



2010  
MEDICARE & MEDICAID  
PHYSICIAN PARTICIPATION SURVEY

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EXECUTIVE SUMMARY &  
DETAILED FINDINGS

# 2010 Medicare & Medicaid Physician Participation Survey

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## OVERVIEW

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This November, physicians who participate in Medicare are facing nearly 30% in reimbursement reductions. Additionally, state budget cuts to the Louisiana Medicaid program have cut health care providers approximately 22% in the past three years, with the most recent 5% program cut implemented August 1.

The Louisiana State Medical Society (LSMS) conducted an electronic survey of its members beginning July 12, 2010, and ending August 6, 2010, in an effort to determine how LSMS member-physicians were responding to the latest announcements of reimbursement cuts in both the Medicare and Medicaid programs, specifically on how it may change participation rates in these programs.

Approximately 3,758 members with email addresses were asked to participate in the survey. Eighty (80) emails bounced back, leaving 3,678 possible participants. The original deadline of August 1, 2010, was extended to August 6, 2010. A final count of 386 survey respondents gives the survey an overall response rate of 11%.

- The typical respondent is a full time, practicing physician-specialist in a solo or small group practice in an urban area.
- The average physician's "payer mix" includes: private insurance, Medicare, Medicare HMOs/Advantage plans; Medicaid; uninsured/self pay and other sources.
- As reported by survey respondents, private insurance and Medicare combined represent more than 70% of a physician's practice revenues.

### *Medicare*

- The majority (62.0%) of physicians still accept new Medicare patients.
- Almost one-third of respondents (30.7%) indicated that they have either stopped or will stop accepting new Medicare patients; another 44.4% are considering this as an option.
- Half (49.9%) of respondents indicated that they have either limited or will limit the number of new Medicare patients accepted by their practice; another 33.3% are considering this option.

### *Medicaid*

- The majority of respondents (71.7%) indicated that they either limit (36.8%) or no longer accept (34.9%) new Medicaid patients.
- More than half of respondents (56.6%) indicated that they have either stopped or will stop accepting new Medicaid patients; another 24.8% are considering this as an option.
- A majority (69.0%) of respondents indicated that they have either limited or will limit the number of new Medicaid patients accepted by their practice; another 16.0% are considering this option.
- 40.3% of respondents indicated that they no longer see or will no longer see any Medicaid patients; another 31.4% are considering this as an option.
- When asked to indicate their experience in referring Medicaid patients for specialty care, respondents who chose “difficult to make referrals” and “almost impossible to make referrals”, the percentages are substantial: 94.9% in 2010 compared to 86.7% in 2009.

### *Primary Care Compared to Specialty Care:*

- Of the 388 respondents who took the survey, 31.1% (110) identified themselves as “primary care” and 68.9% (244) identified themselves as “specialty care.”
- Concerning the current policy of their medical practice on accepting new patients:
  - Medicare –
    - 42.6% (46) of “primary care” respondents indicated that their policy was to “accept all” new Medicare patients; compared with 69.8% (164) of “specialty care” respondents.
    - 57.5% (62) of “primary care” respondents and 30.3% (71) of “specialty care” respondents indicated that they “limit” or “do not accept” new Medicare patients.
  - Medicaid –
    - 21.1% (23) of “primary care” respondents indicated that their policy was to “accept all” new Medicaid patients; compared with 29.5% (70) of “specialty care” respondents.
    - 78.9% (86) of “primary care” respondents and 70.5% (167) of “specialty care” respondents indicated that they “limit” or “do not accept” new Medicaid patients.
  - 42.3% of “primary care” respondents indicated that their primary practice was located in a rural area; compared to only 12% of “specialty care” respondents.

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**DETAILED RESULTS**

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*Question 1. Please indicate below the current policy of your medical practice regarding acceptance of new patients:*

This question asked respondents to share their practice policies regarding acceptance of new patients. Percentages were calculated based on the number of respondents who answered for each payer type.

	<i>Accept All (#of responses)</i>	<i>Limit (#of responses)</i>	<i>Do Not Accept (#of responses)</i>
Private Insurance (HMOs, PPOs, etc) <i>373 responses</i>	77.2% (288)	18.8% (70)	4.0% (15)
Medicare <i>366 responses</i>	62.0% (227)	26.2% (96)	11.7% (43)
Uninsured/Self Pay <i>369 responses</i>	47.4% (175)	43.4% (160)	9.2% (34)
Medicaid <i>370 responses</i>	28.4% (105)	36.8% (136)	34.9% (129)
Other <i>184 responses</i>	37.5% (69)	48.9% (90)	13.6% (25)

Taking a closer look at the Medicare and Medicaid data:

- A total of 139 respondents (37.9%) indicated that they will “limit” or “do not accept” new Medicare patients.
- A total of 265 respondents (71.7%) indicated that they will “limit” or “do not accept” new Medicaid patients.
- In comparing the top four types of new patients, practices are more likely to accept all new “Uninsured/Self Pay patients” over new “Medicaid” patients.

*Question 2. Approximately what percentage of your practice revenues are derived from each of the following payers?*

% Range	Private insurance		Medicare		Medicare HMOs/Advant	
	Responses	Percentage	Responses	Percentage	Responses	Percentage
Zero	7	2%	18	5%	43	15%
1 to 10	26	7%	58	17%	156	55%
11 to 20	49	14%	62	18%	49	17%
21 to 30	55	15%	87	25%	24	8%
31 to 40	66	18%	54	16%	6	2%
41 to 50	60	17%	36	10%	5	2%
51 to 60	35	10%	16	5%	3	1%
61 to 70	35	10%	11	3%	0	0%
71 to 80	16	4%	5	1%	0	0%
81 to 90	5	1%	0	0%	0	0%
91 to 100	3	1%	0	0%	0	0%
	357	100%	347	100%	286	100%

% Range	Medicaid		Uninsured or self-pay		Other	
	Responses	Percentage	Responses	Percentage	Responses	Percentage
Zero	66	20%	23	7%	42	38%
1 to 10	142	43%	246	77%	51	46%
11 to 20	43	13%	21	7%	8	7%
21 to 30	29	9%	10	3%	1	1%
31 to 40	15	5%	3	1%	2	2%
41 to 50	5	2%	4	1%	1	1%
51 to 60	9	3%	0	0%	0	0%
61 to 70	5	2%	1	0%	0	0%
71 to 80	10	3%	3	1%	2	2%
81 to 90	2	1%	3	1%	2	2%
91 to 100	2	1%	4	1%	1	1%
	328	100%	318	100%	110	100%

Using the respondent's answers from Question 2, a snapshot of a physician's "average" payer mix includes the following sources of revenue, at the percentage ranges indicated.

Private Insurance (HMOs, PPOs, etc)	31 to 40 percent
Medicare	21 to 30 percent
Medicare HMO/Advantage Plans	1 to 10 percent
Uninsured/Self Pay	1 to 10 percent
Medicaid	1 to 10 percent
Other	1 to 10 percent

*Question 3. As a result of the federal changes to the Medicare program, what actions are you taking, planning or considering?*

In addition to answering the question, thirty-six (36) respondents typed additional comments.

	<i>Action Already Taken (#of responses)</i>	<i>Will Take (#of responses)</i>	<i>Considering (#of responses)</i>	<i>Will Not Take (#of responses)</i>
Accept no new Medicare patients <i>342 responses</i>	18.4% (63)	12.3% (42)	<b>44.4% (152)</b>	24.9% (85)
Limit # of new Medicare patients <i>321 responses</i>	23.1% (74)	26.8% (86)	<b>33.3% (107)</b>	16.8% (54)
No longer see Medicare patients <i>325 responses</i>	5.2% (17)	5.5% (18)	39.4% (128)	<b>49.8% (162)</b>
Collect deductibles/co-pays from all Medicare patients <i>328 responses</i>	<b>51.2% (168)</b>	20.7% (68)	17.7% (58)	10.4% (34)
Increase standards fees charged to all patients <i>335 responses</i>	13.4% (45)	20.9% (70)	<b>44.2% (148)</b>	21.5% (72)
Delay/forego capital improvements, such as software/IT, upgrades, medical or office equip. purchases <i>341 responses</i>	<b>32.0% (109)</b>	27.9% (95)	26.4% (90)	13.8% (47)
Renegotiate or terminate other health plan contracts <i>335 responses</i>	12.5% (42)	21.2% (71)	<b>46.9% (157)</b>	19.4% (65)
Reduce the number of staff <i>334 responses</i>	19.5% (65)	14.1% (47)	<b>38.9% (130)</b>	27.5% (92)
Retire and/or close practice <i>322 responses</i>	2.2% (7)	3.1% (10)	42.5% (137)	<b>52.2% (168)</b>

*Question 4. As a result of state budget cuts to the Louisiana Medicaid program, what actions are you taking, planning or considering?*

	<i>Action Already Taken (#of responses)</i>	<i>Will Take (#of responses)</i>	<i>Considering (#of responses)</i>	<i>Will Not Take (#of responses)</i>
Accept no new Medicaid patients <i>339 responses</i>	<b>45.1% (153)</b>	11.5% (39)	24.8% (84)	18.6% (63)
Limit # of new Medicaid patients <i>307 responses</i>	<b>54.7% (168)</b>	14.3% (44)	16.0% (49)	15.0% (46)
No longer see Medicaid patients <i>322 responses</i>	30.4% (98)	9.9% (32)	<b>31.4% (101)</b>	28.3% (91)
Increase standard fees charged to all patients <i>311 responses</i>	16.1% (50)	17.4% (54)	<b>39.9% (124)</b>	26.7% (83)
Delay/forego capital improvements, such as software/IT, upgrades, medical or office equip. purchases <i>318 responses</i>	<b>32.7% (104)</b>	21.1% (67)	29.9% (95)	16.4% (52)
Renegotiate or terminate other health plan contracts <i>312 responses</i>	14.1% (44)	19.6% (61)	<b>41.0% (128)</b>	25.3% (79)
Reduce the number of employees <i>318 responses</i>	17.9% (57)	16.4% (52)	<b>35.2% (112)</b>	30.5% (97)
Relocate practice to another state <i>308 responses</i>	1.6% (5)	1.6% (5)	30.2% (93)	<b>66.6% (205)</b>
Retire and/or close practice <i>312 responses</i>	1.9% (6)	4.8% (15)	38.5% (120)	<b>54.8% (171)</b>

*Question 5. When referring Medicaid patients for specialty care, I have found it:*

Respondents were asked to choose the best answer to describe their experience with referring Medicaid patients to specialists for care; 333 respondents answered this question and 53 respondents skipped this question. In March 2009, this exact question was asked in the LSMS 2009 Member Survey. Those results are included in this table for comparison. Most notably, a marked increase (14.2%) in the “almost impossible to make referrals” category from 2009 to 2010. If you compile answers in the “difficult to make referrals” and the “almost impossible to make referrals” categories, the percentages are substantial: 94.9% in 2010 compared to 86.7% in 2009.

	2010 Percent (#of respondents)	2009 Percent (#of respondents)
Easy to make referrals	2.1% (7)	3.0% (14)
Somewhat easy to make referrals	3.0% (10)	10.3% (48)
Difficult to make referrals	36.3% (121)	42.3% (197)
Almost impossible to make referrals	58.6% (195)	44.4% (207)
Total respondents	333	466

*Questions 6. I am:*

Respondents were asked to choose which work load best represented their practice situation; 358 respondents answered this question.

	Percent (#of respondents)
Full time, practicing physician (40+ hrs/wk)	92.1% (326)
Part time, practicing physician (<40 hrs/wk)	7.6% (27)
Not practicing	0.3% (1)

*Question 7. Which category best describes your primary form of medical practice?*

Respondents were given several options for describing their primary form of medical practice and asked to choose the one that best describes their practice; 358 respondents answered this question.

	Percent (#of respondents)
Small Group Practice (2-10 physicians)	38.8% (139)
Solo Practice	38.3% (137)
Mid-size Group Practice (11-30 physicians)	8.1% (29)
Hospital Based	5.9% (21)
Large Group Practice (30+ physicians)	3.9% (14)
Teaching, Administration or Research	3.1% (11)
Other	1.4% (5)
Retired	0.6% (2)
Resident	0.0% (0)
Medical Student	0.0% (0)

*Question 8. Which category best describes your primary form of medical practice?*

Respondents were asked to indicate whether their type of medical practice is *primary* or *specialty* care; 354 respondents answered this question.

	Percent (#of respondents)
Specialty Care	68.9% (244)
Primary Care	31.1% (110)

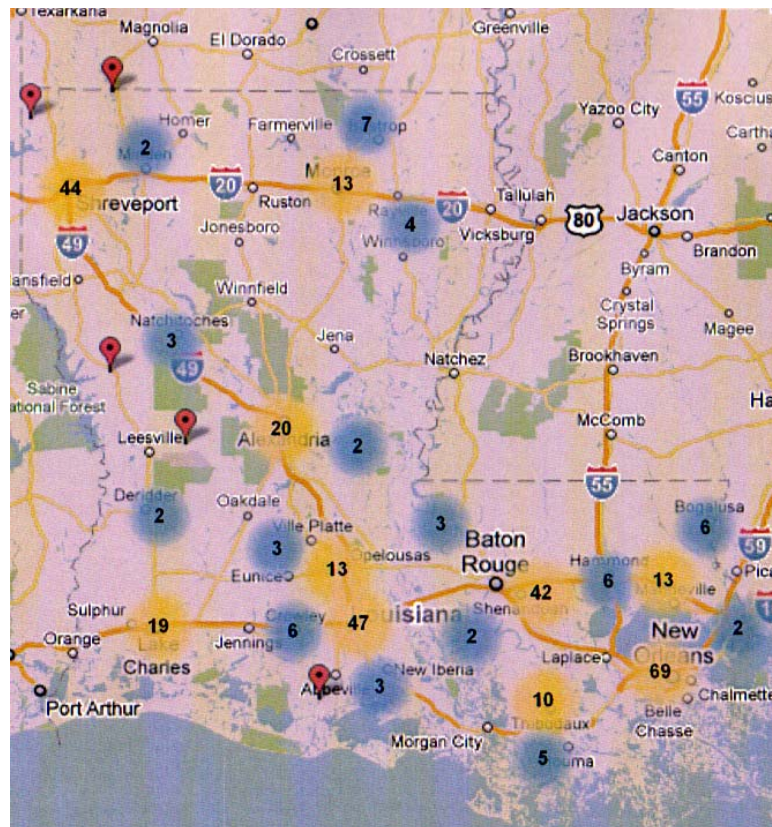
*Question 9. Where is your primary practice located?*

Respondents were asked to indicate whether their practice was located in an urban (population greater than 25,001) or rural area (population up to 25,000); 353 respondents answered this question.

	Percent (#of respondents)
Urban (>25,001 pop.)	78.8% (278)
Rural (< 25,000 pop.)	21.2% (75)

*Question 10. Please enter the five digit zip code where your practice is located in the box below.*

Respondents were asked to type in their five digit zip code to identify the geographic distribution of the responders. A total of 348 responses were received with the highest concentration of responses coming from New Orleans (69); Lafayette (47); Shreveport (44) and Baton Rouge (42). A map was created to help visualize the responses:



*Question 11. Comments and Suggestions.*

Eighty-nine (89) respondents typed in a comment or suggestion.