

Mid-year changes in Medicare Advantage provider networks, 2023

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BACKGROUND

A key distinction between Medicare Advantage (MA) and fee-for-service (FFS) Medicare is that MA beneficiaries trade the choice of any provider participating in Medicare for a more managed set of relationships with providers in a plan's network. Beneficiaries must generally remain enrolled in an MA plan for an entire year, but MA provider networks can change during the plan year, which has the potential to cause confusion and care disruptions for enrollees.

MA networks must meet adequacy standards for some clinician types, in terms of minimum number of providers and time and distance from potential enrollees.

RESEARCH OBJECTIVE

To quantify the scale of clinician entry and exit from MA plan networks in a single plan year.

METHODS

We analyzed MA network participation for clinicians actively billing Medicare (as evidenced on FFS claims and/or MA encounter records) for Part A or B services in 2023. Network participation data was sourced from Ideon (formerly Vericred).

We compared the clinicians affiliated with each MA network early in the 2023 plan year (February) to those in-network at mid-year (June). We examined net changes in the total number of clinicians participating in a given network and then analyzed how many clinicians were in a network in February but no longer in that network by June (clinician exits).

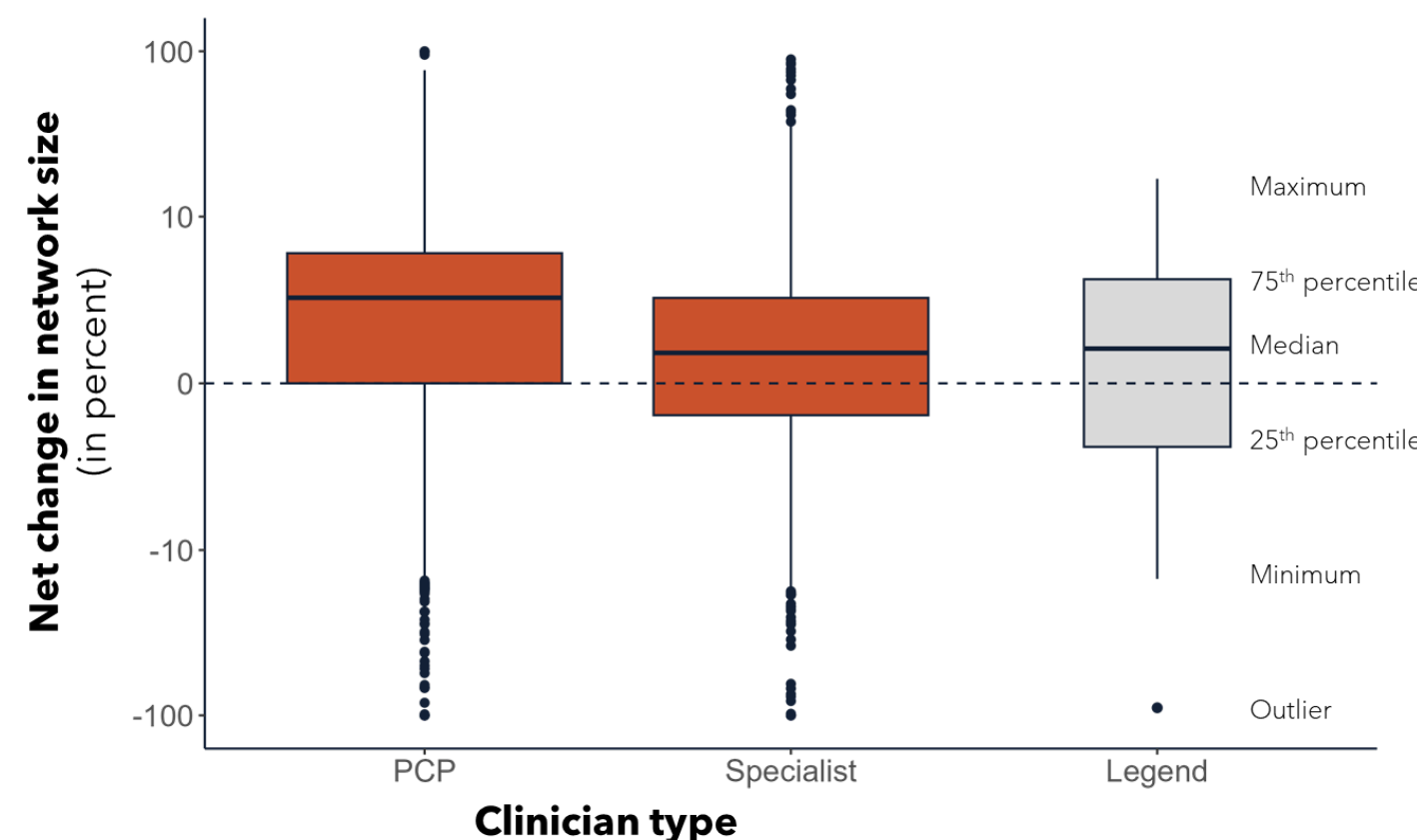
We estimated net change in network size and clinician exits by subgroup along two key dimensions: 1) plan type and 2) whether the clinician type was subject to network adequacy standards.

REFERENCES

Medicare Payment Advisory Commission. 2026. March public meeting. "Provider participation in MA networks." <https://www.medpac.gov/wp-content/uploads/2026/03/Tab-E-MA-networks-Mar-26.pdf>

PRINCIPAL FINDINGS

Most networks increased in size by mid-year, 2023



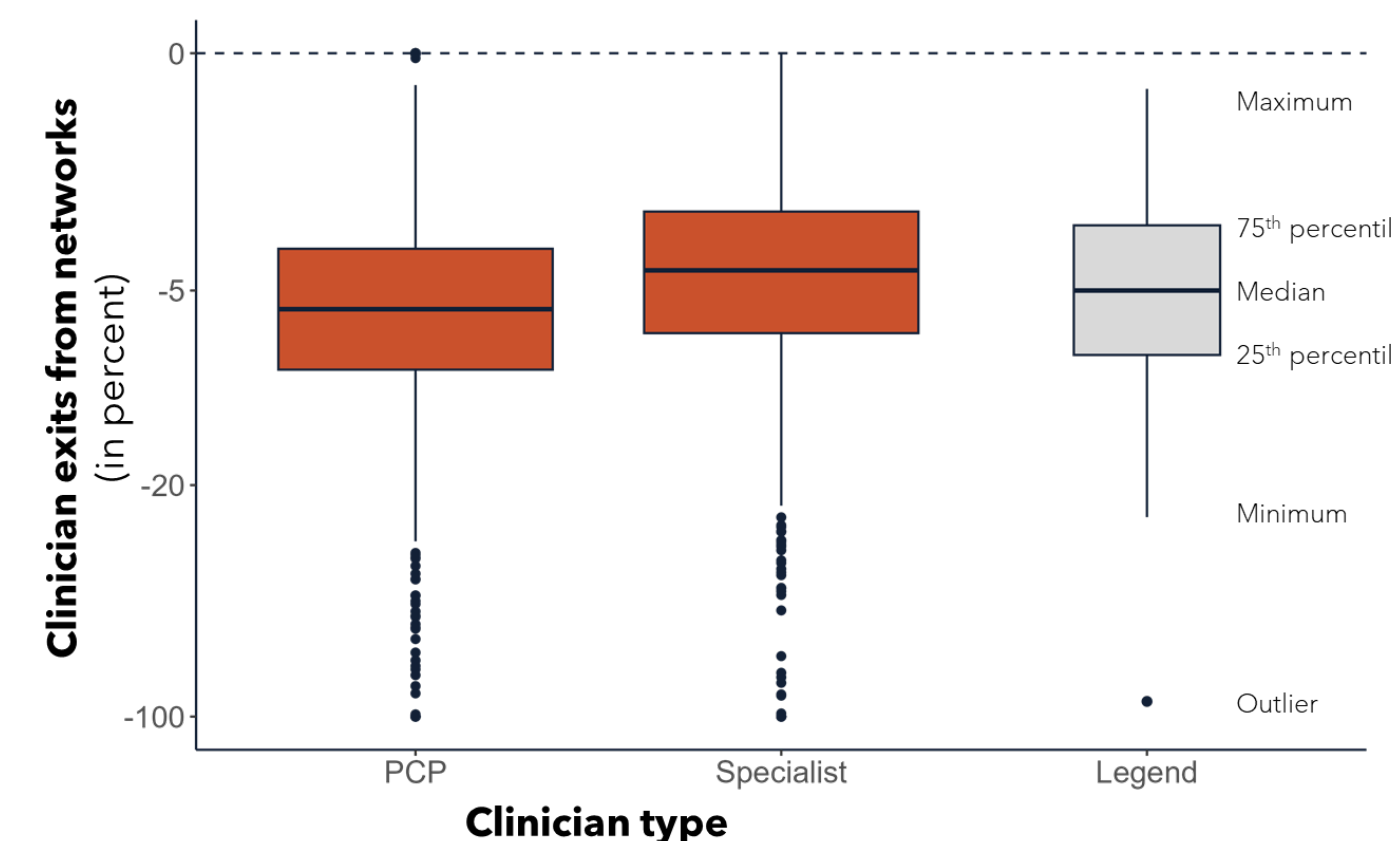
Note: PCP (primary care practitioner, including physicians and independently billing nurse practitioners and physician assistants in primary care). "Net change in network size" is defined as the number of clinicians in a given network in June 2023 minus the number of clinicians in the network in February 2023, divided by the number of clinicians in that network in February, expressed as a percent. "Clinician exits" is defined as the number of clinicians in a given network in February 2023 but not in the same network in June 2023, divided by the number of clinicians in the network in February, expressed as a percent. Networks are weighted by enrollment. Outliers are defined values that are at least 1.5 times more (or less) than the difference between the 75th and 25th percentile. Outliers beyond a 100 percent change were removed from the figure.

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

- The median network experienced a net increase in clinicians of about 2 percent. We found a net increase across all specialty types, but increases were larger for PCPs than specialists. A small share of networks experienced much larger net changes.
- In terms of clinician exits, we found that the median network experienced exits of about 5 percent.
 - We observed wide variation in network exits both across and within specialty.
 - At the 95th percentile, networks saw the exit of about 23 percent of their PCPs and 21 percent of specialists.

- We found that PPOs experienced slightly larger network changes than HMOs, and that clinician types without network adequacy standards exited networks at higher rates than those subject to a standard.

Most networks had a small share of clinician exits by mid-year, 2023



Clinician exits varied by plan type and network adequacy rules, 2023

	Net change (median)			Clinician exits (median)		
	HMO	PPO	All plans	HMO	PPO	All plans
All clinicians	1.8%	2.4%	2.0%	4.8%	5.1%	5.0%
No NA standard	0.4	1.0	0.5	8.1	8.6	8.5
NA standard	1.8	2.3	2.0	4.7	4.9	4.8

Note: NA (network adequacy). HMO (health maintenance organization). PPO (preferred provider organization). Figures are enrollment-weighted at the network level.

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

CONCLUSIONS

We found that the typical plan network experienced a small net increase in the overall number of clinicians between the beginning and middle of the year in 2023, indicating that the overall availability of clinicians was stable. At the median, we found that about 5.7 percent of a network's primary care clinicians and 4.3 percent of specialists left the network between the beginning and middle of the year. On net, the median network experienced an increase of about 3 percent of PCPs and 1 percent of specialists. However, some networks saw a much higher rate of turnover. Clinician exits typically coincided with a similar or slightly larger number of new clinicians of the same specialty joining the network.

IMPLICATIONS FOR POLICY AND PRACTICE

Clinicians enter and exit plan networks for many reasons, including a move, retirement, change of employer, or termination of a plan contract (initiated by either party). Regardless of the reason, network changes may adversely impact beneficiaries, especially when they happen in the middle of a plan year. It is important to understand the nature and scope of network changes to ensure adequate access to care for MA enrollees.

LIMITATIONS

While we were able to characterize some aspects of mid-year changes to provider networks, we were not able to assess the impact of those changes. For example, we did not analyze how often the clinicians that exited plan networks in the middle of the year were seeing MA enrollees, or how disruptive a change was to a particular enrollee. Our estimates of mid-year changes should be interpreted as a lower bound on the prevalence of network changes that occur during the year, because they capture changes that occurred only during a 4-month period.

CONTACT INFORMATION

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