

# Provider participation in Medicare Advantage networks

Krista Cherry, Senior Research Assistant & Katelyn Smalley, Senior Policy Analyst

American Society of Health Economists

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# MedPAC background

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- Provide independent, nonpartisan policy and technical advice to the Congress on Medicare
- 17 Commissioners
  - Appointed by the Comptroller General (GAO) based on experience and subject matter expertise
  - Includes providers, payers, researchers, beneficiary-focused individuals
  - Serve 3-year terms, can be reappointed
- Supported by roughly 20 to 25 staff analysts and research assistants
- Seven public commission meetings during the year
  - Staff present analytical work
  - Commissioners provide direction and feedback on work, develop policies, and vote on recommendations to the Congress
  - Annual agenda determined by multiple factors: statutory requirements, Congressional interest, commissioner interest, and staff

**Note:** GAO (Government Accountability Office).

# Transparency in MedPAC's work

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- The public can attend meetings virtually or in-person in Washington, DC
- MedPAC's website ([medpac.gov](https://www.medpac.gov)) has more information about our work
  - Full meeting transcript and meeting presentations
  - Other products like reports, comment letters, testimony, press releases, data books, payment basics, contractor reports, and recommendations
  - Analytic agenda for the upcoming year, which is published in September

# Background on MA networks and beneficiary experiences

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- 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
  - 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*. Washington, DC: MedPAC. 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.

# Literature has emerged on MA networks' breadth

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- Generally broader than commercial networks
  - (Graves et al. 2020, Skopec et al. 2018, Jacobson et al. 2016)
- Behavioral health tends to be narrower
  - (Slade et al. 2023, Zhu et al. 2023, Meyers et al. 2022)
- Narrow networks across payers are associated with lower costs, with little evidence of impacts on quality
  - (Politzer et al. 2024, Mazurenko et al. 2022)

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

**Source:** Graves, J. A., L. Nshuti, J. Everson, et al. 2020. Breadth and exclusivity of hospital and physician networks in U.S. insurance markets. *JAMA Network Open*.  
Jacobson, G., A. Trilling, T. Neuman, et al. 2016. *Medicare Advantage hospital networks: How much do they vary?* Washington, DC: Kaiser Family Foundation.  
Mazurenko, O., H. L. Taylor, and N. Menachemi. 2022. The impact of narrow and tiered networks on costs, access, quality, and patient steering: A systematic review. *Medical Care Research and Review*.  
Meyers, D. J., M. Rahman, and A. N. Trivedi. 2022. Narrow primary care networks in Medicare Advantage. *Journal of General Internal Medicine*.  
Politzer, E., T. S. Anderson, J. Z. Ayanian, et al. 2024. Primary care physicians in Medicare Advantage were less costly, provided similar quality versus regional average. *Health Affairs*.  
Skopec, L., R. Berenson, and J. Feder. 2018. *Why do Medicare Advantage plans have narrow networks?* Washington, DC: The Urban Institute.  
Slade, E. P., R. J. Wu, M. K. Meiselbach, et al. 2023. Psychiatrist and nonpsychiatrist physician network breadth in dual eligible special needs plans. *Psychiatric Services*.  
Zhu, J. M., M. K. Meiselbach, C. Drake, et al. 2023. Psychiatrist networks in Medicare Advantage plans are substantially narrower than in Medicaid and ACA markets. *Health Affairs*.

# MedPAC's work has focused on MA provider participation

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- Aggregate provider and plan willingness to engage with each other
- Share of providers that an MA enrollee potentially has access to when selecting an MA plan
- A provider not participating in MA could imply:
  - Providers aren't willing to engage with MA plans
  - Plans overly filter providers

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

# Preview of findings

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- 82% of PCPs and specialists were in network with at least one MA plan
- Our participation rates are sensitive to our definition of "active" practice
- Geographic variation is partially explained by market factors

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

# Analysis of MA provider participation

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- Evaluated participation of PCPs and specialists
  - Share of active providers in-network for at least one MA plan
  - Share of providers in-network for 1, 2, 3, 4, 5, or 6+ MAOs
- Defined “active” clinicians as those with  $\geq 100$  FFS claims or MA encounter records in 2023; evaluated sensitivity to this inclusion criteria
- Cross sectional analysis assessing factors associated with county-level geographic variation in MA participation
- We do not assess whether the level of participation is “correct”

**Note:** MA (Medicare Advantage), PCP (primary care practitioner), MAO (Medicare Advantage organization), FFS (fee-for-service).

# Data sources for analyzing provider participation

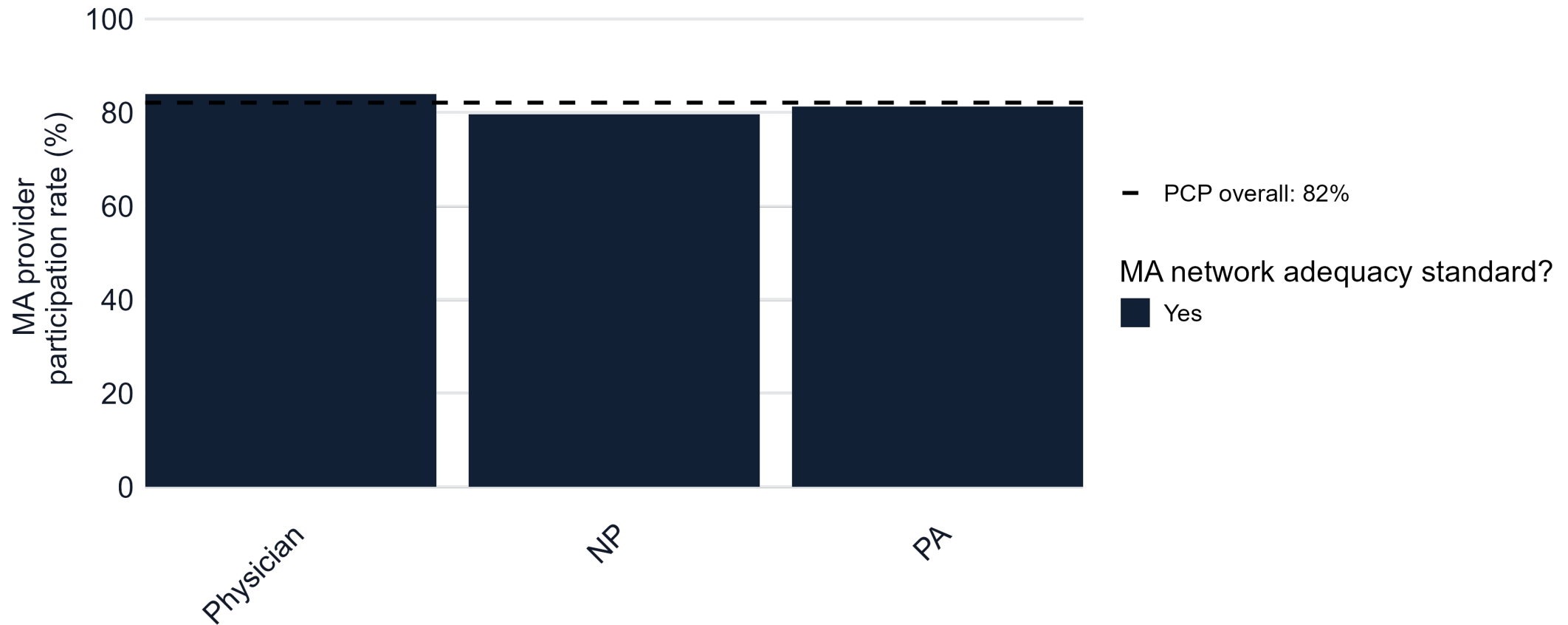
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- Identified active clinicians using several CMS data sources
  - NPES registry to identify all clinician NPIs
  - FFS claims and MA encounter records to identify which NPIs were active
- Identified network participation of clinicians using a database of provider directories compiled by Ideon
  - Directory snapshot on February 4, 2023
  - HMO and local PPO plans comprising 95% of enrollment

**Note:** NPES (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:** NPES, 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.

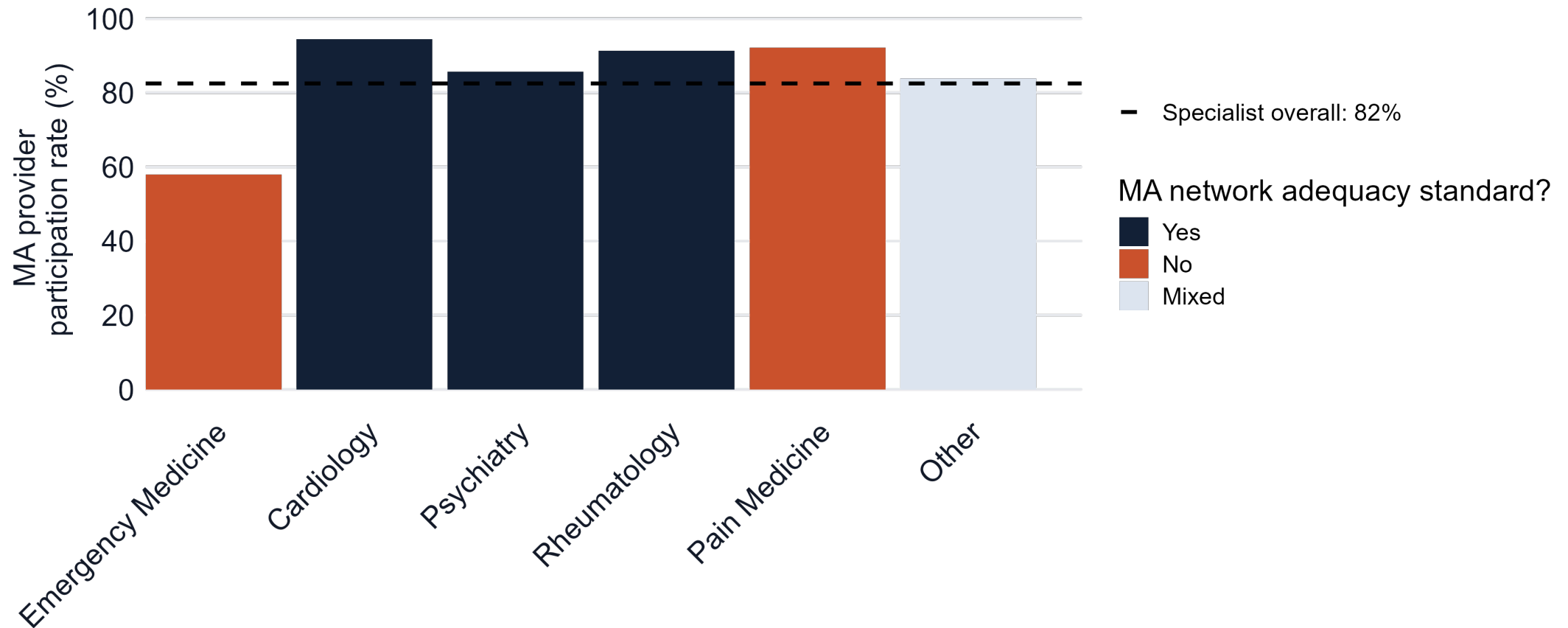
# Most PCPs participated in at least one MA network, 2023



**Note:** PCP (primary care practitioner), MA (Medicare Advantage), NP (nurse practitioner), PA (physician assistant). NPI (national provider identifier). Participation rates represent the share of National Provider and Plan Enumeration System (NPPES) NPIs that met the inclusion criteria, including a 100 claims threshold, 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 fee-for-service claims data, and MA encounter data.

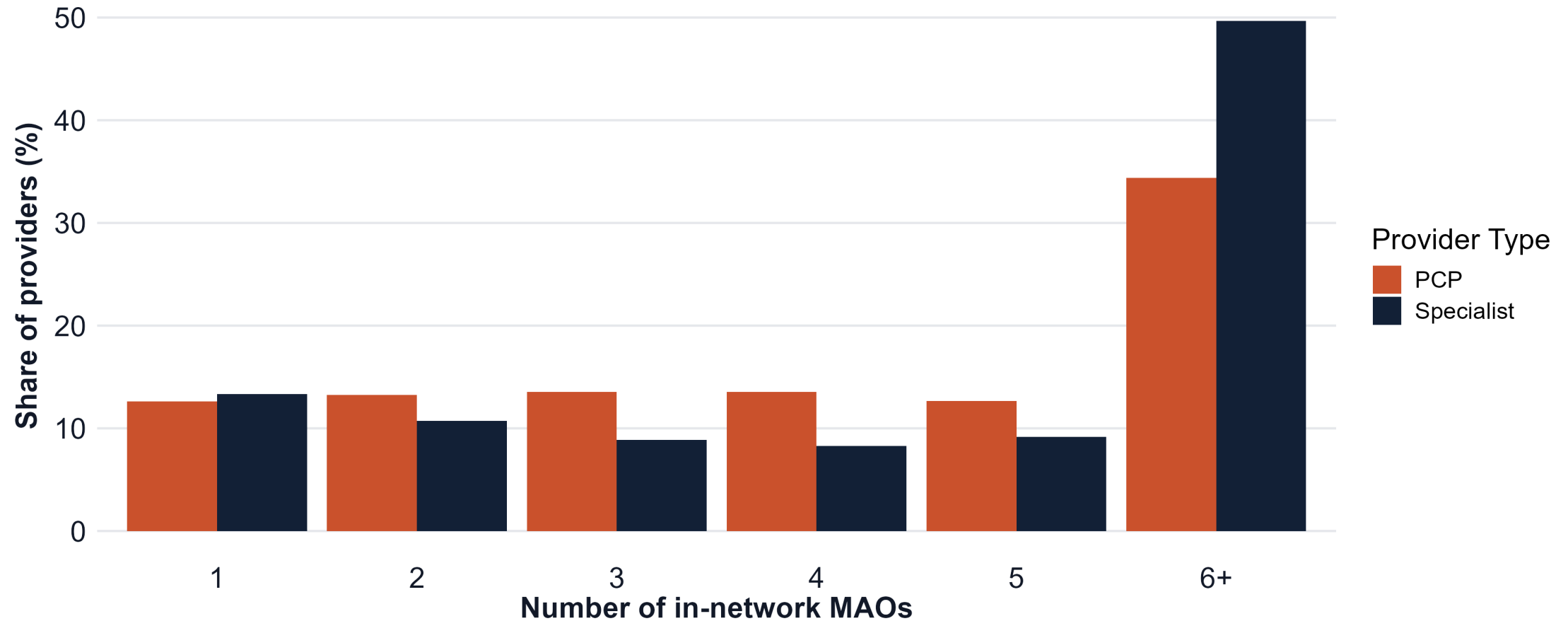
# Most specialists participated in at least one MA network, 2023



**Note:** MA (Medicare Advantage). Participation rates represent the share of National Provider and Plan Enumeration System (NPPES) national provider identifiers (NPIs) that met the inclusion criteria, including a 100 claims threshold, 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 fee-for-service claims data, and MA encounter data.

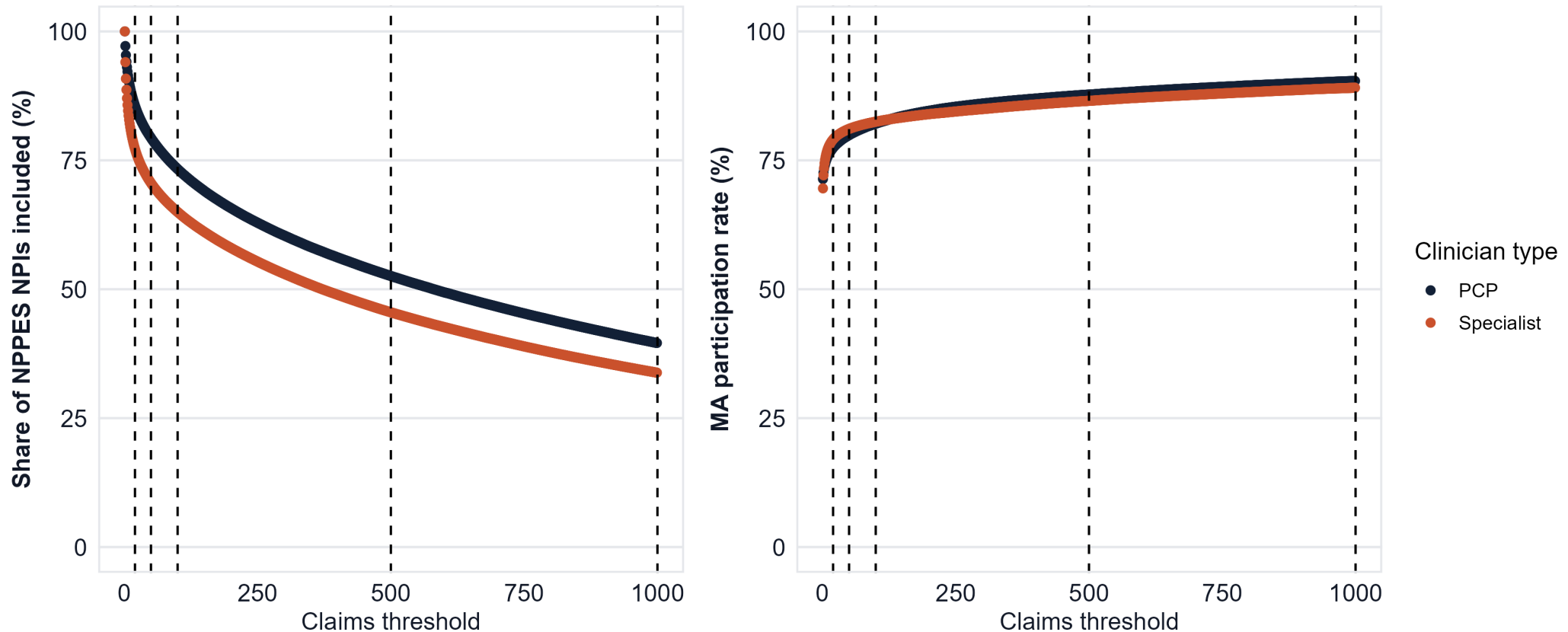
# MA providers participated with many MAOs, 2023



**Note:** MA (Medicare Advantage). MAO (Medicare Advantage organization). PCP (primary care practitioner). The share of providers represents the share of National Provider and Plan Enumeration System (NPPES) national provider identifiers (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, fee-for-service claims data, and Medicare Advantage encounter data.

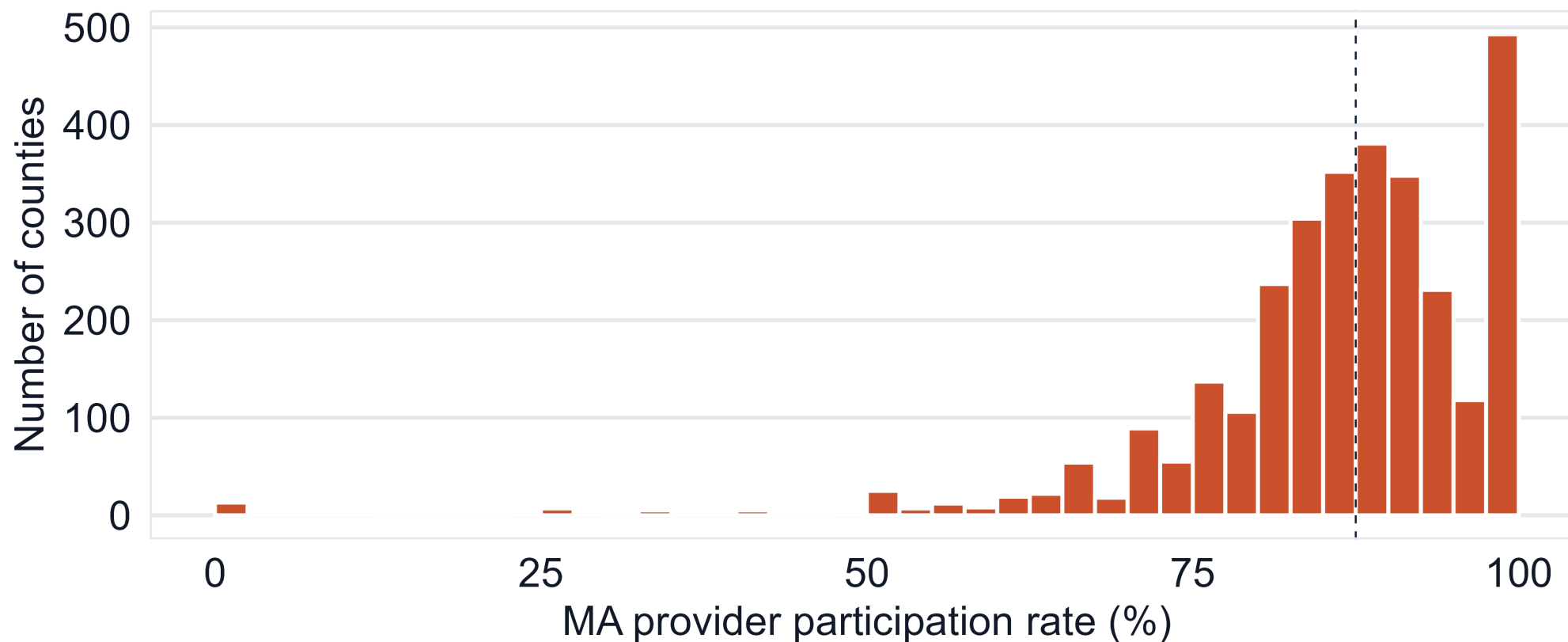
# Claims threshold requires balancing including all clinicians, and only including active ones, 2023



**Note:** NPPES (National Provider and Plan Enumeration System), NPI (national provider identifier), MA (Medicare Advantage), PCP (primary care practitioner). 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 vertical lines are for thresholds at 20, 50, 100, 500, and 1000 claims.

**Sources:** MedPAC analysis of 2023 Ideon, NPPES, and fee-for-service claims data, and MA encounter data.

# MA clinician participation varied by county, 2023



**Note:** MA (Medicare Advantage). Participation rates represent the share of clinician National Provider and Plan Enumeration System (NPPES) national provider identifiers (NPIs) with a practice location in the county that met the inclusion criteria, including a 100 claims threshold, and were in at least one MA network, out of all the clinician NPPES NPIs with a practice location in the county that met the inclusion criteria. The dashed vertical line marks the median county-level participation rate.

**Source:** MedPAC analysis of Ideon data, NPPES data, fee-for-service claims data, and Medicare Advantage encounter data.

# Cross section of market factors associated with county-level MA participation, 2023

$$Y_c = \alpha + X'_c \gamma + \epsilon_c$$

Where:

- $Y_c$  is the county  $c$ 's MA participation rate for PCPs or specialists
- $X'_c \gamma$  are county-level characteristics, which were:
  - Rurality
  - Census division
  - MA payment benchmark
  - Double bonus eligibility
  - MA penetration
  - Share of county in Medicare
  - Share of Part D population in LIS
  - MAO HHI
  - Health system HHI

**Note:** MA (Medicare Advantage), PCP (primary care practitioner), LIS (low-income subsidy), MAO (MA organization), HHI (Herfindahl-Hirschman Index). County rurality comes from the 2023 CMS Health Service Delivery file. MAO HHIs are based on enrollment shares, and health system HHIs are based on beds.

**Source:** MedPAC analysis of 2023 Ideon, NPPES, fee-for-service claims, MA encounter, CMS Health Service Delivery, Census, MA ratebook, Medicare enrollment, Medicare cost report, and Agency for Health Research and Quality data.

# Results of cross-sectional analysis for PCP outcome

- Higher participation was associated with:
  - More rural counties (**+10 pp vs. large metro**)
  - Higher MA penetration (**+0.6 pp per 10 pp**)
  - Higher share of Medicare beneficiaries (**+2.2 pp per 10 pp**)
  - Lower LIS enrollment (**-1.5 pp per 10 pp**)
  - More generous MA benchmarks (**2 pp for 115% vs 100% benchmark**)
- No association found with:
  - MA double bonus eligibility
  - MAO or health system HHI
- Much variation is still unexplained ( $R^2 = 0.29$  PCP; 0.24 specialist)

**Note:** pp (percentage point), MA (Medicare Advantage), LIS (low-income subsidy), MAO (MA organization), PCP (primary care practitioner). Results listed for PCP participation outcome, but specialist results were similar.

**Source:** MedPAC analysis of 2023 Ideon, NPPES, fee-for-service claims, MA encounter, CMS Health Service Delivery, Census, MA ratebook, Medicare enrollment, Medicare cost report, and Agency for Health Research and Quality data.

# Discussion

- MA provider participation reflects aggregate provider and plan willingness to engage with each other
  - Different from MA network breadth
  - 82% of clinicians participated in MA networks in 2023
  - Variation based on active definition
  - Most participating clinicians contracted with multiple MAOs
- Participation rates are the result of provider-payer negotiations
  - Varies based on market factors
  - Much still unexplained
- Next: examine facility participation

**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, fee-for-service claims data, MA enrollment data, MA encounter records, CMS's Health Service Delivery (HSD) reference file, and Ideon plan, provider, and network data, 2023.



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