

# Provider participation in MA networks

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# Presentation roadmap

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- 2 Key Medicare Advantage network concepts
- 3 Analytic approach
- 4 Clinician participation in Medicare Advantage
- 5 Mid-year network changes
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# Background on MA networks and beneficiary experiences

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- MA enrollees agree to use providers in their plan's network
- Networks can have potentially positive and negative impacts (June 2024)
  - Could encourage use of higher-performing providers, but also
  - Could restrict access to needed care
- In our annual focus groups, both MA and FFS beneficiaries prioritized access to preferred providers when selecting coverage
  - Some MA enrollees described switching plans because a provider went out of network
  - Some FFS beneficiaries pointed to MA provider networks as a reason for choosing FFS

**Note:** MA (Medicare Advantage). FFS (fee-for-service).

**Source:** Medicare Payment Advisory Commission. 2024. Report to the Congress: Medicare and the Health Care Delivery System; NORC at the University of Chicago. 2023, 2024, and 2025. *Beneficiary and clinician perspectives on Medicare and other issues*. Reports prepared by staff from NORC for MedPAC.

# Workplan for analyzing MA networks

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- In November 2024, commissioners discussed a workplan for studying MA networks
- Based on commissioner feedback, the workplan includes three aims, which examine
  - Provider participation in MA networks,
  - The use of MA provider networks by enrollees, and
  - The impact of MA network adequacy standards on access to care
- Today, we focus on part of the first aim: participation in MA networks among clinicians
- Future work will analyze facility participation in MA

**Note:** MA (Medicare Advantage).

# Potential factors influencing provider participation in MA

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- Payment rates relative to costs
- Patient volume
- Risk-sharing opportunities
- Administrative burden
- Provider efficiency
- Network adequacy requirements
- Ownership status
- Local market dynamics

**Note:** MA (Medicare Advantage).

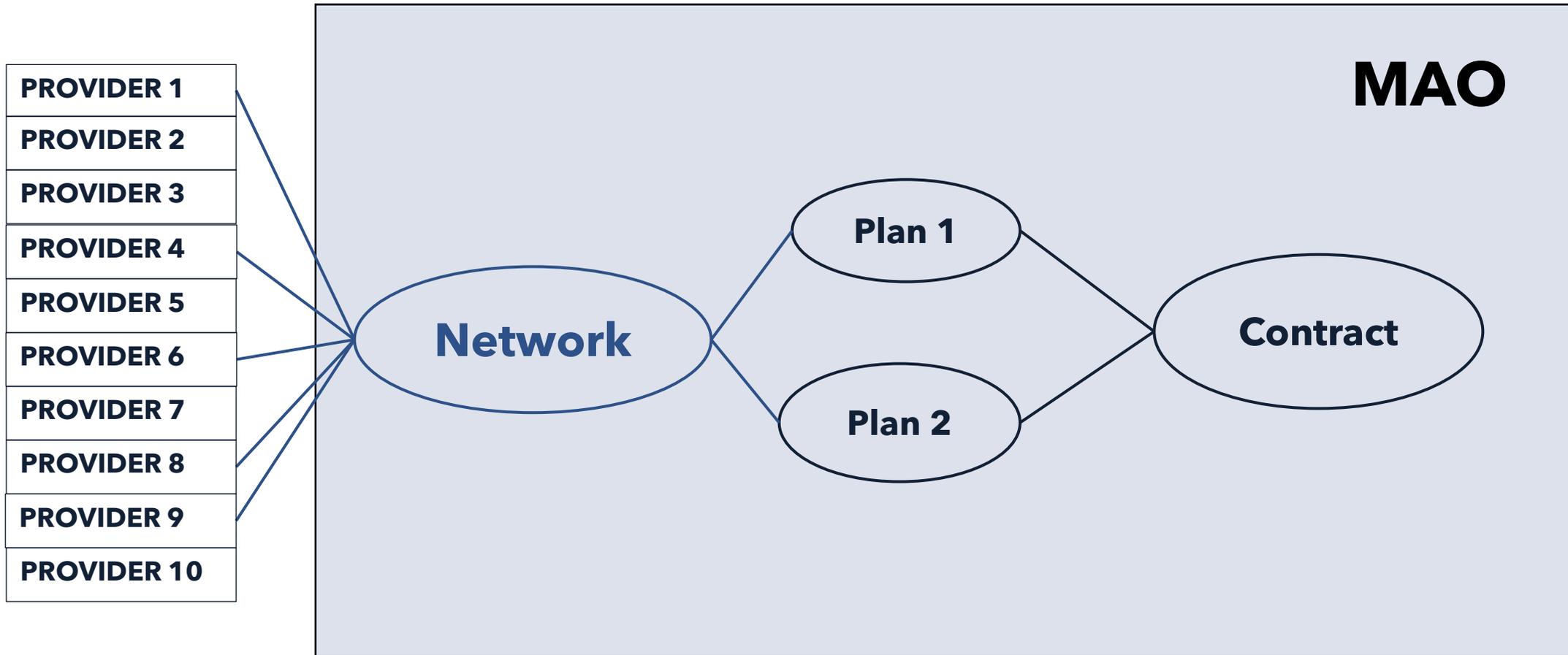
# Provider participation in MA networks can change during the year

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- Beneficiaries typically make plan choices on an annual basis
- But a plan's network may change during the year
  - Contracts may be renegotiated
  - Clinicians may retire or relocate to a new area not served by the plan
- Commissioners have raised concerns about the potential impact of network changes on beneficiaries
- Little is known about how prevalent these changes are or how they affect beneficiaries

**Note:** MA (Medicare Advantage).

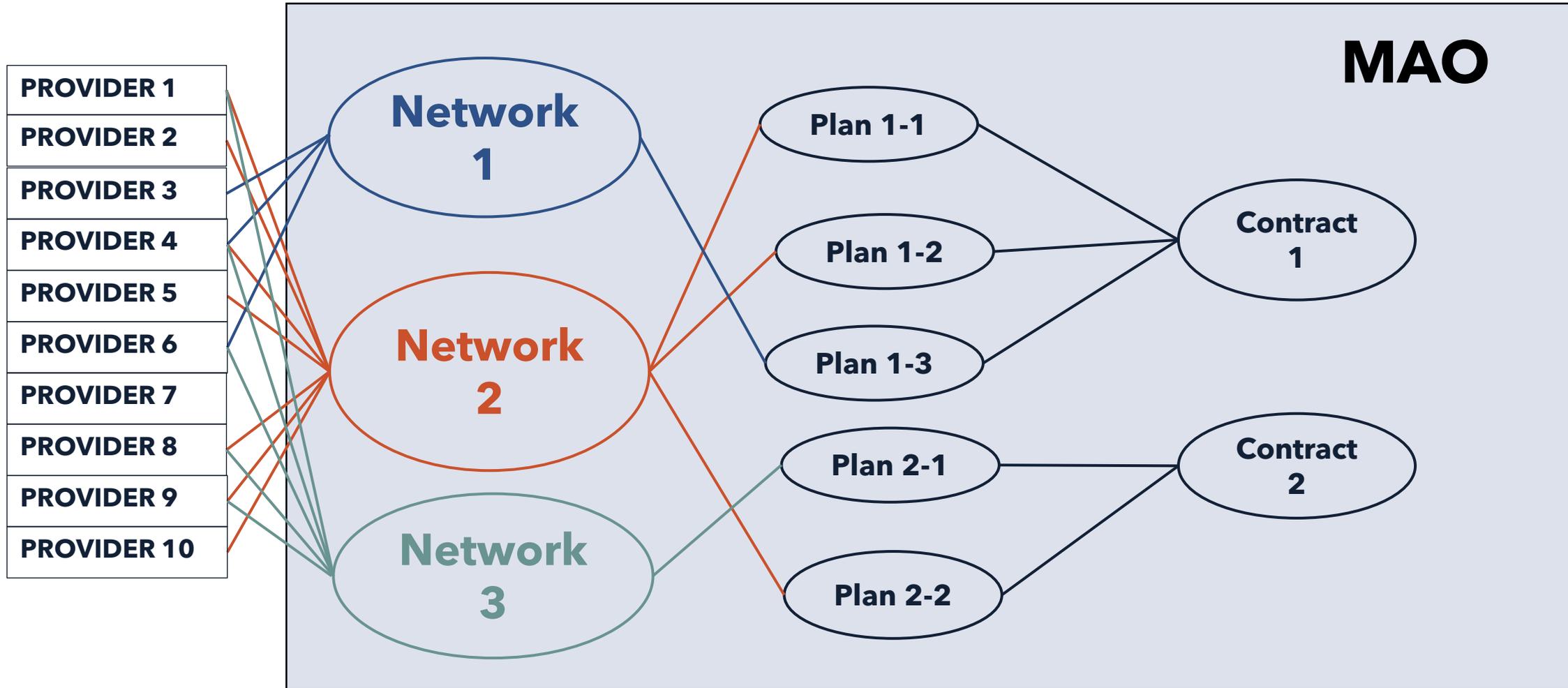
# Key network concepts



**Note:** MAO (Medicare Advantage organization), representing the “parent organization” or insurance carrier that administers MA (Medicare Advantage) plans. “Provider” in this simplified schematic could refer to either an individual clinician, facility, or a health care organization.

**Source:** MedPAC illustration of MA provider networks, plans, and contracts based on structure of Ideon files.

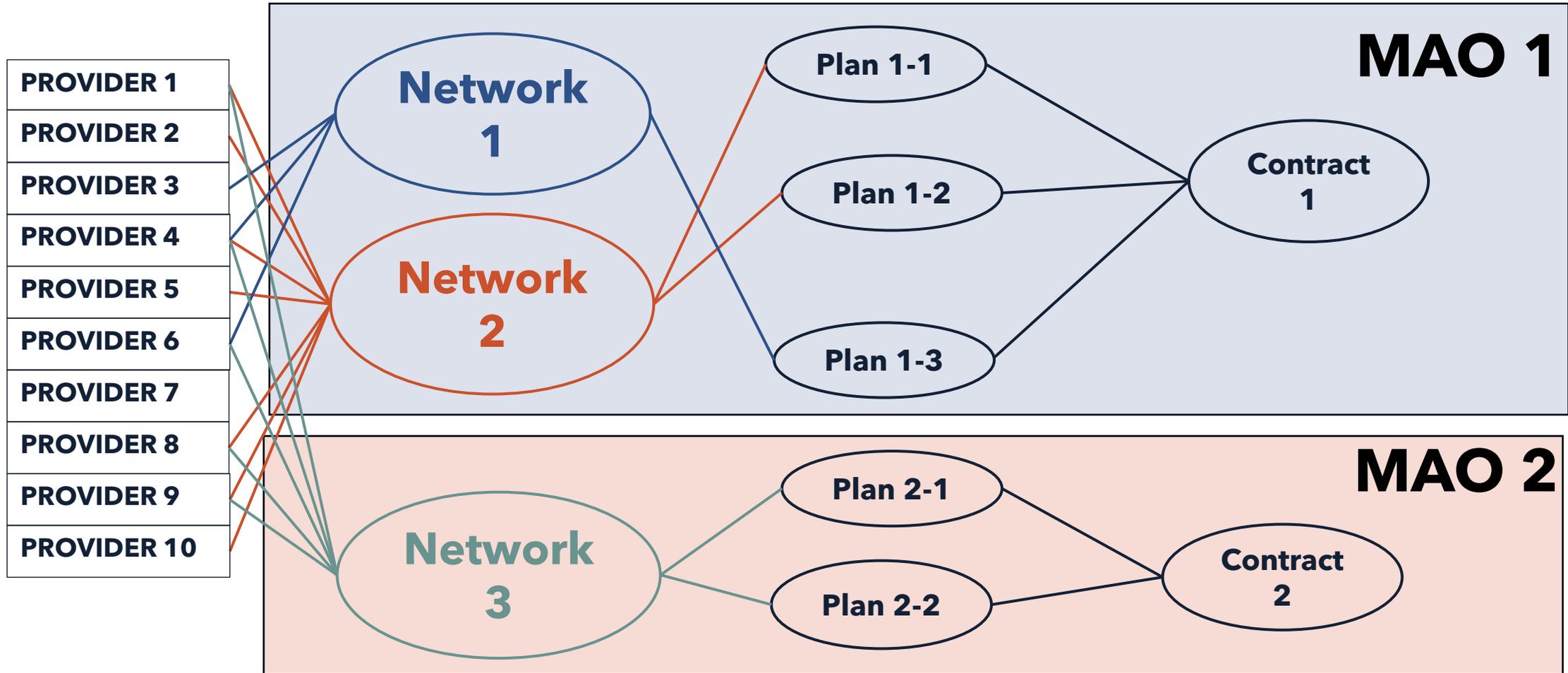
# Key network concepts (continued)



**Note:** MAO (Medicare Advantage organization), representing the “parent organization” or insurance carrier that administers MA (Medicare Advantage) plans. “Provider” in this simplified schematic could refer to either an individual clinician, facility, or a health care organization.

**Source:** MedPAC illustration of MA provider networks, plans, and contracts based on structure of Ideon files.

# Key network concepts (continued)



**Note:** MAO (Medicare Advantage organization), representing the “parent organization” or insurance carrier that administers MA (Medicare Advantage) plans. “Provider” in this simplified schematic could refer to either an individual clinician, facility, or a health care organization.

**Source:** MedPAC illustration of MA provider networks, plans, and contracts based on structure of Ideon files.

# Analysis of provider participation in MA networks

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- Evaluated participation of PCPs and specialists
  - Share of providers in at least one MA plan
  - Share of providers in-network for 1, 2, 3, 4, 5, or 6+ MAOs
- Evaluated change in network size during the year
  - Change in network size (net of entries and exits)
  - Share of clinicians exiting networks
- We do not assess whether the level of participation is “correct”

**Note:** MA (Medicare Advantage). PCP (Primary Care Practitioner). MAO (Medicare Advantage Organization)

# Data sources for analyzing provider participation

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- Identified active clinicians using several CMS data sources
  - NPPES registry to identify all clinician NPIs
  - FFS claims and MA encounter records to identify which NPIs were active
- Identified network participation of clinicians using a database of provider directories compiled by Ideon
  - Two snapshots: February 2023 and June 2023
  - Included provider directories from HMO and local PPO plans comprising 95% of enrollment

**Note:** NPPES (National Plan and Provider Enumeration System). NPI (National Provider Identifier). FFS (fee-for-service). MA (Medicare Advantage). HMO (Health Maintenance Organization). PPO (Preferred Provider Organization).

**Sources:** National Provider and Plan Enumeration System (NPPES), FFS claims data, MA enrollment data, MA encounter records, CMS's health service delivery (HSD) reference file, and Ideon plan, provider, and network data, 2023.

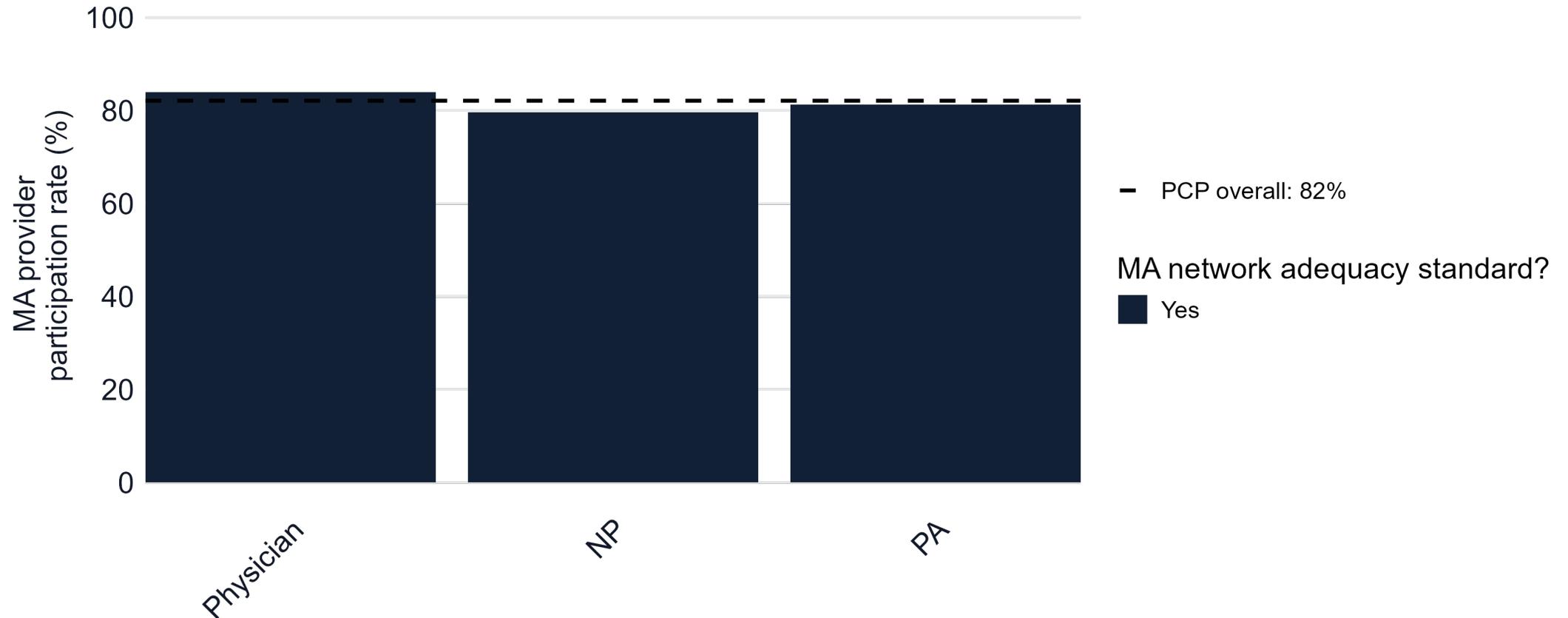
# Analytic approach to clinician participation rates

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- Defined the participation rate as the share of active clinicians who participated in at least one MA network
- We defined active clinicians as those who appeared on a combination of at least 100 FFS claims or MA encounter records in 2023
  - Includes about 70% of clinicians with at least one claim or encounter record
- Defining what constitutes an active level of practice is challenging, and requires balancing two objectives
  - Including a large share of the total clinician population
  - Analyzing the participation of clinicians who are available for seeing patients
- Estimated participation rates change under different thresholds

**Note:** MA (Medicare Advantage). FFS (fee-for-service). NPPES (National Plan and Provider Enumeration System).  
**Source:** MedPAC analysis of NPPES, FFS claims data, MA encounter records, and Ideon plan, provider, and network data, 2023.

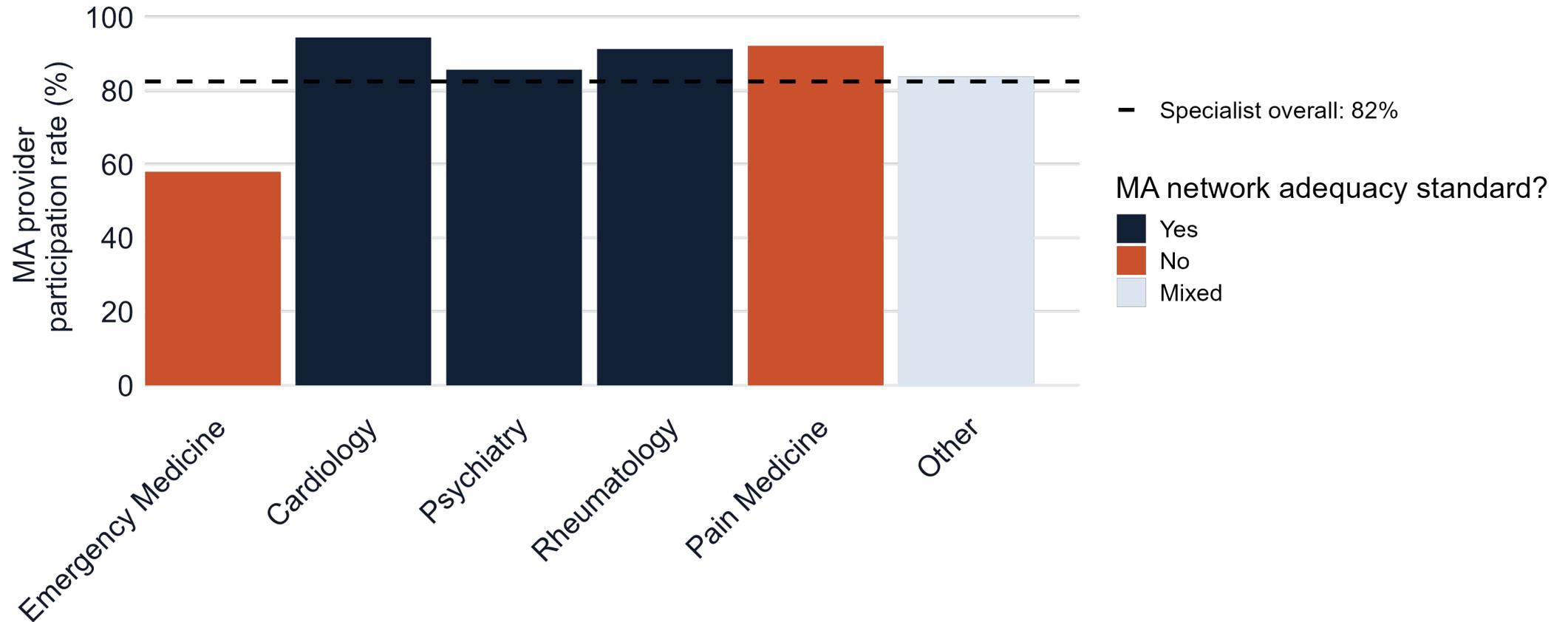
# Most PCPs participated in at least one MA network, 2023



**Note:** PCP (Primary Care Practitioner). MA (Medicare Advantage). NP (Nurse Practitioner). PA (Physician Assistant). NPPES (National Provider and Plan Enumeration System). NPI (National Provider Identifier). Participation rates represent the share of NPPES NPIs that met the inclusion criteria and were in at least one MA network, out of all the NPPES NPIs that met the inclusion criteria. The dashed horizontal line represents the rate for all PCPs combined.

**Sources:** MedPAC analysis of 2023 Ideon, NPPES, and FFS claims data, and MA encounter data.

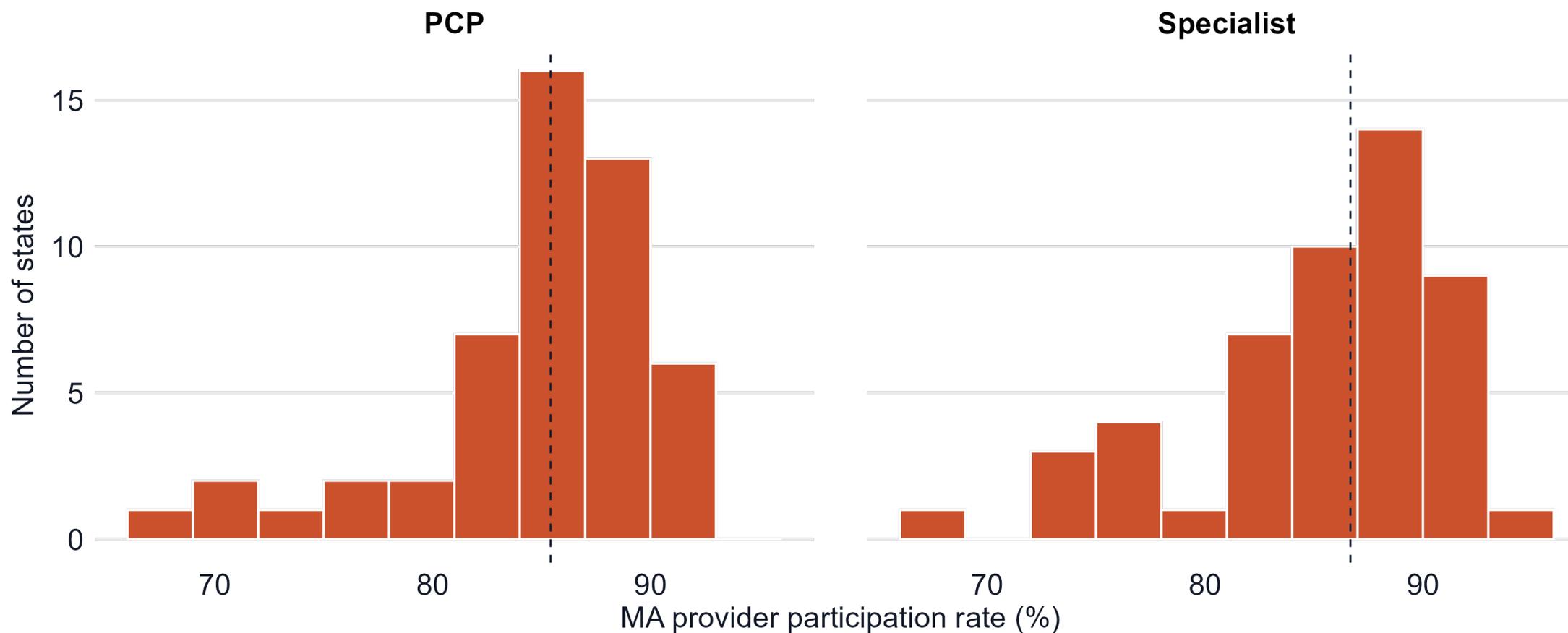
# Most specialists participated in at least one MA network, 2023



**Note:** MA (Medicare Advantage). NPPES (National Provider and Plan Enumeration System). NPI (National Provider Identifier). Participation rates represent the share of NPPES NPIs that met the inclusion criteria and were in at least one MA network, out of all the NPPES NPIs that met the inclusion criteria. The dashed horizontal line represents the overall rate for all included specialists combined.

**Sources:** MedPAC analysis of 2023 Ideon, NPPES, and FFS claims data, and MA encounter data.

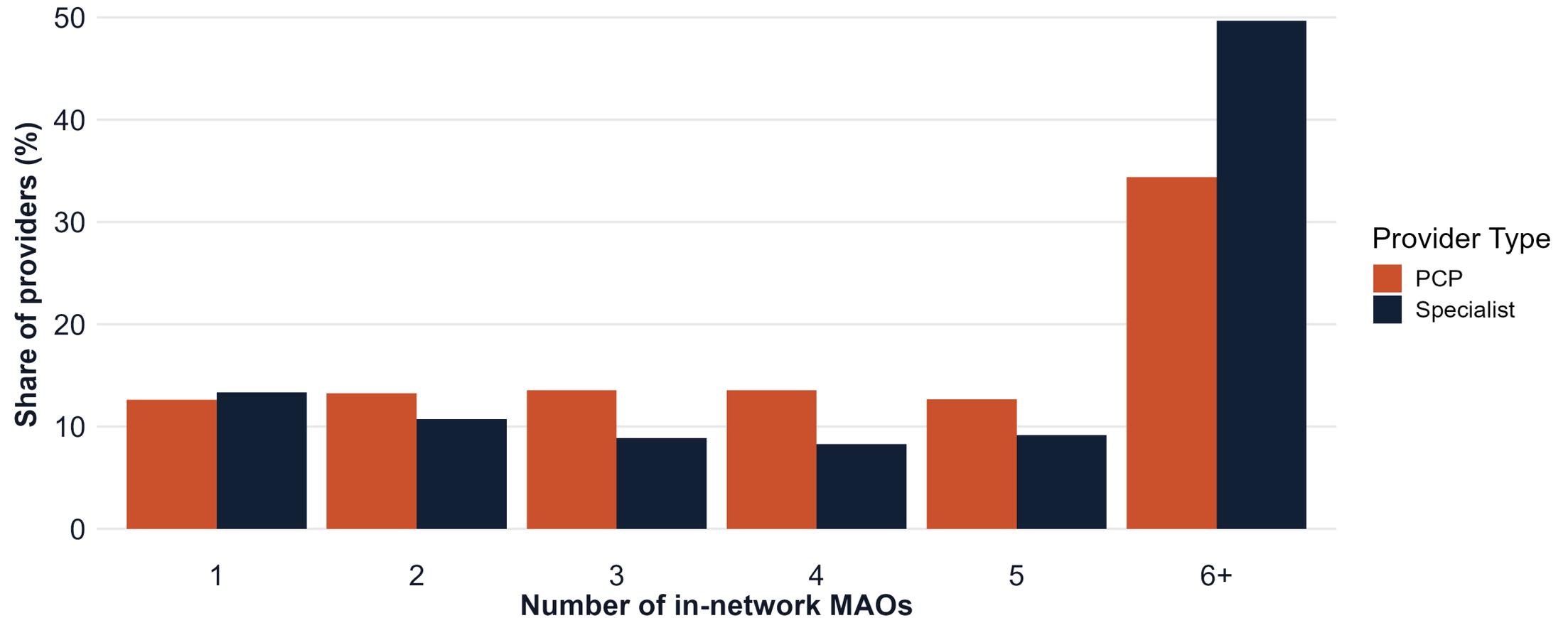
# MA clinician participation varied by state, 2023



**Note:** MA (Medicare Advantage). PCP (Primary Care Practitioner). NPPES (National Provider and Plan Enumeration System). NPI (National Provider Identifier). Participation rates represent the share of NPPES NPIs with a practice location in the state that met the inclusion criteria and were in at least one MA network, out of all the NPPES NPIs with a practice location in the state that met the inclusion criteria. The dashed line represents the median state-level participation rate. Alaska was excluded from this figure.

**Source:** MedPAC analysis of Ideon data, NPPES data, FFS claims data, and Medicare Advantage encounter data.

# MA providers participated with many MAOs, 2023



**Note:** MA (Medicare Advantage). MAO (Medicare Advantage Organization). PCP (Primary Care Practitioner). NPPES (National Provider and Plan Enumeration System). NPI (National Provider Identifier). The share of providers represents the share of NPPES NPIs that were in-network for the given number of plans, out of all NPPES NPIs met the inclusion criteria and were in at least one MA network.

**Sources:** MedPAC analysis of Ideon data, NPPES data, FFS claims data, and Medicare Advantage encounter data.

# Changes in provider networks over time

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- Provider networks can change over time, both from year to year and within the plan year
- Changes can occur for many reasons, e.g.:
  - Clinician retires, moves, or changes employer
  - Negotiations around payment or other contract terms
  - Plan becomes concerned about quality or cost of care
- Network changes may be disruptive for enrollees

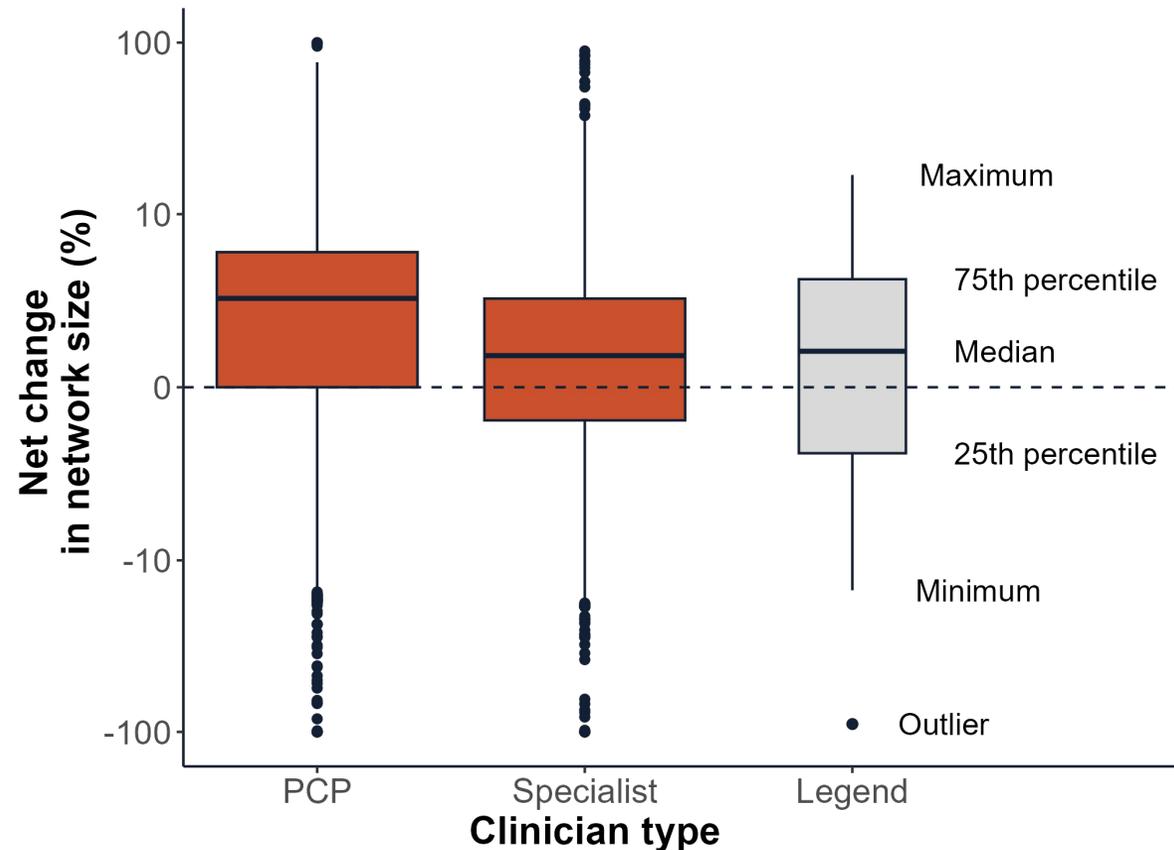
# Mid-year changes in provider networks

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- Changes in networks may not align with when beneficiaries can change plans
- Analyzed frequency of mid-year network changes
  - Entries, exits, and net changes, as a share of starting network size
  - Compared February 2023 (beginning of year) to June 2023 (mid-year)
- This is a partial-year analysis, yielding a lower-bound estimate of network turnover

**Note:** NPPES (National Provider and Plan Enumeration System). MA (Medicare Advantage).  
**Source:** MedPAC analysis of Ideon data, NPPES, and county-level MA enrollment files, 2023

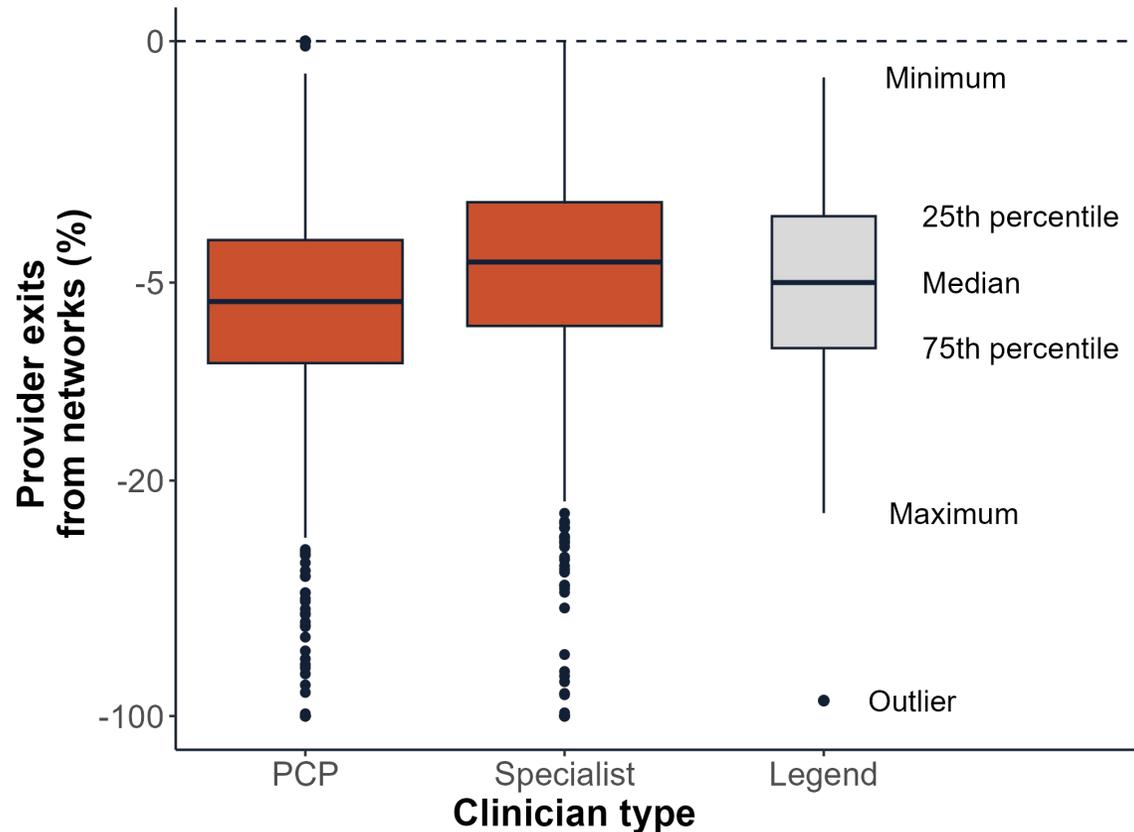
# Most networks increase in size by mid-year, 2023



**Note:** PCP (Primary Care Practitioner). “Net change in network size” is estimated per provider type, and is defined as the number of providers in a given network in June 2023 minus the number of providers in the network in February 2023, divided by the number of providers in that network in February, expressed as a percent. This figure shows the distribution of the net change in PCPs and specialists across networks, where networks were enrollment weighted. Outliers are defined values that are at least 1.5 times more (or less) than the difference between the 75th and 25th percentile. Outliers above a 100 percent increase were removed from the figure.

**Source:** MedPAC analysis of Ideon data, NPPES, and county-level MA enrollment files, February and June 2023.

# Most networks had a small share of clinicians exiting by mid-year, 2023



**Note:** PCP (Primary Care Practitioner). “Net change in network size” is estimated per provider type, and is defined as the number of providers in a given network in June 2023 minus the number of providers in the network in February 2023, divided by the number of providers in that network in February, expressed as a percent. This figure shows the distribution of the net change in PCPs and specialists across networks, where networks were enrollment weighted. Outliers are defined values that are at least 1.5 times more (or less) than the difference between the 75th and 25th percentile.

**Source:** MedPAC analysis of Ideon data, NPPES, and county-level MA enrollment files, February and June 2023.

# Summary of findings

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- Most clinicians participated in MA networks
- Among those who participated, over 74% of PCPs and 76% of specialists participated with 3 or more MAOs
- Clinician participation in any given MA network is not static
  - We see some variation in the amount of turnover of provider participation in networks throughout the year
  - While network size may remain constant or even increase over the course of a year, some MA enrollees will experience disruption

**Note:** MA (Medicare Advantage). PCP (Primary Care Practitioner). MAO (Medicare Advantage Organization). NPPES (National Provider and Plan Enumeration System). NPI (National Provider Identifier). Participation rates represent the share of NPPES NPIs that met the inclusion criteria and were in at least one MA network, out of all the NPPES NPIs that met the inclusion criteria.

**Source:** MedPAC analysis of NPPES data, FFS claims data, MA enrollment data, MA encounter records, CMS's health service delivery (HSD) reference file, and Ideon plan, provider, and network data, 2023.

# Interpretation of results is not straightforward

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- High participation rates can:
  - Imply that MA facilitates broad access to providers
  - Raise questions that MA networks do not sufficiently filter providers based on performance
- Midyear changes in MA networks can:
  - Potentially impact beneficiaries
  - Occur for many reasons, such as clinicians moving or retiring, contract negotiations, or a plan becoming concerned about the performance of the provider

**Note:** MA (Medicare Advantage).



# Discussion

# Discussion and next steps

- Questions about the material?
- Feedback?
- Depending on commissioner interest, we plan to continue analyzing MA networks, including
  - Expanding on this analysis
  - Analyzing MA participation of organizational providers (hospitals, PAC facilities, NCI-designated cancer centers)
  - Analyzing use of MA provider networks by enrollees

**Note:** MA (Medicare Advantage). PAC (Post-acute Care). NCI (National Cancer Institute).



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