



# Medicaid Reform: Broward County Physicians' Experiences

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Health Foundation of South Florida commissioned and provided funding for this research. In 1993, the Foundation was formed by the sale of a majority interest in Cedars Medical Center (now University of Miami Hospital). In 2001, the Foundation sold its remaining interest in the medical center. The Foundation has awarded more than \$84 million in grants to 300 plus nonprofit organizations who provide programs to improve health for residents, with a focus on the underserved, in Broward, Miami-Dade and Monroe Counties.

Today, Health Foundation is improving the health of South Floridians through its priority focus areas. They include: Healthy Lifestyles, Preventive Health Measures; Oral Health and Primary Care. In addition, several strategic initiatives have been making an impact, including the heralded five-year \$7.5 million Healthy Aging Regional Collaborative set to reach 30,000 older adults. Visit our Web Sites: [www.hfsf.org](http://www.hfsf.org) and [www.healthyagingsf.org](http://www.healthyagingsf.org).

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<sup>1</sup> At the beginning of the study Drs. Lemak and Landry were full-time faculty members with the Department of Health Services Research, Management and Policy at the University of Florida. Dr. Lemak is now at the University of Michigan and Dr. Landry is now at the University of Alabama, Birmingham.

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## Executive Summary

Initiated in 2006, Florida's Medicaid Reform is a complex reorganization of the structure and processes of healthcare delivery. It was undertaken as a demonstration or pilot project, which began in Duval and Broward Counties, then extended to Baker, Clay, and Nassau Counties. Further expansion to other counties may occur, with legislative approval. A key component of the Reform is that beneficiaries who previously received care through the traditional fee-for-service arrangement (MediPass) are now required to select and enroll in a managed care plan. For clinicians, this means that there is greater oversight by health plans in ensuring the provision of appropriate care to beneficiaries. However, appropriate care may not necessarily reflect the services that either the beneficiary is used to receiving or the provider is used to providing.

Further, providers may perceive greater administrative burden as a result of managed care. Understanding provider experiences is an important component of any evaluation of changes in a healthcare delivery system. This report presents results of a study commissioned by the Health Foundation of South Florida that explores physicians' experiences with Medicaid and Medicaid Reform in Broward County. The study consisted of a web/mail survey and in-depth interviews with Broward County physicians. Both the in-depth interviews and the survey included questions about disease management programs, new components to the Medicaid program, administrative burden, continuity of care, physician incentive programs to improve quality of care, the supply of physicians available to serve Medicaid patients, and the likelihood of their continued participation in Medicaid.

In December 2008, the research team conducted six individual in-depth interviews and one focus group with Medicaid primary care physicians in Broward County. For comparison purposes, another five interviews and one focus group were conducted with Medicaid primary care physicians in Miami-Dade County (where Reform was not implemented). The in-depth interviews were done primarily with solo practitioners and the focus groups were done with providers from a large group practice. Three physicians participated in each focus group. During November and December of 2009, a web/mail survey of Medicaid providers who participate in a Reform plan in Broward County was fielded. The survey sample consisted of primary care providers listed in health plan directories maintained on-line and available to the public. Surveys were mailed to 945 providers. Respondents were given the option of completing the survey online or returning it by mail. In all, 121 surveys were completed.

### Study Findings and Conclusions

#### ***Physicians are concerned about issues related to access to care for Medicaid beneficiaries.***

When asked how well the following aspects were working in Medicaid Reform, between 58 and 77 percent of the survey respondents reported that overall provider availability, assuring access to specialists, access to prescription drugs, patient satisfaction, and access to care was either "not working very well" or "not working well at all."

#### ***Specifically, accessing specialty care continues to be a problem for beneficiaries.***

Despite the fact that health plans are held accountable for ensuring that their networks include an adequate number of specialists to serve enrollees, Medicaid primary care physicians are struggling to locate specialists who will accept Medicaid referrals. Over two-thirds of survey respondents indicated that the supply of specialty care physicians is not adequate to serve Medicaid patients. Low reimbursement, administrative burden, and a general dislike of doing business with Medicaid were some of the main reasons given for the lack of sufficient provider participation in the program.

***Administrative requirements are a problem for physicians.***

Of particular concern was the perception that the administrative burden associated with doing business with Medicaid increased as a result of Reform.

***Physicians like contact with health plans from customer service representatives. However, the level of communication between plans and providers is not sufficient.***

The majority of survey respondents said there was not enough communication with the health plans under Reform. Providers from the in-depth interviews appreciated the enhanced contact with health plans from provider representatives; however, they noted that visits from plan customer service representatives appeared to be declining over time.

***Physician views and knowledge of managed care tools to improve patient care are mixed.***

Some of the tools and strategies used by health plans (including disease management, quality reporting, and incentives to improve quality) do not appear to be fully utilized by physicians or plans. For example, only a very small minority of survey respondents (between 5 and 9 percent) said they were aware of incentives to control costs or to improve quality. Fewer than 50 percent were aware of disease management programs; about one-third did not think these programs were working well; almost a quarter had no opinion or no experience with any managed care tools or programs.

***Physicians are loyal to their Medicaid patients; however, some are considering leaving Medicaid.***

Although Medicaid patients often have complex problems and treating them can be challenging, physicians in the in-depth interviews expressed a strong loyalty towards these beneficiaries. No in-depth interview participants planned on leaving Medicaid; however, about 53 percent of survey participants said they have planned or are currently contemplating such a move. However, only 9 of 121 survey respondents reported that they had actually left Medicaid.

**Limitations**

As with any study there are a number of limitations that prohibit drawing definitive conclusions about Broward County physicians' experiences with Medicaid Reform. Fourteen percent of those who could have responded to the survey actually did so, and this number varied across items. Those who chose to respond could have had very different experiences from those who did not. For example, non-respondents could have had more positive experiences with Medicaid and therefore may be less inclined to be dissatisfied. It is also important to recognize that the in-depth interviews are designed to provide a meaningful exploration of the experiences of a relatively few number of physicians. Therefore, generalizing these findings to the entire population of Broward County Medicaid physicians should be done with caution.

**Recommendations**

Despite these limitations, the survey and the interviews provide a strong qualitative examination of physicians' views and experiences with Medicaid and Medicaid Reform. In addition, findings from this study are very similar to other studies of Medicaid managed care in other locations.<sup>2,3,4,5</sup> Conclusions from this study provide a roadmap for programmatic interventions and future research:

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<sup>2</sup> Chaudry RV, Brandon WP, Thompson CR, Clayton S, Schoeps NB (2003) Caring for patients under Medicaid Managed Care: Perspectives of Primary Care Physicians. *Qualitative Health Research* 13(1):37–56.

<sup>3</sup> Gazewood JD, Longo DR, Madsen R (2000) Physician satisfaction with Medicaid managed care. The Missouri experience *Journal of Family Practice*, 49(1):20–26.

**Issues related to access to care, specifically specialty care, need to be examined further.**

- *With respect to specialty care, further study is needed to explore whether the underlying physician supply in the community as a whole is sufficient.*
- *Health plans should be held more accountable for ensuring that their networks include an adequate number of specialists to serve enrollees.*
- *Longitudinal studies that examine patient wait times and drive times for appointments, use of the emergency room for non-emergent complaints, and overall satisfaction would help identify potential access problems associated with having a fewer number of primary care providers in the area.*

**Reconsideration of reimbursement and incentive programs for physicians must be priorities.**

- *Workforce and payment analyses could estimate the anticipated increase in physician supply that results from increases in payment rates.*
- *The State may consider benchmarking provider reimbursement rates to other Medicaid programs.*
- *Health plans and the State may wish to consider greater use of incentive programs as a way to motivate clinicians to improve quality of care while giving them an opportunity to increase practice revenue.*

**Understand the reasons for and then streamline Medicaid administrative complexity.**

- *An in-depth examination of practice administration leading to specific strategies aimed at streamlining the operational environment is needed.*
- *Encourage and directly support greater use of information technology to support practice administration and care delivery—especially in solo practice environments without significant infrastructure.*
- *Encourage greater use of plan customer service representatives to help physicians navigate reimbursement and other administrative procedures.*

**Engage and encourage physicians in using the managed care tools.**

- *Health plans should encourage greater integration and support for the managed care tools into physician practices.*
- *This integration should include a systematic strategy to obtain physician support and appreciation of the managed care tools.*

## **I. Introduction and Background**

Florida's Medicaid Reform initiative is a complex reorganization of the structure and processes of healthcare delivery. It was undertaken as a demonstration or pilot project, which began in Duval and Broward Counties, then extended to Baker, Clay, and Nassau Counties. Further expansion to other counties may occur, with legislative approval. Investigators from the University of Florida's (UF) Department of Health Services Research, Management and Policy are conducting an evaluation of the changes to the Florida Medicaid program. Although that study is comprehensive in its objectives, there are a number of topics that are beyond the scope of that original evaluation.

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<sup>4</sup> Silverstein G (1997) Physicians' perceptions of commercial and Medicaid managed care plans: A comparison. *Journal of Health Politics, Policy, and Law*, 22 (1):5–21.

<sup>5</sup> Sloan FA, Conover CJ, Rankin PJ (1999) Physician participation and nonparticipation in Medicaid managed care: The TennCare Experience. *Southern Medical Journal* 92(11):1064–1070.

One unexplored topic has to do with the experiences of physicians under Reform. As noted in one of UF's Medicaid Reform Evaluation reports, providers in Reform counties are now adjusting to a new managed care environment.<sup>6</sup> Managed care, by definition, means greater oversight of clinicians by health plans and ensuring the provision of appropriate care to beneficiaries. However, appropriate care may not necessarily reflect the services that either the beneficiary is used to receiving or the provider is used to providing. Further, providers may perceive greater administrative burden as a result of managed care.

Early evidence suggests that all types of Medicaid providers have a greater degree of accountability for practice patterns and outcomes in Reform counties because they are now being managed more closely by health plans. Prior to Reform, providers such as physicians and therapists had the option of participating in MediPass or in fee-for-service Medicaid. Thus, their practice behaviors were often relatively unmonitored. Under Reform, plans monitor provider practice patterns and member utilization. In addition, under Reform, plans are responsible for tracking provider quality and resolving member complaints as they relate to providers. All of this leads to a more tightly managed Medicaid provider community in Reform counties as compared to non-Reform areas and as compared with pre-Reform timeframes.<sup>6</sup>

Managed care has the potential to improve quality of care by providing clinicians with tools and enhancements such as disease management programs and case management efforts that could improve their ability to provide high quality care to enrolled beneficiaries. For example, some health plans reported using innovative tools for managing patients in Reform counties. These tools included initial member health screenings for disease management, the creation of "medical homes" for new members, multidisciplinary group meetings to discuss high-utilizers, educational materials, and the provision of field case managers. Other plans have implemented emergency department diversion programs and specific initiatives geared toward keeping members out of the hospital, unless medically appropriate. One plan implemented a tiered disease management program, and those members at "high risk" receive electronic monitoring devices that are worn in the home. The high-risk members are able to send test results (such as blood work for diabetics) by telephone line to a centralized system that nurses review in real time.<sup>6</sup>

Explicit concern over the experiences of physicians arose because of a reports issued by the Georgetown University Health Policy Institute that suggested (1) provider participation in Medicaid was declining in Broward County; (2) providers who remain are seeing fewer patients; and (3) half of the treating providers report greater difficulty providing care to patients.<sup>7,8,9</sup> The Georgetown researchers found that an increased administrative burden and low reimbursement rates were major sources of concern for physicians under Reform.<sup>9</sup>

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<sup>6</sup> Lemak CH, Yarbrough AK, Bell LL, Van Wert PA. Medicaid Reform Organizational Analyses. April 2007–March 2008, Department of Health Services Research, Management and Policy, University of Florida, July 2008.

<sup>7</sup> Alker J. Evaluating Florida's Medicaid Pilots: Early Reactions from Doctors and Patients, presentation on May 7, 2007, available from <http://ccf.georgetown.edu/index/cms-file-system-action?file=presentations/alker-fl05.07.ppt>

<sup>8</sup> Alker J and Hoadley J. Waving Cautionary Flags: Initial Reactions from Doctors and Patients to Florida's Medicaid Changes. Georgetown University Health Policy Institute, May 2007.

<sup>9</sup> Alker J, Hoadley J, and Thompson J. Florida's Experience with Medicaid Reform: What has been Learned in the First Two years? Georgetown University Health Policy Institute, October 2008.

## II. Prior Research on Physician Experiences with and Participation in Medicaid Managed Care

There are a number of studies that examine physician experiences with Medicaid managed care. Most of this work was conducted during the mid to late 1990s as states began to aggressively move their Medicaid populations into managed care arrangements. A qualitative study of primary care physicians in Medicaid HMOs reported dissatisfaction with the policies and administrative burdens associated with managed care.<sup>10</sup> Similarly, a survey of providers in Missouri showed that the majority of physicians in Medicaid managed care arrangements were not satisfied with their clinical autonomy relative to their experience under fee-for-service Medicaid.<sup>11</sup> However, not all studies conclude that there is increased dissatisfaction with managed care compared to fee-for-service arrangements. For example, findings from a study of the Arizona Health Care Cost Containment System found that physicians' perceptions of commercial and Medicaid managed care plans were similar.<sup>12</sup>

One of the main reasons why policymakers embraced managed care arrangements during the early 1990s was the belief that such programs would encourage physicians to participate in Medicaid.<sup>13</sup> Policymakers anticipated that by enrolling Medicaid beneficiaries into existing commercial managed care plan networks, there would be an increase in the number of physicians who participate in the program. In addition, physician participation in health plans was expected to reduce the administrative hassles associated with Medicaid programs. The relatively few studies that expressly examine the relationship between the level of Medicaid managed care penetration in a community and physician participation, conclude, however, the opposite. For example, a study in California showed that as that state increased managed care penetration and reimbursement, there was not an increase in physician participation in Medicaid managed care as policymakers had expected.<sup>14</sup> Similarly, a national study of physicians found that as managed care penetration increased in communities, the likelihood that a physician would participate in Medicaid declined.<sup>8</sup> Reasons why physicians tend not to participate in Medicaid managed care include perceptions of bureaucracy and low compensation.<sup>15,16</sup>

## III. Study Purpose

This study, using qualitative in-depth interviews and a mail/web-based survey, explores the experiences of physicians in Broward County who participate in Medicaid Reform.

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<sup>10</sup> Chaudry RV, Brandon WP, Thompson CR, Clayton S, Schoeps NB (2003) Caring for patients under Medicaid Managed Care: Perspectives of Primary Care Physicians. *Qualitative Health Research* 13(1):37–56.

<sup>11</sup> Gazewood JD, Longo DR, Madsen R (2000) Physician satisfaction with Medicaid managed care. *The Missouri experience Journal of Family Practice*, 49(1):20–26.

<sup>12</sup> Silverstein G (1997) Physicians' perceptions of commercial and Medicaid managed care plans: A comparison. *Journal of Health Politics, Policy, and Law*, 22 (1):5–21.

<sup>13</sup> Greene J, Blustein J, Remler D (2005) The impact of Medicaid managed care on primary care physician participation in Medicaid. *Medical Care* 43(9):911–920.

<sup>14</sup> Bindman AB, Yoon J, Grumbach K (2003) Trends in physician participation in Medicaid. The California experience. *Journal of Ambulatory Care Management* 26(4):334–343.

<sup>15</sup> Silverstein G, Kirkman-Liff B (1995) Physician participation in Medicaid managed care. *Social Science Medicine* 41(3): 355–363.

<sup>16</sup> Sloan FA, Conover CJ, Rankin PJ (1999) Physician participation and nonparticipation in Medicaid managed care: The TennCare Experience. *Southern Medical Journal* 92(11):1064–1070.

## **IV. Methodology<sup>17</sup>**

Physician experiences were explored using qualitative and quantitative approaches.

### **In-depth Interviews with Physicians**

In December 2008, the study team conducted six individual in-depth interviews and one focus group with Medicaid primary care physicians in Broward. For comparison purposes, another five interviews and one focus group were conducted with physicians in Miami-Dade. The in-depth interviews were done primarily with solo practitioners and the focus groups were done with providers from a large group practice. Three physicians participated in each focus group. All providers had at least 20 Medicaid patients and had to have participated in at least one Medicaid health plan for at least one year. Physicians were provided with a gift card as a token of appreciation for participating in the study.

Interview guide development was informed by a literature review, from findings of the study team's current evaluation of Medicaid Reform, and from conversations with health plan leaders. Questions focused on the "tools" that managed care and Reform provide (e.g., disease management, Enhanced Benefits Rewards [EBR], physician/profiling, and data management), administrative concerns, and existing and prior experience with Medicaid. The appendix includes the protocol used for the interviews and focus groups.

Most of the interviews and the focus groups were tape-recorded. Notes were taken for all interviews and the focus groups. Transcripts were prepared and distributed to the study team members. Team members individually coded transcripts and developed themes. During team meetings, study team members collectively decided on study conclusions.

### **Web-Based Survey of Physician Providers in Broward County**

During November and December of 2009, a web-based survey of Medicaid providers who participated in a Reform plan in Broward County was fielded.

#### Development of Physician Mailing List

An Excel database was created first by compiling lists of primary care providers in Broward County included in Medicaid Reform health plan directories. These directories were obtained from each plan's website. This resulted in a list of approximately 3,000 records. The list was then sorted by Plan Name, Provider Name, First Name, Middle Name, Last Name, Credentials, Address 1 (Street Name) and Address 2 (Ste/Bldg #), City, State, Zip code, Phone Number, and Specialty in order to determine multiple listings. Duplicates were removed so that each physician would only receive one mailing. The final unduplicated list consisted of 945 records.

The unduplicated list was transferred to a Microsoft Access database. This database allowed for tracking when the surveys were mailed, returned completed, or deemed undeliverable by the post office. Each provider was assigned an identification number, and this number was placed on the survey and in their cover letter.

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<sup>17</sup> The study was approved by the Institutional Review Board of the University of Florida.

## Survey Instrumentation

Development of the survey protocol was based on a previous survey conducted of stakeholders interested in Medicaid Reform and based on findings and conclusions from the in-depth interviews. A Word version of the survey is included in the Appendix. Respondents were asked about disease management programs, new components to the Medicaid program, administrative burden, continuity of care, physician incentive programs to improve quality of care, supply of physicians available to serve Medicaid patients, and likelihood of continued participation in the program.

The survey was printed in a booklet form, using conventional legal size (8 ½" x 14") paper. It was then folded lengthwise to fit into a regular business stationery envelope. The cover page of the survey included the title of the survey and instructions on how to complete the survey. The questions were printed using one column per page, with the answer categories listed vertically instead of horizontally.

Prior to the survey mailing, addresses were checked by the post office for completeness (i.e., zip code included, etc.). The survey, along with a cover note, was initially mailed to all 945 unduplicated addresses on the mailing list. A second mailing was sent one month later to 814 physicians who had not responded to the initial survey or whose letters had not been deemed undeliverable by the post office. For those addresses that were undeliverable, a new mailing was sent to an alternative address, if there was one. The mailings offered respondents the opportunity to either complete a paper copy of the survey, which was returned to the University of Florida in a stamped self-addressed envelope, or to complete the survey online at SurveyMonkey. Physicians who had not responded to the first two attempts were sent a reminder postcard which directed them to the online version of the survey. In December, phone calls were also made to 241 providers requesting that they complete the survey online. For those 241, a message was left with a secretary or on the voice mail of an Office Manager or general mailbox.

## **V. Study Findings**

### **In-depth interviews**

Conversations with Broward County Medicaid physicians indicated that Medicaid Reform did not significantly change the way in which they delivered health care. While physicians were aware of the reforms, their use and experience with “managed care tools” that could enhance patient care varied. Despite reports of some of the long-standing concerns with Medicaid (such as difficulties with specialty referrals and that the patient population is hard to serve), the physicians interviewed were not planning on leaving the program anytime soon.

### Physicians in Broward County did not change their practice patterns as a result of Medicaid Reform.

Physicians were asked to comment on whether they changed their practice pattern in response to Medicaid Reform. Most indicated that they were caring for people in the best way they know how regardless of the payment mechanisms. While they do examine formularies to ensure that the medicines prescribed are covered, most indicated that they made no real practice changes due to Reform.

Experiences with Reform health plans are varied.

Some physicians noted that certain plans used to have a representative visit their offices frequently. Access Health Solutions (now Sunshine) was consistently praised for offering the best educational materials and for having provider representatives and pharmacists (PharmD) who frequently visited the physicians' offices to provide advice and education. However, the physicians who reported initially being visited by plan customer service representatives noted that visits were not as frequent in the past. Other physicians noted that they have never heard from or been visited by a plan.

Referring to disease management programs in Medicaid:  
"I wish my private patients had this"  
In-depth interview participant

A couple of physicians noted that under Reform, they "now had someone to talk to" at the plan level. Previously, these doctors reported having no contact with the Medicaid Area Office and could not identify a specific staff person designated to help solve plan problems. Similarly, doctors in Miami-Dade County who saw MediPass patients also mentioned that they did not have a specific "point person" from the Medicaid program who was assigned to them.

Managed care can be challenging for patients.

Some physicians felt that Medicaid managed care makes it more challenging for patients to seek care. For example, one physician saw a largely Haitian Creole-speaking population. He had designed processes to facilitate their care, such as coordinating lab pick up for specimens from his office. Under Reform, these patients have been placed into various plans, and each plan has a contract with a different lab company. These lab companies no longer picked up specimens from his office. Patients now have to travel to a different location for lab work. Now, due to language barriers and transportation issues, these individuals typically will not complete the lab work their physician ordered. The process of obtaining lab tests became more onerous for these patients under Reform.

"Plans just do not have the staff to facilitate the referrals"  
In-depth interview participant

Views on patient management tools were mixed.

Physicians were asked about patient data that was reported to them by the health plans. Some physicians found the data provided by health plans to be useful. They liked the feedback the plans gave them on their patients, and they appreciated the accountability the system placed on providers. For example, one physician stated that previously under MediPass, a child might get 2 sets of shots because there is no oversight or documentation. With the plan reporting, he has become more aware of the services a patient may receive outside of the office. Other physicians, however, did not know about such data or reporting (and therefore, they did not find it useful). One physician stated that he continually got reports on the same outlier patients every month; even though he submitted an explanation to the plan every month explaining the circumstances, they continued to send him these reports. He found this frustrating.

Not all physicians were aware of disease management programs offered by the health plans. Among those who knew of disease management, some physicians in both Broward and Miami-Dade Counties were skeptical of the programs' effectiveness. These physicians argued that patients with chronic diseases who take care of themselves do not need to be in a disease management program. Other patients who do not take care of themselves will not adhere to the program anyway. One physician stated said that he already knows how to treat his patients and does not need additional help from outside sources. Other physicians thought the

disease management programs were useful. They thought that disease management helps people who want to be helped and is a useful tool for non-compliant patients.

Facilitating specialty care referrals continues to be a problem.

Getting patients in to see specialists continues to be a challenge under Medicaid in both Broward and Miami-Dade Counties. Physicians noted two problems associated with obtaining specialty referrals. First, there are a limited number of specialists available to see. Those interviewed thought that low Medicaid reimbursement deterred many specialty care physicians from participating in the program. Physicians were frustrated that they had to spend so much time “begging” and relying on professional courtesy in order to obtain a specialty referral. This was a fairly universal theme in both counties. Second, under Reform, health plans require more paperwork and take longer to approve authorizations. Many suggested that the difficulties accessing specialty care could potentially impact quality.

Although working with Medicaid beneficiaries can be difficult, physicians have tremendous loyalty to their patients.

Medicaid patients often have complicated health conditions and live with a myriad of social problems. Treating these patients can be challenging. In addition, physicians complained that reimbursement from Medicaid and associated plans is low. However, the physicians interviewed were not planning to leave Medicaid. Many physicians had built their practices based on service to Medicaid patients. The physicians expressed a strong commitment to Medicaid beneficiaries and want to continue to serve their patients well.

**Mail/ Web Survey**

A total of 945 surveys were mailed out. Ninety-five surveys were returned because the post office was unable to deliver them. One hundred and twenty-one surveys were completed. The number of responses, however, varies across items. In some instances, respondents had the opportunity to write in or make additional comments.

Description of Respondents

A total of 121 surveys were completed. Nine of these respondents indicated that they were no longer a Medicaid provider. Two of the nine left the program within the past 6 months, while 7 left more than a year ago. Respondents were asked how long they have been or were a Medicaid provider. Of those who responded, almost 75 percent have been with the program for 5 years or more (Table 1).

“Medicaid does not pay much, but I have to give back”  
In-depth interview participant

<b>Table 1: How long have you been or how long were you a Medicaid provider?</b>		
	Response Percent	Response Count
< 1 year	2.7%	3
1–5 years	22.5%	25
> 5 years	74.8%	88
<b>answered question</b>		<b>116</b>

Respondents were asked to indicate the Medicaid plans that they participated in. Almost all of the respondents belonged to more than one plan. Amerigroup, Total Health Choice, and Humana were the most popular plans among the respondents. Children’s Medical Services (South) had the fewest number of physicians (Table 2).<sup>18</sup> Five respondents wrote in that they participated in Staywell/United, which no longer operates a Reform plan in Broward County.

**Table 2: What Medicaid plan(s) do you or did you participate in? (Check all that apply)**

Answer Options	Response Percent	Response Count
Amerigroup	74.8%	86
Better Health	22.6%	26
Children’s Medical Services North Broward	25.2%	29
Children’s Medical Services South Broward	17.4%	20
Freedom	25.2%	29
Humana	50.4%	58
Molina Healthcare	41.7%	48
NetPass (including Molina)	48.2%	56
Preferred Medical Plan	32.2%	37
South Florida Community Care Network/Memorial Healthcare System	33.9%	39
South Florida Community Care Network/North Broward Hospital District	38.3%	44
Sunshine (Includes Access Health Solutions)	44.3%	51
Total Health Choice	57.4%	66
Universal	42.6%	49
<b>answered question</b>		<b>116</b>

A little over half of the respondents worked in practices with two or more other physicians. Forty-five percent were solo practitioners (Table 3).

**Table 3: How many physicians are there in your practice?**

Answer Options	Response Percent	Response Count
One, just me	44.8%	52
2–3	27.6%	32
> 3	27.6%	32
<b>answered question</b>		<b>116</b>

“In Broward County, there is no stability in Medicaid plans. Insurance providers come and go.”  
...write-in comment

<sup>18</sup> The Medicaid Health Plan market in Broward County is not constant. Plans come, go, change their names, and merge with other organizations. Table 2 represents plan choices during the Fall of 2009. Amerigroup, Freedom, and Preferred no longer operate as Medicaid Reform plans in Broward County.

About one-third of respondents reported being pediatricians, while about 20 percent were family medicine doctors (Table 4). Other specialties reported included psychiatry, pulmonary, neurology, infectious diseases, and obstetrics and gynecology.

<b>Table 4: What is your specialty?</b>		
Answer Options	Response Percent	Response Count
Family Medicine	20.5%	24
Internal Medicine	17.1%	20
Pediatrics	33.3%	39
Other (Please type in your specialty):	29.1%	34
<b><i>answered question</i></b>		<b>117</b>

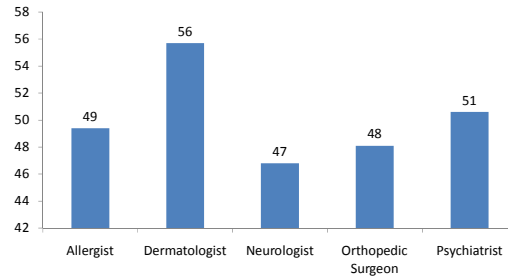
Respondent Views on Physician Supply

Respondents were asked to indicate whether there were enough providers to serve Medicaid patients. Fifty-four percent reported that there were enough primary care providers and 23 percent said there were enough specialty care providers (Table 5).

<b>Table 5: Are there enough PRIMARY CARE PHYSICIANS in your area to serve Medicaid patients?</b>		
Answer Options	Response Percent	Response Count
Yes	54.0%	61
No	46.0%	52
<b><i>answered question</i></b>		<b>113</b>
<b>Are there enough SPECIALTY CARE PHYSICIANS in your area to serve Medicaid patients?</b>		
Answer Options	Response Percent	Response Count
Yes	23.2%	26
No	76.8%	86
<b><i>answered question</i></b>		<b>112</b>

Dermatologists, psychiatrists, orthopedic surgeons, neurologists, and allergists were the specialties most often cited as being in short supply (Figure 1).

Figure 1: Percent of Respondents Reporting Type of Specialists Not Available to Serve Medicaid Patients



Respondents who said that there were not enough primary or specialty care providers were then asked to indicate reasons for the physician shortage. Most said that “reimbursement from Medicaid does not adequately cover the cost of providing care to patients.” A sizeable majority also indicated that “doctors do not like to do business with Medicaid” (Table 6).

Table 6 Answer Options	If not, why do you think there are not enough PRIMARY CARE PHYSICIANS who serve Medicaid patients in your area? (Check all that apply)		If not, why do you think there are not enough SPECIALTY CARE PHYSICIANS who serve Medicaid patients in your area? (Check all that apply)	
	Response Percent	Response Count	Response Percent	Response Count
Doctors do not like to do business with Medicaid.	71.7%	38	65.5%	57
There is an overall shortage of providers.	17.0%	9	14.9%	13
Doctors do not like to take care of Medicaid patients.	37.7%	20	36.8%	32
Reimbursement from Medicaid does not adequately cover the cost of providing care to patients.	83.0%	44	88.5%	77
Administrative procedures associated with Medicaid participation are too cumbersome.	66.0%	35	59.8%	52
The patient population is very difficult.	45.3%	24	40.2%	35
Providers are operating at capacity—they cannot take any more patients.	13.2%	7	9.2%	8
<b>Answered question</b>		<b>53</b>		<b>87</b>

“Medicaid patients are a very challenging group of patients. Physicians are poorly paid to attend to their needs”  
 ....write-in comment

## Respondent Views on Medicaid Reform

Seventy-three percent of respondents reported hearing about Medicaid Reform. The survey asked these respondents to indicate how various aspects of the reforms were working. As indicated in Table 7, a majority of respondents provided a non-favorable response (“not working very well” or “not working at all”) for a number of items. For example, between 58 and 77 percent of the respondents reported that assuring access to specialists, provider availability, access to prescription drugs, patient satisfaction, and better access to care was either not “working very well” or “not working at all.” Respondents also had no opinion about or rated unfavorably some of the unique aspects associated with Medicaid Reform. For example, about one-third said that disease management programs were not working well, while 24 percent reported no experience with these programs. And, about 43 percent of respondents had no opinion or no experience with the EBR program.

“...sometimes patients have to travel more than 50 miles to see a specialist... and for dentists...”  
...write-in comment

**Table 7: How well do you think each of the following is working in Medicaid Reform?**

Answer Options	Working Very Well %	Working Well %	Too Soon to Tell %	Not Working Very Well %	Not Working at All %	No Opinion/ No Experience %	Response Count
Assuring access to specialists	0	13.3	7.2	50.6	26.5	2.4	83
Plans available to Medicaid patients	1.2	21.7	12.0	44.6	10.8	9.6	83
Provider availability	3.6	15.5	13.1	52.4	10.7	4.8	84
Continuity of care with primary care provider	4.7	23.5	10.6	31.8	20.0	9.4	85
Access to prescription drugs	2.4	17.6	4.7	42.4	22.4	10.6	85
Enhanced benefit rewards	2.4	8.3	10.7	17.9	17.9	42.9	84
Promoting healthy behaviors	1.2	14.1	17.6	25.9	22.4	18.8	85
Improving beneficiary satisfaction	0	8.4	12.0	28.9	28.9	21.7	83
Improving health outcomes	1.2	8.4	33.7	21.7	22.9	12.0	83
Better access to care	0	15.5	9.5	42.9	26.2	6.0	84
Lower cost of care	2.4	15.7	18.1	21.7	18.1	24.1	83
Disease management programs for patients with chronic disease	1.2	15.5	17.9	22.6	10.0	23.8	84

As noted earlier, managed care in general and Medicaid Reform specifically holds promise for improving quality of care by providing clinicians with tools and enhancements such as disease management programs and case management. Survey respondents were asked whether the Reform plans provide them with incentives to improve quality of care and to control costs of care. Between 56 and 63 percent reported no. In addition, about one-third of the respondents indicated that they did not know if plans offered incentives to control cost or improve quality (Table 8).

**Table 8: Do Medicaid Reform Plans provide incentives to physicians to CONTROL THE COST OF CARE?**

Answer Options	Response Percent	Response Count
Yes	9.4%	8
No	56.5%	48
Don't Know	34.11%	29
<b><i>answered question</i></b>		<b>85</b>

**Do Medicaid Reform Plans provide physicians with INCENTIVES TO IMPROVE QUALITY OF CARE?**

Answer Options	Response Percent	Response Count
Yes	4.7%	4
No	63.5%	54
Don't Know	31.8%	27
<b><i>answered question</i></b>		<b>85</b>

A majority of respondents (69 percent) indicated that they do not believe there is sufficient communication between doctors and health plans under Reform. Fifty-two percent of physicians reported either that health plans were not offering or that they did not know if health plans were offering disease management programs (Table 9). Sixty-six percent also reported that health plans were not providing or that they did not know if the plans were providing quality reports (Table 10).

**Table 9: Are Medicaid Reform Plans offering DISEASE MANAGEMENT programs?**

Answer Options	Response Percent	Response Count
Yes	47.6%	39
No	23.2%	19
Don't Know	29.3%	24
<b><i>answered question</i></b>		<b>82</b>

**Table 10: Are QUALITY REPORTS being provided by the health plans to physicians?**

Answer Options	Response Percent	Response Count
Yes	33.7%	28
No	41.0%	34
Don't Know	25.3%	21
<b>answered question</b>		<b>83</b>

“Disease management programs should offer incentives”  
...write-in comment

A majority of physicians (79 percent) felt that the administrative burden in their practice has increased as a result of Medicaid Reform.

#### Continued Participation in Medicaid

Respondents were asked about their continued participation in the Medicaid program. Of the physicians who responded, about 80 percent indicated that they are currently accepting new Medicaid patients into their practice (Table 11). It is important to note that 9 respondents who answered that they are not accepting patients actually no longer participate in the program at all.

**Table 11: Are you currently accepting new Medicaid patients into your practice?**

Answer Options	Response Percent	Response Count
Yes	81.2%	95
No	18.8%	22
<b>answered question</b>		<b>117</b>

“Paperwork is increasing leaps and bounds, hardly time to sit down with patients and discuss”  
...write-in comment

There is some indication that a subset of providers may leave the Medicaid program in the future. About 16 percent said that they plan on leaving Medicaid soon, while another 30 percent said they are unsure about leaving the program soon (Table 12).

**Table 12: Are you thinking about leaving Medicaid anytime soon?**

Answer Options	Response Percent	Response Count
Yes	16.1%	19
Not Sure	29.7%	35
No	46.7%	55
Already Left	7.6%	9
<b>answered question</b>		<b>118</b>

The top reason for thinking about leaving Medicaid is that reimbursement is not sufficient (86 percent), followed by the administrative burden associated with participation (74 percent) (Table 13). Forty-two percent said that the patient population is too difficult to work with.

**Table 13: Why are you thinking about leaving or why have you left Medicaid?  
(Check all that apply)**

Answer Options	Response Percent	Response Count
Reimbursement is not sufficient.	86.0%	49
Administrative burden associated with being a Medicaid provider.	73.7%	42
I do not like the recent changes to the Medicaid program.	36.8%	21
Patient population is too difficult to work with.	42.1%	24
Other	14.0%	8
<b>answered question</b>		<b>57</b>

## VI. Conclusions

This study, using two approaches, highlights a number of key issues associated with the provision of care to Medicaid beneficiaries in Broward County.

### ***Physicians are concerned about issues related to access to care for Medicaid beneficiaries.***

When asked how well the following aspects were working in Medicaid Reform, between 58 and 77 percent of the survey respondents reported that assuring access to specialists, overall provider availability, access to prescription drugs, patient satisfaction and access to care was either “not working very well” or “not working well at all.”

### ***Specifically, accessing specialty care continues to be a problem for beneficiaries.***

In theory, under managed care arrangements in Medicaid, the direct responsibility for providing specialty care becomes the responsibility of the health plan rather than the agency. This has the potential for improving specialty care access since HMOs can use existing networks to serve Medicaid patients. Provider service networks (PSNs), especially hospital-based plans, can draw on existing medical staff arrangements to serve as a basis for the specialty plan networks. However, despite the fact that health plans are held accountable for ensuring that their networks have an adequate number of specialists to serve enrollees, Medicaid primary care providers are struggling to locate specialists who will see their patients. Over two-thirds of survey respondents indicated that the supply of specialty care physicians is not adequate. Low reimbursement, administrative burden, and a general dislike of doing business with Medicaid were some of the main reasons indicated for the lack of sufficient provider participation in the program. It is also possible that the actual supply of specialists available to serve all patients in Broward is inadequate.

Primary care physician capacity could also be problematic. Forty-six percent of respondents thought that the current supply of primary care doctors is inadequate. There is also some indication that primary care providers are considering leaving the Medicaid program in the future.

***Administrative requirements are a problem for physicians.***

Of particular concern was the perception that the administrative burden associated with doing business with Medicaid increased as a result of Reform. Low rates of specialty care participation and reasons for a possible decline in primary care supply can be partially attributed to perceptions of administrative burden.

***Physicians like contact with health plans from customer service representatives. However, the level of communication between plans and providers is not sufficient.***

The majority of survey respondents said there was not enough communication with the health plans under Reform. Providers from the in-depth interviews appreciated the enhanced contact with health plans from provider representatives; however, they noted that visits from plan customer service representatives appeared to be declining over time.

***Physician views and knowledge of “managed care tools” to improve patient care are mixed.***

Some of the tools and strategies used by health plans (including disease management, quality reporting, and incentives to improve quality) do not appear to be fully utilized by physicians or health plans. For example, only a very small minority of survey respondents (between 5 and 9 percent) said they were aware of incentives to control cost or to improve quality. A little fewer than 50 percent of respondents were aware of disease management programs, about one-third did not think these programs were working well, and almost a quarter had no opinion or no experience with any “managed care tools” or programs. Conversations with physicians revealed some skepticism on the part of some (but not all) of the value of disease management in improving patient care.

Some physicians recognized the value of quality reporting. However, survey data showed that only about one-third of physicians could recall receiving these reports. The EBR program is a potential tool that physicians could use to encourage healthy behaviors. Yet, about 43 percent of the physicians surveyed reported having no opinion or no experience with EBR and another 36 percent did not think the program was working well.

***Physicians are loyal to their patients; however, some are considering leaving Medicaid.***

Although Medicaid patients often have complex problems, and treating them can be challenging, physicians in the in-depth interviews expressed a strong loyalty towards these beneficiaries. Although no in-depth interview participants planned on leaving Medicaid, about 53 percent of survey participants said they have planned or are currently contemplating such a move. However, only 9 out of 121 survey respondents reported they had left Medicaid. As articulated elsewhere, physicians are particularly concerned about the low reimbursement rates they are receiving and the increasing administrative burdens associated with the Medicaid program.

## **VII. Limitations and Recommendations**

As with any study, there are a number of limitations that prohibit drawing definitive conclusions about physician experiences with Medicaid Reform. First, only about 14 percent of those who could have responded to the survey actually did so, and this number varied across items.<sup>19</sup> Those who chose to respond could have had very different experiences from those who did not. For example, non-respondents could have had more positive experiences with Medicaid and therefore may be less inclined to be dissatisfied.

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<sup>19</sup> Study investigators are currently undertaking a follow-up survey to gather additional data on the experiences of Medicaid physicians in South Florida.

Second, and somewhat related, is the fact that about 10 percent of the mailings were returned by the post office. The reasons for the returns included “no forwarding address” and “no such address existed.” As with the non-respondents, study investigators have no specific knowledge of this particular group of providers. Third, survey responses are self-report. That is, responses reflect the *perceptions* of respondents about such matters as availability of physicians and the use of quality and disease management programs by health plans. Not measured in this survey is whether the supply of physicians is actually adequate (using some objective measure) or whether a plan has actually implemented a disease management program. It is also important to recognize that the in-depth interviews are designed to provide a meaningful exploration of the experiences of a relatively few number of physicians. Findings should be generalized to the entire population of Medicaid physicians in Broward County with caution.

Despite some of these limitations, taken together, the survey and the interviews provide a strong qualitative examination of physicians’ views and experiences with Medicaid and Medicaid Reform. In addition, key findings (e.g., concerns about low reimbursement, specialty care access, and administrative burden) are not particularly unique to this study. Findings from this study provide a roadmap for programmatic interventions and future research:

**Issues related to access to care, specifically specialty care, need to be examined further.**

Issues related to both primary and specialty care physician supply have been long-standing concerns for Medicaid programs. This study clearly highlights that specialty physician participation is limited and that primary care participation could be reduced over time. *With respect to specialty care, further study is needed to explore whether the underlying physician supply in the community as a whole is sufficient. Programmatically, health plans should be held more accountable for ensuring that their networks include an adequate number of specialists to serve enrollees.*

Further exploration is also needed to determine the impact of a reduced primary care capacity on the quality of care provided to Medicaid enrollees. Some have argued that the size of the primary care network under MediPass was actually too large and too difficult to manage administratively, and that a smaller network of dedicated providers is preferable. *Longitudinal studies that examine patient wait times and drive times to appointments, use of the emergency room for non-emergent complaints, and overall satisfaction with care would help identify potential access problems associated with having a fewer number of primary care providers in the area.*

**Reconsideration of reimbursement and incentive programs for physicians must be a priority.**

One of the main reasons given for the lack of physician participation is the low reimbursement for providing care to Medicaid beneficiaries. An obvious solution is to increase the amount of money paid to providers. However, before this is done, it is important to ascertain the level of compensation that providers may consider an appropriate amount. Paying Medicare rates will likely encourage additional specialists to participate in Medicaid. However, due to budget constraints, the State and health plans are unlikely to increase rates to this level. But, there is likely a lower increase in rates that would entice some to participate in the program. *Workforce and payment analyses could estimate the anticipated increase in supply that results from certain increases in payment rates. The State may consider benchmarking provider reimbursement rates to other Medicaid programs.*

Incentive programs that encourage quality improvements seem to be underutilized by the health plans. In this study, a sizeable number of physicians were unaware of such programs being offered by health plans. Pay for performance is increasingly being used by state Medicaid agencies and commercial health plans and is

currently being phased into the Medicare program.<sup>20</sup> *Health plans and the State may wish to consider greater use of incentive programs as a way to motivate clinicians while giving them an opportunity to increase practice revenue.*

**Understand and then streamline Medicaid administrative complexity.**

Physicians are complaining about the administrative complexities associated with the Medicaid program and participating plans. The burdens are associated with both the provision of care (i.e., in generating referrals) and in seeking reimbursement. Improvements in health information technology such as electronic medical records have the potential to improve some of this burden. *An in-depth examination of practice administration that leads to specific strategies aimed at streamlining the operational environment is needed.* In addition, *strategies that encourage and directly support greater use of information technology—especially in solo practice environments without significant infrastructure—should be implemented.* Finally, *plans could increase the use of their customer service representatives to assist physicians in navigating reimbursement and other administrative procedures.*

**Engage and encourage physicians in using some of the “managed care tools.”**

As noted earlier, managed care has the potential to improve care by providing clinicians with tools and enhancements, such as disease management programs, disease and quality reporting, and case management, to improve the health outcomes of their patients, especially those with challenging social and medical problems. These programs do not appear to be particularly well utilized or understood by physicians. For example, almost 43 percent of the physicians surveyed had no experience or opinion about the EBR program. Yet, EBR could be used by physicians to encourage healthy behaviors among their patients. *Health plans should encourage and support greater integration of the “managed care tools” into physician practices. This integration should include a systematic strategy to obtain physician support and appreciation of the “managed care tools.”*

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<sup>20</sup> See, for example, Kuhmerker K and Hartman T. Pay-for-Performance in State Medicaid Programs: A Survey of State Medicaid Directors and Programs. The Commonwealth Fund April 12, 2007, Volume 55

**Appendix: In-depth Interview Protocol and Web-Survey Instrument**

## **Interview Protocols**

### **Interview Guide – Broward PCPs For Internal Use Only**

We are interested in understanding your experience with Medicaid Reform.

*All your answers are completely confidential, and you do not have to answer any question you do not wish to answer. This interview may be (will be) recorded. We will maintain your name for study participation, but please be assured that your identity will be confidential and all interview information will be reported in aggregate only.*

***First, we want to talk to you about being a Medicaid provider and your involvement in Medicaid managed care.***

Please describe your practice and provide an overview of your involvement in Florida Medicaid. How long have you been a Medicaid provider? About what percentage of your patients are on Medicaid?

How long have you participated in Medicaid managed care? Were you a MediPass provider prior to Medicaid Reform?

Do you have a contract with more than one Medicaid managed care plan? How many? Which ones? Does one or a few account for most of your patients?

Do Medicaid health plans provide incentives to you to improve your patient outcomes? What kinds of incentives? Financial? Other?

How do the health plans communicate changes/pertinent information to you? Which of the following means are the most effective: (1) new provider orientation, (2) provider liaisons, (3) newsletters, (4) web based information? Other?

Do plans provide you with clinically relevant information on your patients?

Does the degree of education/communication vary by plan? Which ones communicate most/least effectively? Why?

***Next, we'd like to talk about your experience in Medicaid Reform.***

Please tell us about your involvement in Medicaid Reform. How is it going so far? What do you believe are the best aspects of Medicaid Reform? What are Medicaid Reform's biggest challenges?

Has the number of health plans you take increased/decreased since Reform implementation? Are too many plans participating in Reform? How did you decide which plans to join?

In your view, has patient access to care changed since the start of Reform? Has your ability to make specialty referrals changed?

Describe the challenges of being a Medicaid provider. Has it become more challenging since Reform implementation? How?

Let's talk about reimbursement and getting paid under Medicaid Reform. How do you get paid by the health plans? Are there issues with cash flow, timing, denials, payments? Have you had specific difficulty with reimbursement under Reform?

Under Reform, are there positive or negative incentives for you to achieve better patient outcomes? What are they? Do you believe they work?

Next, let's talk about administrative requirements for your practice. What data or reporting do you need to do? What data do plans send to you? What data must you send to them? Do all plans want the same things?

How much time, energy, etc., does this take? Why? Has this increased under Reform? How?

Now – How does Medicaid Reform help you do your job of taking care of patients?

Specifically, people believe there are “tools” being provided to Medicaid doctors under Reform. What tools do you know about? Where do you get them? How do you learn about them? Do you use them? Do they work?

Next, probe for and ask same questions about:

Disease Management. Which diseases? Do the programs vary by health plan? Do you use the programs? Do they help? Are some better than others? Why or why not?

How do you reconcile differences by plan?

Here – pick a disease and talk through it (e.g., asthma, diabetes, hypertension, lead screenings). What happens at each stage along the way? Different or same by plans? Own program?

Repeat for these:

Field Case Management/Case Managers –

Star Kids –

Medical Moms/Navigators –

ER/Hospital Diversion programs –

Transportation –

OTC Benefits –

Prescription Drug programs/reporting –

Physician profiling/data on your practice and patients –

What about the ways in which plans communicate with you? Has the degree of communication changed since the implementation of Reform?

How did plans communicate information about the tools to you? Was this an effective means of communication? Was there any type of education on these new tools? Was your office staff educated on the changes?

Specifically – Have you heard of the Enhanced Benefits program? Are you aware of your patients earning credits? What kinds of healthy behaviors are your patients doing to earn credits? Have patients changed behaviors as a result of this program? In your opinion, is this a useful program?

How have the transportation changes to Medicaid affected your patients since Reform?

Do you believe coordination of care increased as a result of the tools offered under Medicaid Reform? programs, i.e., collaboration between plans, physicians, hospitals, and other providers?

Have you changed the way you practice medicine as a result of Reform? If so, please describe how and why.

Do you perceive Medicaid Reform to be different than Medicaid managed care (prior to Reform)? How?

***Finally, let's talk about your future plans for your practice.***

Do you intend to continue to treat Medicaid patients next year? In 5 years?  
If not, why not?

What would make your ability to provide good quality care to patients better? Easier?

Do you know of providers who have left Medicaid or the area? For what reasons?

***Concluding Questions/Comments:***

Is there anything else we should know about being a Medicaid primary care physician right now?  
What did you think we would ask you and did not?

Thank you for your time and input on this important project.

## *Physician Experiences with Medicaid in Broward County*

### *Survey Instructions*

Answer all the questions by checking the box to the left of your answer. Select only one response unless otherwise indicated. Some questions may require you to write your response. If this is the case, please clearly print your answer. You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

#### ***EXAMPLE QUESTION:***

***1. Is Broward County in Florida?***

<sup>1</sup>  ***Yes → If Yes, Go to Question 2***

<sup>2</sup>  ***No → If No, Go to Question 3***

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## About Your Practice

1. A  
re  
yo

Are you a Medicaid provider?

- <sup>1</sup>  Yes → If Yes, Go to Question 3  
<sup>2</sup>  No → If No, Go to Question 2

2. How long ago did you leave the Medicaid program?

(If you answered 'Yes' to the previous question, please skip this question)

- <sup>1</sup>  < 6 months ago  
<sup>2</sup>  6-12 months ago  
<sup>3</sup>  > 1 year ago

3. How long have you been or how long were you a Medicaid provider?

- <sup>1</sup>  < 1 year  
<sup>2</sup>  1-5 years  
<sup>3</sup>  > 5 years

4. What Medicaid plan(s) do you or did you participate in? (Check all that apply)

- <sup>1</sup>  Amerigroup  
<sup>2</sup>  Better Health  
<sup>3</sup>  Children's Medical Services North Broward  
<sup>4</sup>  Children's Medical Services South Broward  
<sup>5</sup>  Freedom  
<sup>6</sup>  Humana  
<sup>7</sup>  Molina Healthcare  
<sup>8</sup>  NetPass  
<sup>9</sup>  Preferred Medical Plan  
<sup>10</sup>  South Florida Community Care Network/Memorial Healthcare System  
<sup>11</sup>  South Florida Community Care Network/North Broward Hospital District  
<sup>12</sup>  Sunshine (Includes Access Health Solutions)  
<sup>13</sup>  Total Health Choice  
<sup>14</sup>  Universal  
<sup>15</sup>  Other (Please print): \_\_\_\_\_

5. How many physicians are there in your practice?

- <sup>1</sup>  One, just me  
<sup>2</sup>  2-3  
<sup>3</sup>  > 3

6. What is your specialty?

- <sup>1</sup>  Family Medicine  
<sup>2</sup>  Internal Medicine  
<sup>3</sup>  Pediatrics  
<sup>4</sup>  Other (Please write in your specialty): \_\_\_\_\_

## Information about Your County or Geographic Area

7. Are there enough PRIMARY CARE PHYSICIANS in your area to serve Medicaid patients?

<sup>1</sup>  Yes → If Yes, Go to Question 9

<sup>2</sup>  No → If No, Go to Question 8

8. If not, why do you think there are not enough PRIMARY CARE PHYSICIANS who serve Medicaid patients in your area? (Check all that apply)

(If you answered 'Yes' to the previous question, please skip this question)

<sup>1</sup>  Doctors do not like to do business with Medicaid

<sup>2</sup>  There is an overall shortage of providers

<sup>3</sup>  Doctors do not like to take care of Medicaid patients

<sup>4</sup>  Reimbursement from Medicaid does not adequately cover the cost of providing care to patients

<sup>5</sup>  Administrative procedures associated with Medicaid participation are too cumbersome

<sup>6</sup>  The patient population is very difficult

<sup>7</sup>  Primary care providers are operating at capacity—they cannot take any more patients

<sup>8</sup>  Other (Please explain): \_\_\_\_\_

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9. Are there enough SPECIALTY CARE PHYSICIANS in your area to serve Medicaid patients?

<sup>1</sup>  Yes → If Yes, Go to Question 12

<sup>2</sup>  No → If No, Go to Question 10 & 11

If not, why do you think there are not enough SPECIALTY CARE PHYSICIANS who serve Medicaid patients in your area? (Check all that apply) (If you answered 'Yes' to the previous question, please skip this question)

<sup>1</sup>  Doctors do not like to do business with Medicaid

<sup>2</sup>  There is an overall shortage of providers

<sup>3</sup>  Doctors do not like to take care of Medicaid patients

<sup>4</sup>  Reimbursement from Medicaid does not adequately cover the cost of providing care to patients

<sup>5</sup>  Administrative procedures associated with Medicaid participation are too cumbersome

<sup>6</sup>  The patient population is very difficult

<sup>7</sup>  Specialty care providers are operating at capacity—they cannot take any more patients

<sup>8</sup>  Other (Please explain): \_\_\_\_\_

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**10. Please select the type(s) of specialists that are not available to serve Medicaid patients in your area. (Check all that apply)**

*(If you answered 'Yes' to the question #9, please skip this question)*

- <sup>1</sup>  Allergist
- <sup>2</sup>  Anesthesiologist
- <sup>3</sup>  Cardiologist
- <sup>4</sup>  Dermatologist
- <sup>5</sup>  Family Physician
- <sup>6</sup>  General Practitioner
- <sup>7</sup>  Geriatrician
- <sup>8</sup>  Gynecologist
- <sup>9</sup>  Internist
- <sup>10</sup>  Neurologist
- <sup>11</sup>  Neurosurgeon
- <sup>12</sup>  Obstetrician
- <sup>13</sup>  Oncologist
- <sup>14</sup>  Ophthalmologist
- <sup>15</sup>  Orthopedic surgeon
- <sup>16</sup>  Otolaryngologist
- <sup>17</sup>  Pathologist
- <sup>18</sup>  Pediatrician
- <sup>19</sup>  Psychiatrist
- <sup>20</sup>  Radiologist
- <sup>21</sup>  Surgeon
- <sup>22</sup>  Urologist
- <sup>23</sup>  Other: \_\_\_\_\_

**Questions about Medicaid Reform**

*Medicaid Reform Elements*

*Medicaid Reform became operational on September 1, 2006 in Broward and Duval Counties. On September 1, 2007, it was initiated in Baker, Clay, and Nassau Counties.*

**11. Have you ever heard of Medicaid Reform?**

- <sup>1</sup>  Yes → **If Yes, Go to Question 12**
- <sup>2</sup>  No → **If No, Go to Question 20**

**12. How well do you think each of the following is working in Medicaid Reform? (Indicate on the matrix below):**

*(If you answered 'No' to the previous question, please skip questions 13-19)*

	<i>Working Very Well</i>	<i>Working Well</i>	<i>Too Soon to Tell</i>	<i>Not Working Very Well</i>	<i>Not Working at All</i>	<i>No Opinion/ No Experience</i>
<i>a. Assuring access to specialists</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Plans available to Medicaid patients</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c. Provider availability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>d. Continuity of care with primary care provider</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e. Access to prescription drugs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>f. Enhanced benefit rewards</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>g. Promoting healthy behaviors</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>h. Improving beneficiary satisfaction</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>i. Improving health outcomes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>j. Better access to care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>k. Lower cost of care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>l. Disease management programs for patients with chronic disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Do Medicaid Reform Plans provide physicians with incentives to improve quality of care?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't Know

**14. Do Medicaid Reform Plans provide incentives to physicians to control the cost of care?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't Know

**15. Is there sufficient communication between doctors and health plans under Medicaid Reform?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't Know

**16. Are Medicaid Reform Plans offering disease management programs?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't Know

**17. Are quality reports being provided by the health plans to physicians?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't Know

**18. In your practice has administrative burden increased, decreased, or stayed the same as a result of Medicaid Reform?**

- <sup>1</sup>  Increased
- <sup>2</sup>  Decreased
- <sup>3</sup>  Stayed the same
- <sup>4</sup>  Don't Know

## Closing

**19. Are you currently accepting new Medicaid patients into your practice?**

- <sup>1</sup>  Yes
- <sup>2</sup>  No

**20. Are you thinking about leaving Medicaid anytime soon?**

- <sup>1</sup>  Yes → **If Yes, Go to Question 22**
- <sup>2</sup>  Not Sure → **If Not Sure, Go to Question 22**
- <sup>3</sup>  No → **If No, Go to Question 23**
- <sup>4</sup>  Already Left → **If Already Left, Go to Question 22**

**21. Why are you thinking about leaving or why have you left Medicaid?  
(Check all that apply)**

- <sup>1</sup>  Reimbursement is not sufficient
- <sup>2</sup>  Administrative burden associated with being a Medicaid provider
- <sup>3</sup>  I do not like the recent changes to the Medicaid program
- <sup>4</sup>  Patient population is too difficult to work with
- <sup>5</sup>  Other (Please Explain): \_\_\_\_\_

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**22. Is there anything else about Medicaid you would like us to know? Please explain.**

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**23. May we contact you for more information? If so, please provide your contact information:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Email:* \_\_\_\_\_

**24.** *Do you know anyone else who would be interested in this survey? If so, please provide their contact information:*

*Name:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_