



# INDIANA PROVIDERS: REPORTED **BARRIERS TO MEDICAID PARTICIPATION** PHYSICIANS AND DENTISTS

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BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY  
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**SCHOOL OF MEDICINE**  
BOWEN CENTER FOR HEALTH  
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# BARRIERS TO MEDICAID PARTICIPATION

## QUALITATIVE ANALYSIS METHODS

### COLLECTION OF QUALITATIVE DATA

In both the 2017 physician licensure survey and 2018 dentist licensure survey, respondents were asked to indicate whether they are accepting new Indiana Medicaid patients at any of their practice sites. If respondents indicated that they do not accept new Indiana Medicaid patients, a subsequent open-ended question allowed respondents to provide reasons for not increasing participation in Medicaid. Responses to this question would then be used to determine perceived barriers to participation in Indiana Medicaid.

### INITIAL CODING – CYCLE 1

Initial qualitative analysis was conducted during administration of the formal cleaning and coding processes used for storage of longitudinal health workforce data. All responses were printed and examined to identify the most common responses. Based on the responses of those who reported not accepting new Indiana Medicaid patients, ten (10) categories were created for the physician survey and fifteen (15) categories were created for the dentist survey. If a respondent provided multiple reasons for not participating in Indiana Medicaid, the first reason was used for classification assignment. These categories were used for initial reporting of barriers to participation in Indiana Medicaid among physicians and dentists.

### RE-CLASSIFICATION – CYCLE 2

After review of the initial categories created for the qualitative responses, there were identified gaps in the assigned categories. In order to ensure a standardized coding method for the reclassification, twelve (12) predetermined categories were created to be used during the second cycle of the qualitative analysis.

Two research assistants reviewed and assigned one of the predetermined categories to each of the qualitative responses made by both physicians and dentists. After all responses were assigned to a category they were matched to determine validity of the new classification. All responses that did not match were further discussed in order to determine the true meaning of the response and an appropriate category assignment. Any responses for which an agreed upon meaning could not be determined were categorized as 'other'. All responses that included responses such as N/A or Not applicable were considered non-respondents and not classified in the second cycle of analysis.

### AGGREGATION AND REPORTING

All data were aggregated into reporting tables using SAS 9.4. Non-respondents were not included in the second reporting tables due to the purpose of reporting meaningful responses to perceived barriers in Medicaid participation.

This report highlights Indiana physicians and dentists that responded to the following question:

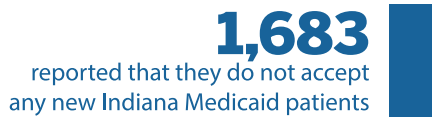
**If you are not accepting new Indiana Medicaid patients, but you are enrolled as an Indiana Medicaid Provider, please describe barriers to participation.**

# WHO IS INCLUDED IN THIS REPORT?



## SAMPLE: PHYSICIANS

In 2017, **27,473** physicians renewed or applied for their Indiana medical license. Of these, **11,085** (40.3%) had an active license, reported actively practicing in a field requiring a medical license and had a valid Indiana license address. Among the reporting sample, **1,683** physicians (15.2%) indicated that they are not accepting any new Indiana Medicaid patients at their practice. When asked to provide a reason for not increasing participation in Indiana Medicaid, **812** provided a reason that was able to be classified during qualitative analysis.



## SAMPLE: DENTISTS

In 2018, **4,001** dentists renewed or applied for their Indiana dentist license. Of these, **2,697** (67.4%) had an active license, reported actively practicing in a field requiring a dental license and had a valid Indiana license address. Among the reporting sample, **1,604** dentists (59.5%) indicated that they are not accepting new Indiana Medicaid. When asked to provide a reason for not increasing participation in Indiana Medicaid, **318** provided a reason that was able to be classified during qualitative analysis.



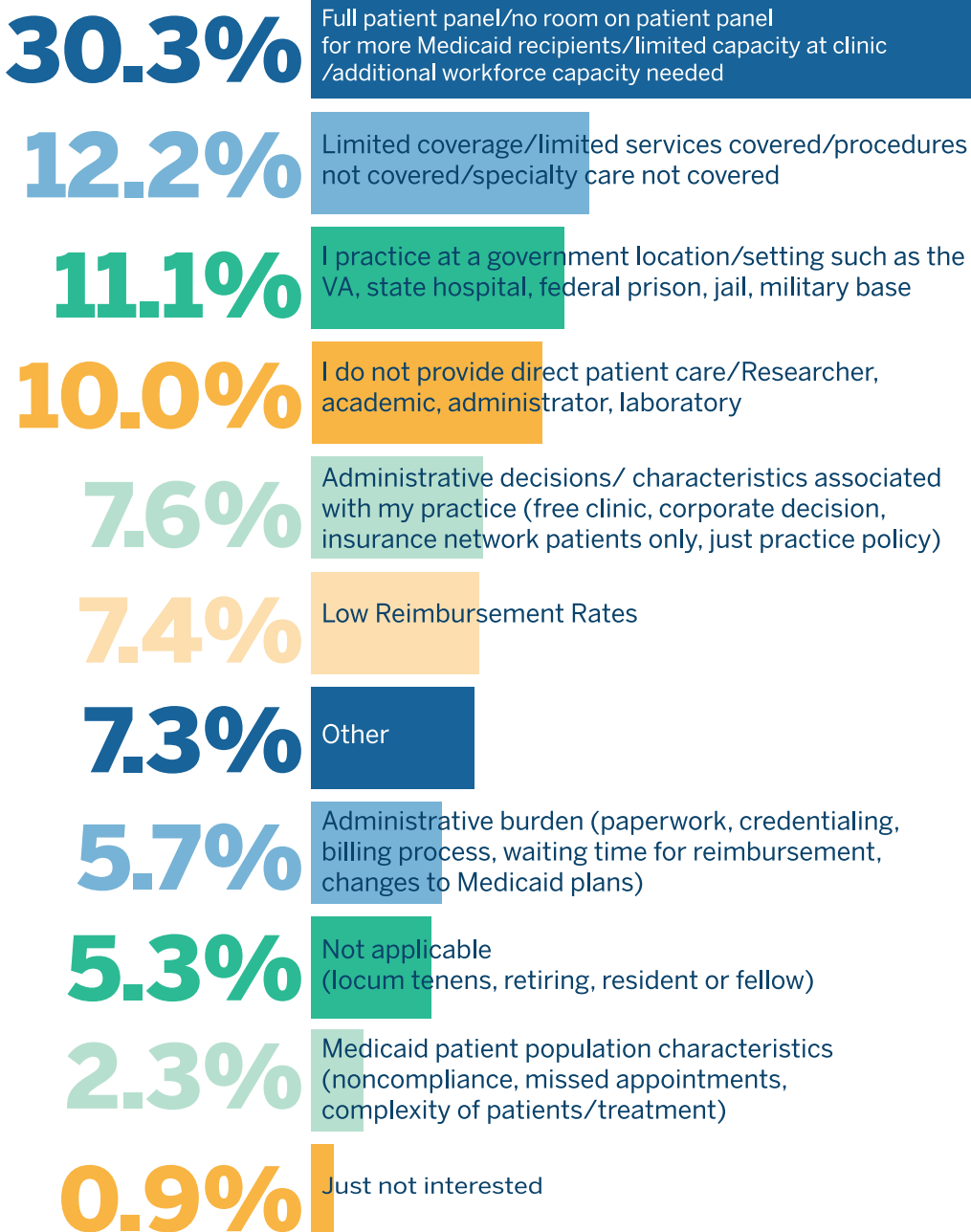
# QUALITATIVE ANALYSIS RESPONSES: PHYSICIANS



## DATA RESULTS: PHYSICIANS

Just over one-fourth of physicians indicated already having a full patient panel as their reason for not accepting new Indiana Medicaid patients (30.3%). The second most common reason was limited coverage or having a specialty not covered by Medicaid (12.2%).

## REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS



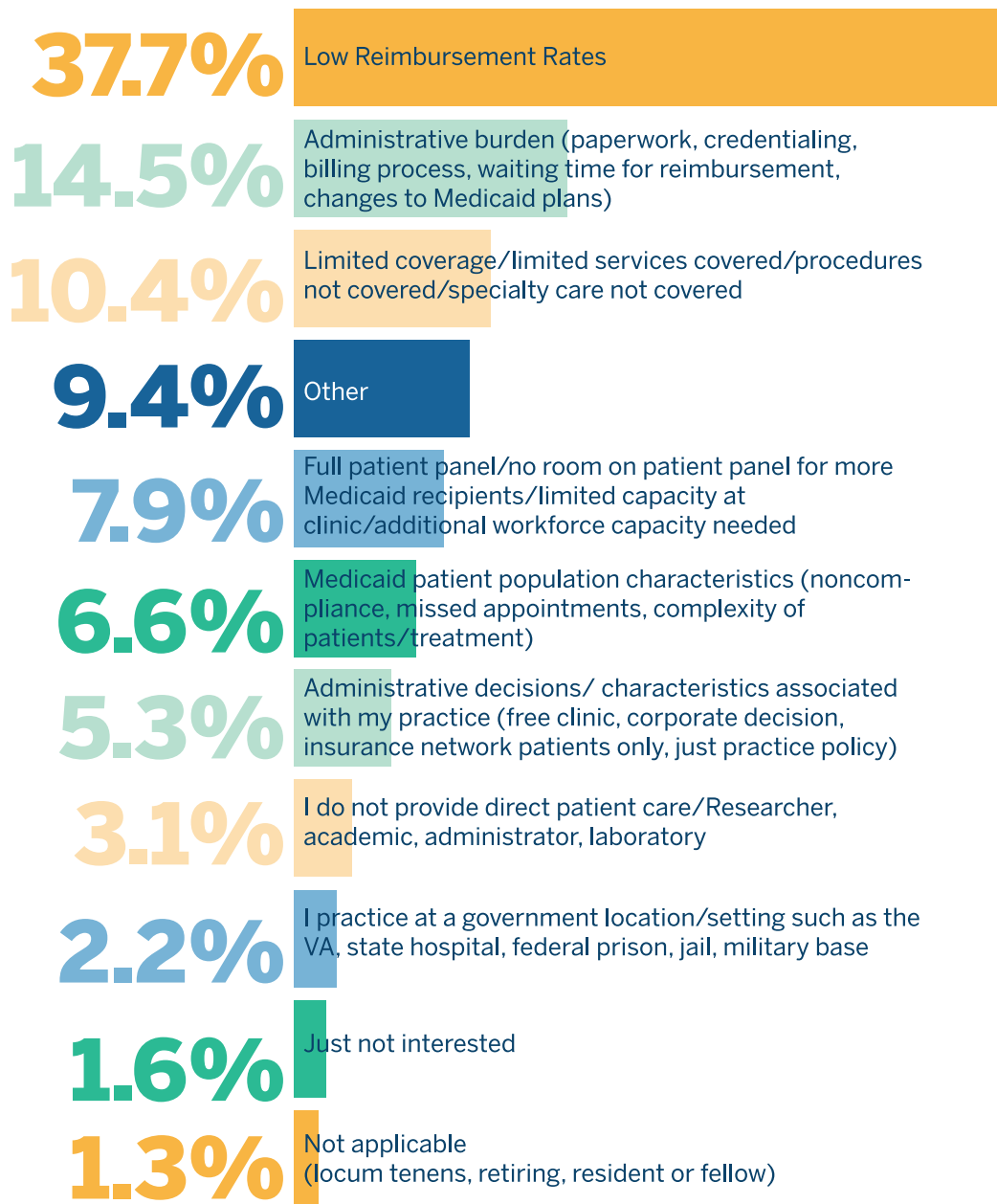
# QUALITATIVE ANALYSIS RESPONSES: DENTISTS



## DATA RESULTS: DENTISTS

For dentists, over one-third indicated low reimbursement rates as their reason for not accepting new Indiana Medicaid patients (37.7%). The second most common reason was the administrative burden of being a Medicaid provider (14.5%).

## REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS



## **QUESTIONS?**

For inquiries or feedback on this report, please email the Bowen Center for Health Workforce Research and Policy at [bowenctr@iu.edu](mailto:bowenctr@iu.edu)

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