Why Congress Must Save the Medicaid Primary Care Pay Parity Program:

Unless Congress Acts, Program to Ensure Access to Life-Saving Primary Care Will Expire

A Report from the Wyoming Chapter of the American College of Physicians

What is the Medicaid Primary Care Pay Parity program?

The Medicaid Primary Care Pay Parity program (Pay Parity) was established by law to make it possible for more primary care physicians to treat Medicaid enrollees, by paying them no less than what Medicare pays. Primary care physicians in the specialties of family medicine, pediatrics, and internal medicine and related internal medicine and pediatric subspecialists are eligible to participate. Unless Congress votes to extend this critical program, it will expire at the end of this year. Fortunately, by enacting the Ensuring Access to Primary Care for Women & Children Act, S. 2694, Congress can ensure that this program is continued, and access is protected for patients enrolled in Medicaid, in Wyoming and every state across the country.

Why is Pay Parity necessary?

More than 65 million Americans are enrolled in Medicaid and the program continues to grow. From September 2013 to May 2014, Wyoming’s Medicaid enrollment increased by 1.35%. As Medicaid enrollment increases, it is imperative that policymakers do what is necessary to ensure that our most vulnerable patients can receive the health care they need from the physicians they know and trust.

Unfortunately, having health insurance by itself doesn’t mean one can access health care in a timely manner. The Medicaid program has long-struggled to attract participating physicians, making it difficult for low-income children, parents, qualifying adults, and elderly Medicaid enrollees to find a doctor. Well-established research has cited low Medicaid payment as a major reason physicians are reluctant to participate in the program.

Fortunately, Wyoming has been a leader in establishing efforts to make Medicaid participation a viable option for primary care physicians. Prior to implementation of Pay Parity, Wyoming’s Medicaid primary care reimbursement was 96% of Medicare rates. This helped to attract physicians to the program: at least 76% of Wyoming’s physicians served Medicaid patients in 2009. Wyoming has proven that by paying physicians fairly and adequately for their services, we were able to improve access to primary care for the 68,000 Wyomingites enrolled in Medicaid.

The same, though, regrettably was not true in other states until the Medicaid Pay Parity Program went into effect in 2013. In just about every other state, primary care physicians were paid less than...
Medicare—on average, 73% less. The Medicaid Pay Parity program temporarily increased their payments to Medicare rates, starting in 2013 and continuing through the end of 2014, but unless Congress votes to extend it, payments in every state except two (North Dakota and Alaska) will revert back to the earlier rates, resulting in payment reductions to physicians and a loss of patient access.

The Ensuring Access to Primary Care for Women & Children Act, S. 2694 will prevent this payment reduction and associated loss of access by continuing the Medicaid pay parity for two more years. It ensures that primary care physicians in every state will continue to be paid no less than Medicare. We know from the Wyoming experience that paying primary care physicians fairly for their services increases patient access to primary care as this bill will do. This is especially important at a time when Medicaid enrollment is growing. Further growth in Medicaid enrollment will exacerbate the need for primary care physicians.

How will patient access be affected if Pay Parity is not extended?

If Congress fails to take action to extend this vital program, physician participation will be undermined, and patients will face barriers in accessing primary care. An April 2014 ACP member survey found that of the respondents who indicated they had enrolled in the Pay Parity program via their State Medicaid program, 46% would accept fewer Medicaid patients in 2015 (40%) or drop out of Medicaid entirely in 2015 (6%) if the program were allowed to expire on December 31, 2014. If Pay Parity is not extended, the nation’s primary care physicians will face an average pay cut of 41 cents on the dollar for providing primary care services such as office visits for the treatment of chronic diseases like high blood pressure and diabetes to the over 65 million Americans enrolled in Medicaid.

Why do we need to encourage primary care physicians to participate in Medicaid?

Over 100 studies show that patient access to primary care is positively associated with lower costs and better outcomes.¹ It stands to reason, then, that the nation’s health care costs will increase, and outcomes will be poorer, if the Medicaid Pay Parity program is discontinued. For instance, patients enrolled in Medicaid may seek care in an emergency room if they do not have a primary care physician.

The American College of Physicians strongly supports a two-year extension of the Medicaid Primary Care Pay Parity program. If allowed to terminate, physicians will face major reimbursement cuts that may force them to reconsider the viability of participating in the Medicaid program. The Pay Parity provision is a step in the right direction toward ensuring that no Medicaid patient goes without crucial primary care services and vaccines.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 141,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of
adults across the spectrum from health to complex illness. The Wyoming Chapter of the American College of Physicians represents 97 internal medicine physicians.

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6 American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?. Philadelphia: American College of Physicians; 2008: White Paper.