

Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey

The availability of providers is a key factor affecting access to care for Medicaid enrollees. Prior MACPAC analysis, using the National Ambulatory Medical Care Survey (NAMCS), found that physicians were less likely to accept new patients insured by Medicaid (70.8 percent) compared to those with Medicare (85.3 percent) or private insurance (90.0 percent). This finding was consistent across specialties with the exception of pediatricians. The analysis also suggested that provider acceptance of new Medicaid patients varied by state. For example, obstetrician/gynecologists accepted new Medicaid patients at higher rates in states that did not adopt the Medicaid expansion created by the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) (89.6 percent) than in states that expanded (73.9 percent). In addition, controlling for other factors, states with higher Medicaid-to-Medicare fee ratios had higher Medicaid acceptance among physicians (MACPAC 2019).

This fact sheet provides updated analysis of physician acceptance of new Medicaid patients, including at a state-level, using data from the National Electronic Health Records Survey (NEHRS). It begins by describing the approach used to conduct the analysis. It then discusses the high-level findings. The fact sheet then presents more detailed national and state-level estimates of physician acceptance of new Medicaid patients by certain characteristics.

Approach

Although provider participation in Medicaid has been studied at the national level, there is little information on physician participation at the state level. State-level statistics are of interest given variation in how states design and operate their Medicaid programs. This study, conducted under contract with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, examines rates of physician acceptance of new Medicaid patients by state, and the association of acceptance with various practice characteristics. We analyzed physician acceptance of new patients by source of coverage (comparing Medicaid to Medicare and private coverage), as well as acceptance by Medicaid caseload, presence of mid-level providers (such as nurse practitioners and physician assistants), and practice setting (including private practices, various types of clinics, health management organization (HMO) practices, and faculty practices).

The data for this study are from the NEHRS, a nationally representative, mixed-mode survey of nonfederal, office-based physicians conducted by the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention. The NEHRS has been collecting data on an annual basis since 2008 and in 2010, the sample size was increased to allow for state-level estimates, which are not possible with NAMCS.¹ The 2010–2017 NEHRS microdata were accessed through the Minnesota Research Data Center.

The NEHRS asks physicians if they accept new patients and, if so, whether they accept Medicaid as a payment source for these new patients. Data from 2011–2013 and 2014–2017 were pooled where single-



year estimates were not possible due to insufficient sample size or statistical reliability. NCHS did not release data from 2016; 2012 and 2013 data were unavailable for certain variables.²

Findings

Similar to prior analysis, physicians were significantly less likely to accept new patients covered by Medicaid than those with Medicare or private insurance, although acceptance varied by specialty and by state. Medicaid acceptance was much higher among physicians practicing in most clinic settings compared to the average for all settings. Physicians in faculty practice plans and HMO practices also accepted Medicaid patients at above average rates. Physicians with higher than average existing Medicaid caseloads accepted new Medicaid patients at higher rates. The presence of mid-level providers was also associated with greater acceptance of new Medicaid patients.

Acceptance by patient source of coverage

In 2017 (the most recent year available), physicians were significantly less likely to accept new patients insured by Medicaid (74.3 percent) than those with Medicare (87.8 percent) or private insurance (96.1 percent) (Table 1). Consistent with our previous analysis and those of other researchers, this was true regardless of physician demographic characteristics (age, sex, region of the country); and type and size of practice.³

A few notable differences were found in comparing particular specialties to the overall acceptance rate. Obstetrician/gynecologists accepted new Medicaid patients at approximately the same rate (81.7 percent) as new Medicare patients (88.7 percent), but significantly less than privately insured patients (98.9 percent). Pediatricians accepted new Medicaid patients significantly less (84.7 percent) than privately insured patients (97.6 percent), but significantly more than new Medicare patients (39.1 percent), which is expected given the population generally served by Medicare.

TABLE 1. Percentage of Physicians Accepting Payments for New Patients by Specialty and Coverage Type, 2017

Specialty	Medicaid	Medicare	Private
Total	74.3%	87.8%*	96.1%*
Broad			
Primary care	75.8	80.6	96.8*
Surgical/medical care	72.9	93.8*	95.5*
Specific			
Dermatology	46.2	97.7*	98.0*
General/family practice	76.0	93.6*	94.0*
General surgery	87.5	95.9	99.6
Internal medicine	62.9	95.2*	98.8*
Obstetrics and gynecology	81.7	88.7	98.9*
Ophthalmology	77.4	—	—
Orthopedic surgery	85.8	99.1*	99.2*
Other specialties	70.0	92.8*	96.0*



Specialty	Medicaid	Medicare	Private
Pediatrics	84.7	39.1*	97.6*
Psychiatry	45.5	74.6*	69.2

Notes: Estimates are among physicians accepting any new patients.

* indicates a statistically significant difference from Medicaid at the 0.05 level.

— indicates estimate is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) analysis of 2017 National Electronic Health Records Survey (NEHRS) data.

Physician acceptance has been relatively consistent over time (Table 2). When pooling years, providers were similarly less likely to accept new patients insured by Medicaid than those with Medicare or private insurance in the both the 2011—2013 and 2014—2017 time periods. There was no statistical change in Medicaid acceptance rates between time periods.

TABLE 2. Percentage of Physicians Accepting Payments for New Patients by Coverage Type, 2011—2013 and 2014—2017

Years	Medicaid	Medicare	Private
2011—2013	73.0%	87.9%*	95.6%*
2014—2017	74.0	88.2*	95.6*

Notes: Estimates are among physicians accepting any new patients.

* indicates a statistically significant difference from Medicaid at the 0.05 level.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) analysis of 2011—2017 National Electronic Health Records Survey (NEHRS) data.

Acceptance by state

In the most recent time period (2014—2017), rates of physician acceptance of new Medicaid patients varied by state, ranging from 42.2 percent in New Jersey to 99.4 percent in North Dakota (Appendix Table 1A). In seven states (California, the District of Columbia, Florida, Louisiana, New Jersey, New York, and Texas), acceptance rates were statistically lower than the national average, while rates were statistically higher than the national average in 28 states. Acceptance of new Medicaid patients was not statistically different from the national rate in all other states.

Physician acceptance of new Medicaid patients increased between the two time periods in six states (Idaho, Massachusetts, Missouri, Ohio, Vermont, and West Virginia) and was statistically unchanged nationally and in all other states.

Physician acceptance of new Medicaid patients was significantly lower compared to those for other payers in most states in both time periods. The two exceptions were Alaska where acceptance rates were higher for Medicaid than for Medicare in both time periods and in Wyoming during the 2011—2013 time period.

Acceptance by setting

Medicaid acceptance was much higher among physicians practicing in community health centers, mental health centers, non-federal government clinics, and family planning clinics compared to the average for all settings. Physicians affiliated with faculty practice plans and HMO practices also accepted Medicaid patients at above-average rates. Acceptance of new Medicaid patients in these settings ranged from 80.7 percent in



non-federal government clinics in 2014—2017 to 100 percent acceptance in family planning clinics in 2011—2012 (Table 3).

Physicians in private solo or group practices accepted new Medicaid patients at rates below the average for all settings. Among physicians accepting new patients, approximately seven out of 10 physicians in private solo or group practices accepted new Medicaid patients. There were no significant changes in acceptance within settings over time (i.e., comparing settings in 2011—2012 to settings in 2014—2017).

TABLE 3. Percentage of Physicians Who Accept New Medicaid Patients by Setting, 2011—2012 and 2014—2017

Setting	2011 2012	2014 2017
All Settings	73.0%	74.0%
Community health center	97.3*	94.5*
Faculty practice plan	92.4*	90.2*
Family planning clinic	100.0*	—
Freestanding clinic or urgent care center	74.9	79.1
Health maintenance organization or other prepaid practice	75.0	93.9*
Mental health center	94.6*	89.6*
Non-federal government clinic	92.8*	80.7
Private solo or group practice	69.9*	70.4*

Notes: Estimates are among physicians accepting any new patients.

* indicates a statistically significant difference from the acceptance rate in all settings in each time period, at the 0.05 level.

— indicates that the data were not eligible for disclosure.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) at the University of Minnesota analysis of 2011—2017 National Electronic Health Records Survey (NEHRS) data.

The association of practice setting with physician acceptance of Medicaid patients varied across states (Appendix Table 2A).⁴ Acceptance rates were lower than the average among physicians in private practices and higher than average among those in clinics or HMO and faculty practices, for all 37 states where differences in acceptance differed by setting. For example, in California, 89.5 percent of physicians in HMO and faculty practices accepted new Medicaid patients, 85.6 percent of physicians in clinic settings accepted new Medicaid patients, and 48.3 percent of physicians in private solo or group practices accepted new Medicaid patients, compared to an average acceptance rate in all settings of 60.3 percent.

Acceptance by caseload

Physician acceptance of new Medicaid patients is only one measure of participation in the Medicaid program. This measure alone does not indicate how many new patients a physician will accept, nor does it account for the number of Medicaid patients already in a physician's care. To go deeper, we also analyzed whether physicians' existing Medicaid caseloads were related to their willingness to accept new Medicaid patients.

In general, physicians who had higher existing Medicaid caseloads accepted new Medicaid patients at higher rates than average (Appendix Table 3A).⁵ Those with below-average existing Medicaid caseloads had lower Medicaid acceptance rates. This was the case in both time periods.



Specifically, of those accepting new Medicaid patients, physicians who had average or above-average Medicaid caseloads accepted new Medicaid patients at a rate significantly higher than the average Medicaid acceptance rate (87.4 percent compared to 63.8 percent in the most recent time period). Those who had below-average caseloads accepted new Medicaid patients at a rate significantly lower than the average Medicaid acceptance (52.0 percent in the most recent time period). There was little change between time periods, and state-level results largely followed this same pattern.⁶

Mid-level providers

The presence of mid-level providers (such as nurse practitioners, physician assistants, and nurse midwives) was associated with greater acceptance of new Medicaid patients (Appendix Table 4A). Overall, 73.7 percent of physicians accepting new patients accepted new Medicaid patients. Acceptance was higher (80.5 percent) among physicians in practices with an above-average ratio of mid-level providers and lower (68.9 percent) among physicians in practices with a below-average ratio of mid-level providers.⁷

Results were similar at the state level for those states with significant differences. In seven states (Minnesota, New Mexico, North Carolina, Oregon, Pennsylvania, Washington, and West Virginia), the share of physicians accepting new Medicaid patients was higher when there was an above-average ratio of mid-level providers in the practice. For example, in Pennsylvania, 77.3 percent of physicians accepted new Medicaid patients. A smaller share (67.8 percent) of those with a below-average ratio of mid-level providers accepted new Medicaid patients, while a larger share (91.2 percent) of those with above-average ratio of mid-level providers accepted new Medicaid patients.

Endnotes

¹ The NAMCS is a national survey designed to collect information about the provision and use of ambulatory medical care services based on a sample of visits to office-based physicians. In addition to gathering information on electronic health record adoption, the NEHRS also collects information about whether physicians are accepting new patients, as well as information on the physician and practice characteristics. The NEHRS was originally designed as a supplement to the NAMCS before being administered as an independent survey.

² Data on the share of patients that are insured by Medicaid (physician caseloads) were not available for 2012. Detailed settings data were not available for 2013.

³ Data are not shown in the table.

⁴ For this analysis, we collapsed the practice settings variable into three groups: private solo or group practice, clinics, and HMO and faculty practices. Estimates within the other setting categories were still generally not meaningful to report. We report estimates only for the 2014–2017 time period.

⁵ Because we wanted to examine the effect of Medicaid caseload on physician acceptance, we did not limit the caseload analysis to those who were accepting new patients, but instead looked at all physicians. As such, the share of providers accepting new Medicaid patients is smaller.

⁶ To further examine whether a provider's existing caseload had an effect on acceptance of new Medicaid patients, we grouped providers based on their relative Medicaid caseloads. The results were consistent with the analysis described above. Among physicians with below average Medicaid caseloads, significantly fewer than average accepted new Medicaid patients, while significantly more accepted new patients who are not insured by Medicaid, or were not accepting any new patients. Among physicians with average or above average Medicaid caseloads, significantly more continued to accept new Medicaid



patients than average, and significantly fewer than average either did not accept new Medicaid patients or did not accept any new patients. Overall, physicians who accepted new Medicaid patients had a significantly higher Medicaid caseload than average, while physicians who did not accept new Medicaid patients, or did not accept any new patients, generally have significantly smaller caseloads than average.

⁷ In addition to looking at the ratio of mid-level providers to the number of physicians, we also examined whether the number of mid-level providers and the presence of any mid-level provider had any relationship with provider acceptance of new Medicaid patients. The results were similar across all three approaches. This information is only available for 2014—2017, so we were not able to compare across time periods.

References

Medicaid and CHIP Payment and Access Commission (MACPAC). 2019. *Physician Acceptance of New Medicaid Patients: New Findings*. Washington, DC: MACPAC. <https://www.macpac.gov/publication/physician-acceptance-of-new-medicaid-patients-new-findings/>.



Appendix

TABLE 1A. Percentage of Physicians Who Accept New Patients by Coverage Type and State, 2011—2013 and 2014—2017

State	2011 2013			2014 2017		
	Medicaid	Medicare	Private	Medicaid	Medicare	Private
United States	73.0%	87.9%*	95.6%*	74.0%	88.2%*	95.6%*
Alabama	73.6	89.0*	97.1*	79.0	88.9*	99.3*
Alaska	90.1 [†]	77.7*	97.0*	92.4 [†]	82.3*	96.2
Arizona	76.5	88.8*	95.9*	79.9	89.6*	95.6*
Arkansas	91.2 [†]	92.2	98.2*	91.5 [†]	87.3	99.1*
California	60.0 [†]	84.0*	93.6*	60.3 [†]	89.8*	93.2*
Colorado	70.6	82.4*	93.8*	79.5	87.7	97.4*
Connecticut	72.2	86.0*	97.9*	74.2	85.1*	96.5*
Delaware	81.9	94.2*	97.7*	84.4 [†]	90.5	96.0*
District of Columbia	68.5	84.2*	79.2	59.9 [†]	81.3*	80.3*
Florida	58.6 [†]	90.2*	95.0*	55.0 [†]	84.8*	93.9*
Georgia	71.6	82.2*	96.2*	69.4	77.1	93.8*
Hawaii	78.6	89.0*	95.4*	75.4	84.9	94.8*
Idaho	86.1 [†]	89.4	98.1*	92.7 ^{†^}	93.6	97.7*
Illinois	68.0	87.6*	94.9*	73.6	88.3*	96.3*
Indiana	85.7 [†]	93.3*	97.5*	85.0 [†]	87.9	98.5*
Iowa	95.7 [†]	94.5	98.1	94.2 [†]	96.1	98.4*
Kansas	74.8	89.8*	97.7*	75.0	89.5*	97.4*
Kentucky	83.3 [†]	90.1*	96.2*	88.5 [†]	88.2	99.4*
Louisiana	66.6	86.5*	93.7*	63.6 [†]	89.4*	98.3*
Maine	85.5 [†]	91.8*	96.8*	84.5 [†]	90.2	96.4*
Maryland	70.6	82.8*	89.2*	75.2	87.6*	94.0*
Massachusetts	84.2 [†]	90.8*	97.2*	91.2 ^{†^}	91.7	96.9
Michigan	81.1 [†]	92.9*	97.3*	80.6	91.3*	98.1*
Minnesota	95.9 [†]	95.0	97.8	97.0 [†]	97.0	97.6
Mississippi	87.4 [†]	89.0	97.8*	88.0 [†]	92.1	98.9*
Missouri	68.8	89.2*	96.7*	78.1 [^]	88.4*	97.4*
Montana	92.2 [†]	93.0	97.5*	93.5 [†]	93.6	98.8*
Nebraska	93.0 [†]	91.9	97.6*	95.3 [†]	94.3	100.0*
Nevada	78.2	84.8	94.0*	79.9	86.7	93.5*

State	2011 2013			2014 2017		
	Medicaid	Medicare	Private	Medicaid	Medicare	Private
New Hampshire	88.7 [†]	91.5	98.9 [*]	87.0 [†]	93.8	98.8 [*]
New Jersey	47.1 [†]	85.1 [*]	95.2 [*]	42.2 [†]	88.2 [*]	96.5 [*]
New Mexico	93.0 [†]	87.7	98.2 [*]	91.6 [†]	90.5	95.9
New York	62.3 [†]	88.2 [*]	96.4 [*]	62.6 [†]	86.5 [*]	90.6 [*]
North Carolina	83.9 [†]	85.5	97.1 [*]	85.7 [†]	84.6	97.5 [*]
North Dakota	97.8 [†]	97.5	99.1	99.4 [†]	98.3	98.8
Ohio	80.0 [†]	88.4 [*]	97.0 [*]	87.8 ^{†^}	85.0	97.0 [*]
Oklahoma	76.3	82.9	96.9 [*]	81.0 [†]	92.8 [*]	97.0 [*]
Oregon	81.5 [†]	84.1	95.5 [*]	82.6 [†]	83.4	95.4 [*]
Pennsylvania	79.8 [†]	93.4 [*]	96.2 [*]	77.5	92.6 [*]	97.2 [*]
Rhode Island	81.9 [†]	90.2 [*]	96.2 [*]	87.9 [†]	92.5	99.2 [*]
South Carolina	82.2 [†]	86.8	95.9 [*]	88.9 [†]	90.5	97.7 [*]
South Dakota	96.8 [†]	95.8	98.4	96.6 [†]	95.8	99.7 [*]
Tennessee	72.7	89.5 [*]	96.5 [*]	76.8	84.5	95.5 [*]
Texas	67.1	84.4 [*]	92.7 [*]	65.1 [†]	86.0 [*]	93.9 [*]
Utah	85.1 [†]	90.0	97.6 [*]	85.5 [†]	83.5	96.8 [*]
Vermont	91.6 [†]	92.8	98.0 [*]	97.2 ^{†^}	96.5	99.5
Virginia	74.7	84.7 [*]	95.7 [*]	76.3	86.8 [*]	95.2 [*]
Washington	78.9 [†]	87.0 [*]	95.2 [*]	80.2	89.0 [*]	97.4 [*]
West Virginia	89.9 [†]	90.6	97.1 [*]	96.4 ^{†^}	94.8	98.5
Wisconsin	95.2 [†]	96.4	98.9 [*]	98.1 [†]	98.1	99.0
Wyoming	97.1 [†]	92.5 [*]	97.2	95.5 [†]	91.3	97.9

Notes: Estimates are among physicians accepting any new patients.

* indicates a statistically significant difference from Medicaid at the 0.05 level

[†] indicates a statistically significant difference from the average US acceptance rate at the 0.05 level.

[^] indicates a statistically significant difference in Medicaid acceptance rates between time periods at the 0.05 level.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) at the University of Minnesota analysis of 2011–2017 National Electronic Health Records Survey (NEHRS) data.



TABLE 2A. Percentage of Physicians Who Accept New Medicaid Patients by Setting, 2014—2017

State	All settings	Private	Clinic	HMO or faculty plan
United States	74.0%	70.4%[†]	85.3%[†]	91.2%[†]
Alabama	79.0	78.5 [*]	60.9	100.0 ^{*†}
Alaska	92.4	90.7 [*]	97.5 [*]	—
Arizona	79.9	79.4 [*]	80.4	88.1
Arkansas	91.5	91.8 [*]	88.1	—
California	60.3	48.3 [*]	85.6 [†]	89.5 [†]
Colorado	79.5	75.6	95.0 ^{*†}	89.7
Connecticut	74.2	72.8	71.9	92.3 [†]
Delaware	84.4	82.7 [*]	93.1	100.0 ^{*†}
District of Columbia	59.9	48.5 [*]	89.0 [†]	79.4
Florida	55.0	52.7 [*]	57.0	87.0 [†]
Georgia	69.4	65.9	82.3	100.0 ^{*†}
Hawaii	75.4	70.1	78.3	94.4 [†]
Idaho	92.7	91.5 [*]	100.0 ^{*†}	92.6
Illinois	73.6	71.0	83.1	83.8
Indiana	85.0	83.5 [*]	89.3	100.0 ^{*†}
Iowa	94.2	93.4 [*]	96.8 [*]	100.0 ^{*†}
Kansas	75.0	73.1	78.5	85.8
Kentucky	88.5	86.0 [*]	92.7	100.0 ^{*†}
Louisiana	63.6	59.6 [*]	87.2 [†]	100.0 ^{*†}
Maine	84.5	81.1 [*]	90.8	100.0 ^{*†}
Maryland	75.2	70.5	90.3	95.8 [†]
Massachusetts	91.2	90.5 [*]	92.0	93.1
Michigan	80.6	78.1 [*]	91.6	100.0 ^{*†}
Minnesota	97.0	96.6 [*]	96.3 [*]	100.0 ^{*†}
Mississippi	88.0	86.2 [*]	94.9 [*]	100.0 ^{*†}
Missouri	78.1	73.9	88.9	93.7 [†]
Montana	93.5	92.0 [*]	100.0 ^{*†}	100.0 ^{*†}
Nebraska	95.3	94.3 [*]	100.0 ^{*†}	100.0 ^{*†}
Nevada	79.9	77.9	89.6	—
New Hampshire	87.0	84.0 [*]	94.9	100.0 ^{*†}
New Jersey	42.2	40.0 [*]	72.0	64.4
New Mexico	91.6	90.4 [*]	92.0	100.0 ^{*†}
New York	62.6	61.9	58.4	70.0
North Carolina	85.7	83.0 [*]	100.0 ^{*†}	100.0 ^{*†}
North Dakota	—	100.0 [*]	97.7 [*]	100.0 [*]
Ohio	87.8	86.9 [*]	86.6	100.0 ^{*†}



State	All settings	Private	Clinic	HMO or faculty plan
Oklahoma	81.0	80.1*	73.6	100.0*†
Oregon	82.6	80.2*	90.7	94.4
Pennsylvania	77.5	72.7	85.9	99.8*†
Rhode Island	87.9	85.9*	89.8	100.0*†
South Carolina	88.9	89.4*	80.9	100.0*†
South Dakota	96.6	95.8*	100.0*†	—
Tennessee	76.8	73.6	94.2†	100.0*†
Texas	65.1	60.9*	81.4	80.5
Utah	85.5	84.5*	78.1	100.0*†
Vermont	97.2	94.9*	100.0*†	100.0*†
Virginia	76.3	72.8	89.6	100.0*†
Washington	80.2	74.5	94.6*†	92.9
West Virginia	96.4	95.7*	96.4*	100.0*†
Wisconsin	98.1	97.2*	100.0*	100.0*
Wyoming	95.5	96.0*	93.8*	—

Notes: Estimates are among physicians accepting any new patients. HMO is health management organization.

† indicates a statistically significant difference from the average rate of accepting new Medicaid patients among physicians in all settings within that state, at the 0.05 level.

* indicates a statistically significant difference from the average U.S. acceptance rate in that setting at the 0.05 level.

— indicates that the data were not eligible for disclosure.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) at the University of Minnesota analysis of 2014—2017 National Electronic Health Records Survey (NEHRs) data.



TABLE 3A. Percentage of All Physicians Who Accept New Medicaid Patients by Share of Their Patients Covered by Medicaid, by State, 2011 and 2013 and 2014—2017

State	2011 and 2013			2014 2017		
	All	Share of Medicaid patients above the national average	Share of Medicaid patients below the national average	All	Share of Medicaid patients above the national average	Share of Medicaid patients below the national average
United States	62.5%	90.5%[†]	46.7%[†]	63.8%	87.4%^{†*}	52.0%^{†*}
Alabama	62.2	—	52.7 [†]	69.6	95.5 [†]	59.8 [†]
Alaska	86.4	92.3	81.4	88.0	96.1 [†]	79.9 [†]
Arizona	69.7	87.2 [†]	44.7 [†]	72.7	96.9 ^{†*}	57.1 [†]
Arkansas	88.5	—	79.0 [†]	88.0	96.3 [†]	81.4
California	46.3	—	26.4 [†]	50.0	73.2 [†]	36.5 [†]
Colorado	60.6	—	48.5 [†]	72.0	92.0 [†]	61.7 [†]
Connecticut	67.1	—	53.7 [†]	64.1	84.8 [†]	55.1 [†]
Delaware	75.8	88.5 [†]	65.6 [†]	74.6	87.7 [†]	63.1 [†]
District of Columbia	54.9	—	26.6 [†]	52.4	—	35.3 [†]
Florida	51.7	—	37.6 [†]	44.5	87.1 [†]	24.9 ^{†*}
Georgia	65.3	92.0 [†]	46.2 [†]	62.5	95.6 [†]	51.5 [†]
Hawaii	63.7	82.5 [†]	51.0 [†]	62.6	86.2 [†]	49.9 [†]
Idaho	79.9	95.1 [†]	64.1 [†]	86.6	96.0 [†]	78.4 [†]
Illinois	63.6	89.5 [†]	48.1 [†]	67.2	97.2 [†]	48.9 [†]
Indiana	73.0	89.2 [†]	61.9 [†]	77.2	88.0 [†]	72.1
Iowa	83.4	92.7 [†]	77.3	87.0	89.5	85.8
Kansas	62.8	—	51.3 [†]	67.2	90.8 [†]	57.2 [†]
Kentucky	75.6	90.1 [†]	61.2 [†]	76.1	94.7 [†]	60.0 [†]
Louisiana	55.1	94.2 [†]	29.8 [†]	53.8	87.3 [†]	36.6 [†]
Maine	70.3	85.0 [†]	54.3 [†]	68.9	83.9 [†]	55.6 [†]
Maryland	58.7	87.7 [†]	45.7 [†]	57.2	85.0 [†]	44.4 [†]
Massachusetts	72.2	86.4 [†]	62.8 [†]	76.6	91.0 [†]	69.5
Michigan	65.7	88.1 [†]	53.7 [†]	73.0	88.3 [†]	65.0 [†]
Minnesota	88.8	—	89.4	91.9	—	89.6
Mississippi	76.8	92.8 [†]	64.2 [†]	78.3	94.9 [†]	65.8 [†]
Missouri	61.4	89.0 [†]	46.2 [†]	68.6	90.5 [†]	57.1 [†]
Montana	84.5	91.7	80.2	83.0	90.3	79.4
Nebraska	90.5	97.2 [†]	85.6	89.8	96.4 [†]	86.5
Nevada	72.1	—	63.4 [†]	72.1	—	59.6 [†]
New Hampshire	79.0	—	72.9	78.8	95.6 [†]	69.4 [†]
New Jersey	37.6	—	20.9 [†]	32.8	—	23.5 [†]
New Mexico	85.2	94.0 [†]	68.4 [†]	80.2	96.2 [†]	57.3 [†]



State	2011 and 2013			2014 2017		
	All	Share of Medicaid patients above the national average	Share of Medicaid patients below the national average	All	Share of Medicaid patients above the national average	Share of Medicaid patients below the national average
New York	51.1	87.0 [†]	30.9 [†]	52.0	–	41.6 [†]
North Carolina	75.1	93.4 [†]	59.6 [†]	77.7	93.1 [†]	68.1 [†]
North Dakota	93.3	94.5	92.4	88.7	–	89.7
Ohio	69.8	88.9 [†]	58.8 [†]	79.7	91.1 [†]	72.0
Oklahoma	71.5	94.7 [†]	52.2 [†]	70.4	84.3 ^{†^}	62.2 [†]
Oregon	74.8	88.6 [†]	62.4 [†]	70.2	86.4 [†]	59.5 [†]
Pennsylvania	67.9	93.6 [†]	55.6 [†]	66.5	–	60.2
Rhode Island	70.3	–	63.9 [†]	72.2	84.9 [†]	64.5
South Carolina	73.9	92.6 [†]	58.8 [†]	80.6	93.9 [†]	70.3 [†]
South Dakota	93.8	97.4	90.9	90.0	88.9	90.5
Tennessee	62.2	87.0 [†]	46.5 [†]	68.5	89.3 [†]	58.9 [†]
Texas	58.4	94.7 [†]	38.9 [†]	56.0	89.9 [†]	40.9 [†]
Utah	74.8	–	67.7 [†]	70.2	–	65.5
Vermont	78.8	85.7 [†]	67.4 [†]	84.3	90.9 [†]	69.3 [†]
Virginia	68.2	94.3 [†]	54.0 [†]	68.0	91.6 [†]	60.8 [†]
Washington	65.7	86.2 [†]	50.2 [†]	67.9	90.1 [†]	54.3 [†]
West Virginia	75.6	81.9	69.0	88.7	93.6 ^{†^}	80.8
Wisconsin	85.1	90.8	80.1	83.4	83.4	83.4
Wyoming	93.3	94.9	91.7	89.0	93.9	85.4

Notes: Estimates are among all physicians, not just those accepting new patients.

† indicates a statistically significant difference from the rate of accepting new Medicaid patients among all physicians in the state during the time period, at the 0.05 level.

^ indicates a statistically significant difference in acceptance rates between time periods, at the 0.05 level.

– indicates that the data were not eligible for disclosure.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) at the University of Minnesota analysis of 2011–2017 National Electronic Health Records Survey (NEHRS) data.



TABLE 4A. Percentage of Physicians Who Accept New Patients by Payment Type and by Ratio of Mid-Level Providers, by State, 2014—2017

State	All Physicians Accepting New Medicaid Patients	Below average ratio of mid level providers	Above average ratio of mid level providers
United States	73.7	68.9*	80.5*
Alabama	78.9	74.7	85.1
Alaska	92.4	91.0	93.5
Arizona	79.9	79.0	81.0
Arkansas	91.4	87.4	95.6
California	58.4	53.7	—
Colorado	79.4	74.8	84.2
Connecticut	74.1	74.1	74.2
Delaware	84.4	80.8	89.0
District of Columbia	59.0	60.4	—
Florida	54.4	51.2	60.4
Georgia	69.4	64.1	76.3
Hawaii	75.1	68.7	—
Idaho	92.7	89.3	94.9
Illinois	73.9	71.0	78.6
Indiana	84.5	82.6	86.9
Iowa	94.2	91.2	96.2
Kansas	75.3	74.9	75.8
Kentucky	88.5	86.0	91.2
Louisiana	63.4	57.9	71.6
Maine	84.3	83.5	85.5
Maryland	74.8	74.5	75.1
Massachusetts	90.9	86.3	95.5
Michigan	81.3	79.4	84.5
Minnesota	96.8	—	99.0*
Mississippi	87.9	89.2	85.7
Missouri	77.5	73.2	84.8
Montana	93.4	93.2	93.6
Nebraska	95.2	96.1	94.6
Nevada	79.8	81.6	—
New Hampshire	87.4	82.6	90.5
New Jersey	41.9	39.1	—
New Mexico	91.5	86.0	96.2*
New York	62.2	59.4	66.6



State	All Physicians Accepting New Medicaid Patients	Below average ratio of mid level providers	Above average ratio of mid level providers
North Carolina	85.6	79.9	92.5*
North Dakota	99.4	–	99.0
Ohio	87.5	86.8	–
Oklahoma	80.9	78.5	84.4
Oregon	82.7	75.7	90.3*
Pennsylvania	77.3	67.8*	91.2*
Rhode Island	87.8	86.2	–
South Carolina	88.8	87.0	91.7
South Dakota	96.5	98.2	95.9
Tennessee	77.6	74.0	81.7
Texas	64.6	61.8	68.5
Utah	85.1	85.8	84.2
Vermont	97.1	98.1	96.2
Virginia	76.3	75.0	78.1
Washington	80.2	74.1	88.8*
West Virginia	96.3	93.8	98.9*
Wisconsin	98.9	97.3	–
Wyoming	95.5	94.9	96.1

Notes: Estimates are among physicians accepting any new patients.

* indicates a statistically significant difference from the state's Medicaid acceptance rate for physicians in all practices accepting new patients at the 0.05 level.

– indicates estimate is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC and State Health Access Data Assistance Center (SHADAC) at the University of Minnesota analysis of 2014–2017 National Electronic Health Records Survey (NEHRS) data.

