COMPARISONS OF EMPLOYEES’ COMPENSATION COSTS AND ABSENCE DAYS USING A NATIONAL DATABASE

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The 2001–2007 US national databases of workers’ compensation (DIC), the 2001–2007 US national databases of healthcare expenditures (MEPS), and the 2001–2007 US national databases of healthcare expenditures (MEPS) were used to compare the costs and absence days associated with employees who experienced workers’ compensation claims (adjusted OR 1.01, p = 0.001) and the costs and absence days associated with employees who did not experience workers’ compensation claims (adjusted OR 1.00, p = 0.01). The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment.

WILLINGNESS TO ACCEPT NEW MEDICAID PATIENTS

To compare the willingness of physicians to accept new Medicaid patients, we used a national database of physicians. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment.

OBJECTIVES: To assess how physicians’ perceptions of Medicaid payments influenced their willingness to accept new Medicaid patients. METHODS: We used a national database of physicians. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment.

PHYSICIANS’ PERCEPTION OF MEDICAID PAYMENTS AND THE ACCEPTANCE OF NEW MEDICAID PATIENTS

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OBJECTIVES: To assess how physicians’ perceptions of Medicaid payments influenced their willingness to accept new Medicaid patients. METHODS: We used a national database of physicians. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The willingness of physicians to accept new Medicaid patients was positively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment.

CONCLUSIONS: Physicians’ acceptance of new Medicaid patients was positively associated with the amount of hours spent with patients per week (adjusted OR 1.01, p = 0.001) and the hours of charity care provided (adjusted OR 1.01, p = 0.018). The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment. The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and delays in payment.