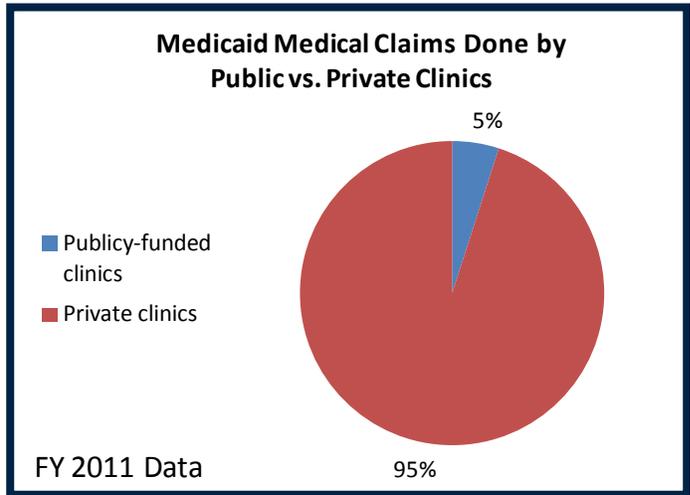
Who are the 83 medical providers serving 50% of all Medicaid clients?

A quick analysis shows that of these 83 providers 11 or 13% have “ER” or “Emergency” in their name (suggesting services received at emergency rooms). Five or 6% of these 83 providers are publicly-funded local health department clinics. The remaining 81% comes from physician groups, specific facilities, or departments within a hospital.

What role do publicly-funded clinics play?

Of the 2,464 providers who submitted at least 1 Medicaid claim in FY 2011, 57 or 2% are publicly-funded. These publicly-funded providers submitted 5% of all Medicaid claims. There are four types of publicly-funded clinics as discussed below:

- 1) Local health department clinics – 11 local health departments also provide medical services and submitted 18,388 or 76% of claims of the publicly-funded clinics.
- 2) Community Health Centers – nineteen clinics which receive State and federal grants as well as a higher Medicaid reimbursement rate submitted 4,116 or 17% of claims of the publicly-funded clinics. In FY 2011 70% of Community Health Centers received a payment which was 124% higher than the standard reimbursement while the other 30% had cost settlement at the end of the year.
- 3) State-run health clinics – the Department of Health maintains 4 medical clinics and submitted 1,371 or 6% of claims of the publicly-funded clinics.
- 4) Local Government Operations – the Kane County Hospital is supported with local taxes. The operations there submitted 305 or 1% of claims of the publicly-funded clinics.



The number of clinics in the four items mentioned above totals 35. The reason there are 57 publicly-funded providers is because some providers bill by their name even though they work at a publicly-funded clinic. This results in multiple providers at the same publicly-funded location. The graph above shows the distribution of medical clients seen by public vs. private-funded clinics.

Category	Physicians			
	FY 2008	FY 2009	FY 2010	FY 2011
# of providers submitting claims	3,366	3,277	2,919	2,464
Percentage that saw at least 1 Medicaid client per week	30%	27%	31%	38%
# of providers seeing 50% of all Medicaid claims	101	88	85	83
% claims submitted by publicly-funded clinics	n/a	5%	6%	5%
% change in licensed providers	2%	7%	4%	3%
% change in providers rates	8.5%	1.9%	-0.3%*	0%*
% claims submitted by out-of-state providers	n/a	n/a	1%	1%
% change in all Medicaid clients	-3%	12%	16%	12%

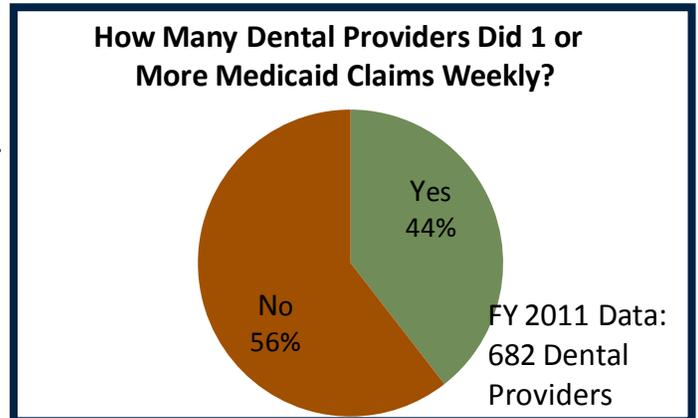
*These rate changes estimated by the Analyst.

The table above details the changes over time in the participation of providers in the Medicaid program and changes in provider rates from FY 2008 through FY 2011.

The trends for FY 2008 through FY 2011 in the table above show an annual decrease in the number of physicians submitting claims to the Medicaid program during years when the number of licensed physicians in Utah has been increasing. Additionally, the number of providers submitting 50% of all Medicaid claims has been decreasing annually starting at 101 in FY 2008 to 83 in FY 2011.

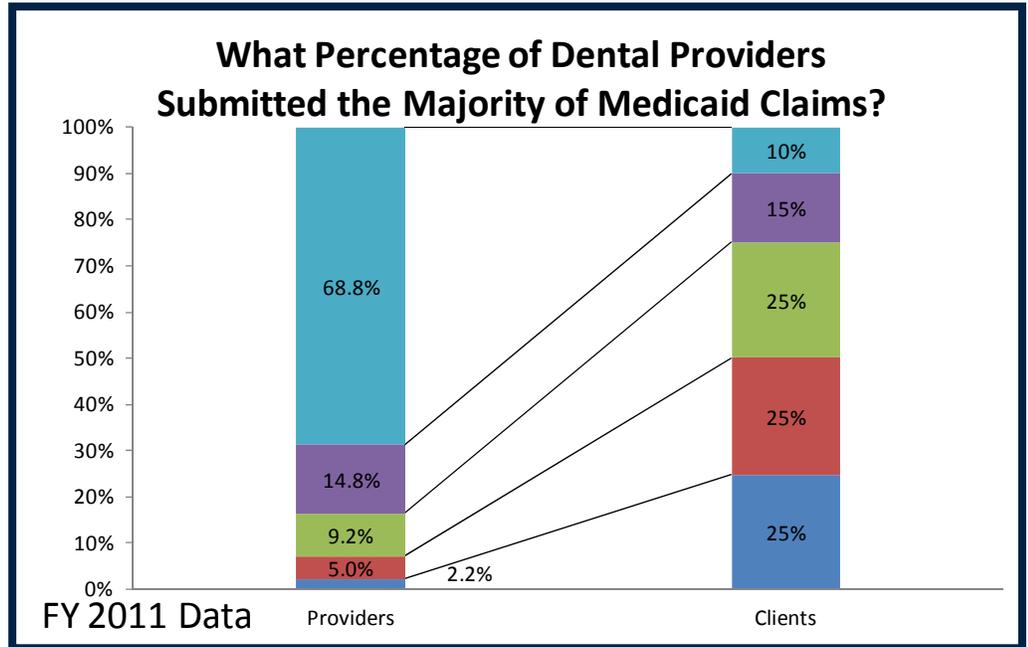
Dentistsⁱ

FY 2011 Medicaid billing showed that 682 dentists or dental clinics submitted at least 1 of 119,403 Medicaid claims. Out-of-state providers submitted 0.2% of all claims. Of those 682 providers, 44% or 298 providers saw at least 1 Medicaid client per week (52 per year). This is depicted in the chart to the right:



The chart below illustrates what percentage of the 682 dental providers submitted 25%, 50%, 75% and 90% of all Medicaid claims. The numbers show the following:

- 15 or 2.2% of all providers submitted 25% of all Medicaid claims.
- 49 or 7.2% of all providers submitted 50% of all Medicaid claims.
- 112 or 16.4% of all providers submitted 75% of all Medicaid claims.
- 213 or 31.2% of all providers submitted 90% of all Medicaid claims.
- 469 or 68.8% of all providers submitted the remaining 10% of Medicaid claims.



Who are the 49 dental providers serving 50% of all Medicaid clients?

A quick analysis shows that of these 49 providers 4 or 8% are clinics with the other 45 or 92% being individual practitioners. Three of the 4 clinics are the State-run dental clinics.

What role do publicly-funded clinics play?

Of the 682 providers who saw at least 1 Medicaid client, 31 or 5% are publicly-funded. These 31 publicly-funded providers saw 6% of all Medicaid clients. There are three types of publicly-funded clinics as discussed below:

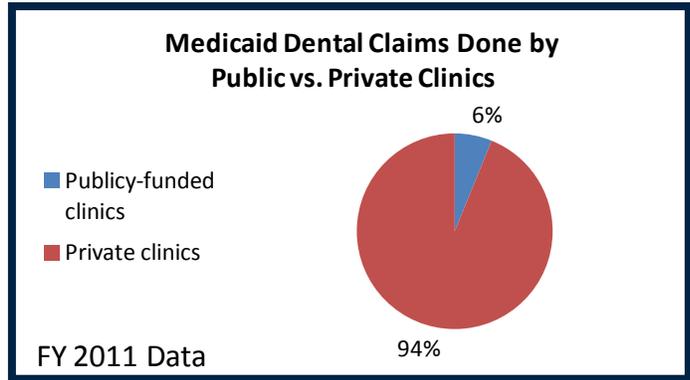
- 1) State-run health clinics – the Department of Health maintains five dental clinics and submitted 5,250 or 71% of claims of the publicly-funded clinics.
- 2) Community Health Centers – fifteen clinics which receive State and federal grants as well as a higher Medicaid reimbursement rate submitted 1,602 or 22% of claims of the publicly-funded clinics. In

FY 2011 70% of Community Health Centers received a payment which was 124% higher than the standard reimbursement while the other 30% had cost settlement at the end of the year.

- 3) Local health department clinics – three local health departments also provided dental services and submitted 504 or 7% of claims of the publicly-funded clinics.

The number of clinics in the three items mentioned above totals 23. The reason there are 31 publicly-funded providers is because some providers bill by their name even though they work at a publicly-funded clinic. This results in multiple providers at the same publicly-funded location. The distribution of dental clients seen by public vs. private-funded clinics is depicted in the graph above.

The table to the right details the changes over time in the participation of providers in the Medicaid program and changes in provider rates from FY 2008 through FY 2011.



Dentists				
Category	FY 2008	FY 2009	FY 2010	FY 2011
# of providers submitting claims	597	620	689	682
Percentage that saw at least 1 Medicaid client per week	42%	42%	39%	44%
# of providers seeing 50% of all Medicaid claims	37	41	47	49
% claims submitted by publicly-funded clinics	n/a	8%	6%	6%
% change in licensed providers	2%	4%	3%	0%
% change in providers rates	27.5%	-0.5%	-4.5%*	0%*
% claims submitted by out-of-state providers	n/a	n/a	0.1%	0.2%
% change in all Medicaid clients	-3%	12%	16%	12%

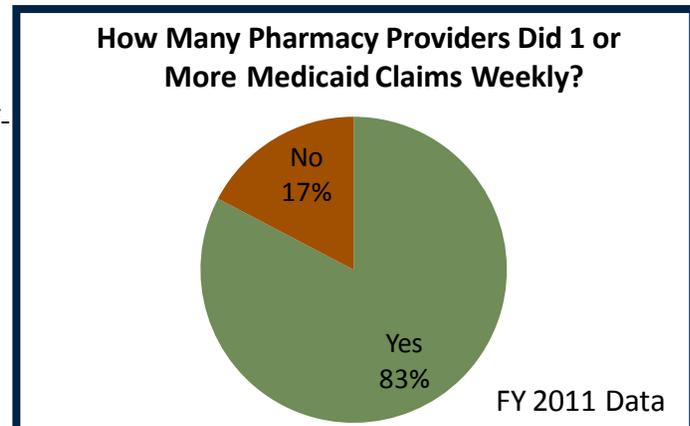
*These rate changes estimated by the Analyst.

The trends for FY 2008 through FY 2011 in the table above show an annual increase in the number of dentists submitting claims to the Medicaid program through FY 2010. During these years the number of licensed dentists in Utah has also increased. Additionally, the number of providers submitting 50% of all Medicaid claims has been increasing annually starting at 37 in FY 2008 to 49 in FY 2011.

Pharmaciesⁱ

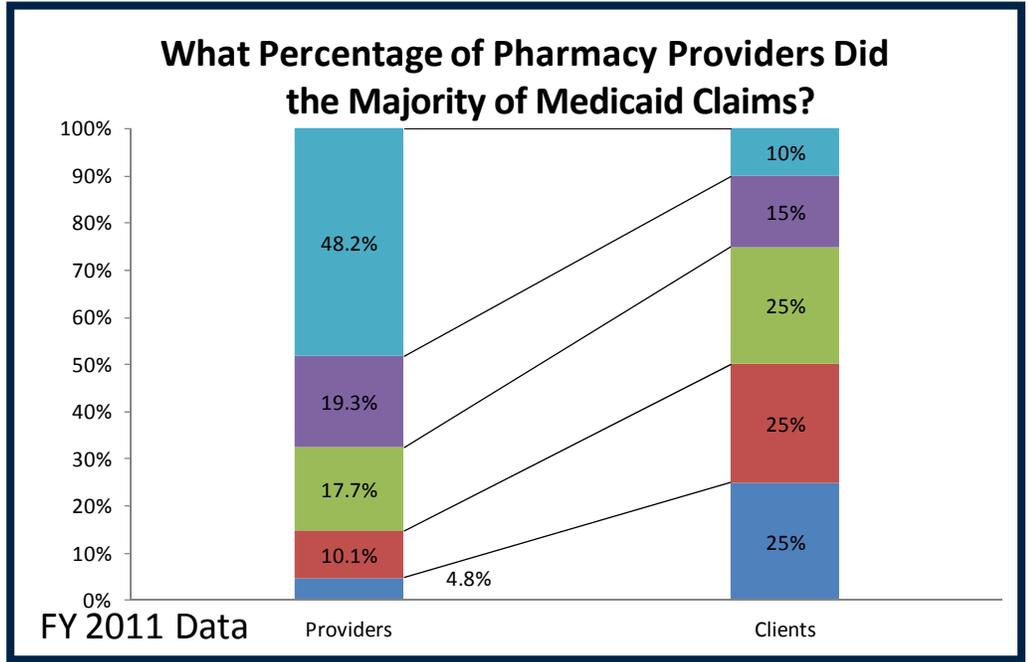
FY 2011 Medicaid billing showed that 566 pharmacies helped with at least 1 of 345,098 Medicaid claims. Out-of-state providers submitted 0.4% of all claims and received 3.7% of all revenue. Of the 566 providers, 83% or 468 providers submitted at least 1 Medicaid claim per week (52 per year). The chart to the right depicts this information.

In FY 2010 this percentage was 85% among 584 pharmacies.



The chart below illustrates what percentage of the 584 pharmacies submitted 25%, 50%, 75% and 90% of all Medicaid claims. The numbers show the following:

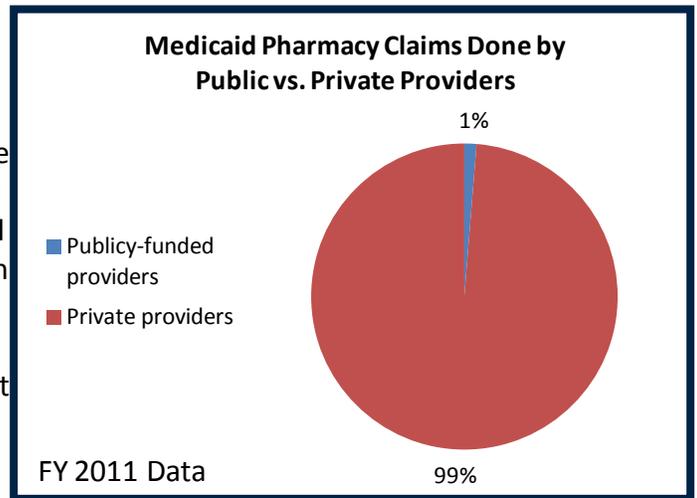
- 27 or 4.8% of all providers submitted 25% of all Medicaid claims.
- 84 or 14.8% of all providers submitted 50% of all Medicaid claims.
- 184 or 32.5% of all providers submitted 75% of all Medicaid claims.
- 293 or 51.8% of all providers submitted 90% of all Medicaid claims.
- 273 or 48.2% of all providers submitted the remaining 10% of Medicaid claims.



In FY 2010 85 providers submitted 50% of all Medicaid claims.

What role do publicly-funded clinics play?

Of the 566 pharmacies who submitted at least 1 Medicaid claim, 6 or 1% are publicly-funded. These four publicly-funded providers submitted 1% of all Medicaid clients. The only publicly-funded providers for pharmacy services were community health centers, which receive State and federal grants as well as a higher Medicaid reimbursement rate. In FY 2011 70% of Community Health Centers received a payment which was 124% higher than the standard reimbursement while the other 30% had cost settlement at the end of the year. The graph to the right depicts the distribution of pharmacy claims seen by public vs. private-funded providers.



ⁱ The number of providers in each category is based upon the provider ID number used by Medicaid. To the extent that the same provider has different provider ID numbers (such as a provider who works in multiple locations), this will make the same provider show up as multiple providers.