Title: Do Provider Networks Differ for SSI Recipients of Different Races/Ethnicities?

Author: Jessica Van Parys, Hunter College, www.jessicavanparys.com; Rebecca Staiger, University of California Berkely, https://www.beckystaiger.com/

Focal and Program Areas: #1 Disparities by Race and Ethnicity

Keywords: racial health disparities; SSI; health care access; provider networks; Medicaid managed care

JEL Codes: I10, I13, I14

Abstract (with specific aims): Our research shows that more than 75% of SSI recipients are enrolled in comprehensive Medicaid managed care (MMC) plans. By law, SSI recipients must have at least two MMC plan options to choose from, and they can switch plans with or without cause. The primary way in which MMC plans differ is through their provider networks. SSI enrollees must visit "in-network" providers to receive health care. The implication is that SSI enrollees who live in the same county, but who enroll in different MMC plans, may have different access to care. Therefore, we propose to show how provider networks for SSI recipients differ across MMC plans, and in particular, how provider networks differ across SSI recipients of different races/ethnicities. Our aims are as follows:

Aim #1: Quantify provider network concentration across MMC plans, focusing on hospital networks, emergency department networks, and primary care physician (PCP) networks from 2016-2020. Within each MMC plan-county-year, we will calculate Herfindahl-Hirschman Indices (HHI) to measure the concentration of hospital, ED, and PCP networks. For example, if all SSI enrollees in MMC plan A visit the same hospital for care, then the hospital HHI for MMC plan A equals 100^2=10,000. In contrast, if SSI enrollees in MMC plan B equally spread their visits across 10 hospitals, then the hospital HHI for MMC plan B is (10^2)*10=1,000. We would conclude that the hospital network for MMC plan A is more concentrated than the network for MMC plan B. We will plot the distributions of hospital, ED, and PCP HHIs across MMC plans in the U.S., and create a map showing which states have the most restrictive provider networks.

Aim #2: Show how provider network concentration differs for SSI recipients of different races/ethnicities. Each SSI recipient will receive the HHI of their MMC plan. We will calculate the unadjusted

means of hospital, ED, and PCP HHIs for the following groups: Black, White, Hispanic, Asian, and Other SSI recipients. Next we will adjust these means by controlling for SSI recipient age, sex, state of residence, and the population density of the county of residence. The goal is to determine whether SSI recipients of different races/ethnicities, living in similar areas, are enrolled in MMC plans with more or less restrictive provider networks. This is an important question because MMC plans with less restrictive provider networks offer enrollees more choices, and therefore may also provide higher quality care.

Timeline:

Activity	Completion Date
Develop data analysis files	1/31/24
Conduct analysis for Aim #1	3/31/24
Conduct analysis for Aim #2	5/31/24
First draft of paper	7/31/24
Circulate paper for feedback	8/31/24
Final draft of paper	9/29/24

Budget:

1. Investigator salary: Jessica Van Parys, 1 summer month in 2024. Rebecca Staiger, 1 summer month in 2024
2. Research Assistant salary & fringe benefits: Requesting $9,000 to hire a research assistant for 8 weeks from July 1, 2024 – August 30, 2024.
3. Travel: Not requesting funding for travel.